PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CT-20405

Form **990**

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning and ending D Employer identification number Check if C Name of organization Address CHILDREN OF THE NIGHT Name 95-3130408 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 818-908-4474 602 3450 CAHUENGA BLVD W 4,439,514. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return LOS ANGELES, CA 90068-1952 H(a) Is this a group return F Name and address of principal officer: LOIS LEE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ WWW.CHILDRENOFTHENIGHT.ORG H(c) Group exemption number K Form of organization; X Corporation Trust Association Other > L Year of formation: 1979 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE INTERVENTION IN THE Governance LIVES OF CHILDREN WHO ARE SEXUALLY EXPLOITED AND VULNERABLE TO OR Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 100 Total number of volunteers (estimate if necessary) 6 18,033. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 17,033. b Net unrelated business taxable income from Form 990-T. Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,709,090 2,203,061. Program service revenue (Part VIII, line 2g) 0. 0. 9 8,261. 5.286. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 17,818. 18,048. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,735,169. 2,226,395. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,796,622. 905,450. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 571,201. 616,558. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,413,180. 1,476,651. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -186,785.19 Revenue less expenses. Subtract line 18 from line 12 1,258,518. Beginning of Current Year End of Year 4,567,029. 4,823,907. 20 Total assets (Part X, line 16) 857,856. 408,436. 21 Total liabilities (Part X, line 26) 4,158,593. 3,966,051. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block-Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign LOIS LEE, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature DUSTIN GRIZZLE 10/11/22 DUSTIN GRIZZLE P01474042 Paid Firm's name MACIAS GINI & O'CONNELL LLP Firm's EIN > 68-0300457 Preparer Use Only Firm's address 2029 CENTURY PARK EAST STE 1500

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

May the IRS discuss this return with the preparer shown above? See instructions

LOS ANGELES, CA 90067-2935

Phone no. (310) 277-3373

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHILDREN OF THE NIGHT IS A PRIVATELY FUNDED NON-PROFIT ORGANZIATION
	ESTABLISHED IN 1979 WITH THE SPECIFIC PURPOSE TO PROVIDE INTERVENTION
	IN THE LIVES OF CHILDREN WHO ARE SEXUALLY EXPLOITED AND VULNERABLE TO
_	OR INVOLVED IN PROSTITUTION AND PORNOGRAPHY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,107,857 • including grants of \$ 0 •) (Revenue \$ 0 •
4a	(Code:) (Expenses \$ 2,107,857. including grants of \$ 0.) (Revenue \$ 0. CHILDREN OF THE NIGHT CELEBRATED ITS 42ND ANNIVERSARY IN 2021 AND OUR
	STORY OF CHANGE AND ADAPTATION IN RESPONSE TO NEW LEGISLATION GOVERNING
	THE CARE AND SUPERVISION OF PROSTITUTED YOUTH WAS REMARKABLE.
	THE CARE AND SOFERVISION OF PROSTITUTED TOOTH WAS REMARKABLE.
	CASE MANAGEMENT AND TUTORING, HERE IN AMERICA, ARE THE LARGEST PART OF
	OUR BUDGET AND THEY ARE THE CORE OF CHILDREN OF THE NIGHT PROGRAMS AND
	THE REASON WE EXIST.
	THE REASON WE EXIST.
	IN 2021, CHILDREN OF THE NIGHT GREW AGAIN. WE PROVIDED 11,024 CASE
	MANAGEMENT SERVICES TO 419 PROSTITUTED YOUTH.
	TAMAGEMENT DERVICED TO \$19 INODITIONED TOUTH.
	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
14	(Code:) (Liperines of
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses ► 2,107,857.
	Form 990 (2021

SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2021) CHILDREN OF THE NIGHT
Part IV Checklist of Required Schedules

	THE TO CHOCKING OF FEGURES		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ſ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
_	If "Yes," complete Schedule A	2	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-15	_
3		3		x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	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 Rev. Proc. 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," 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.
	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, VIII, 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,	11.	х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 21	_
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 110		
٠	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ч	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		_x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_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	-	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	<u> </u>
þ	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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	21		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II		990	(2021)

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Part IV | 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	_
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			X
	Schedule K. If "No," go to line 25a	24a 24b	-	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		_
C	: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? 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	LTG		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	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? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			
	"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 line 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
04	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	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			
٠.	Part V. line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		<u> </u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,	
De	Note: All Form 990 filers are required to complete Schedule O	38	_X]	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		v 1	<u></u>
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8 Enter the number of Forms W.3G included on line 1a. Enter 0- if not applicable			
Ь	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Above 4 and 500 and 50	1c	x	
122004	(gambling) winnings to prize winners?		990	(2021)

Form 990 (2021) CHILDREN OF THE NIGHT

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 95-3130408 Page 5 Vas No

	r - r		res	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.									
	med for the defended your driving war of warm the your detector by the return	2b	x							
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20								
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	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	X	_						
_	the state of the s									
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	х						
h	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	~ _	X						
_	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	the state of the s									
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	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			٠,,						
	to file Form 8282?	7c		<u>X</u>						
ď	If "Yes," indicate the number of Forms 8282 filed during the year	1_		v						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	<u>X</u>						
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	1	-						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8								
^	sponsoring organization have excess business holdings at any time during the year?	-								
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a								
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
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		1							
	amounts due or received from them.)	1		3						
	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									
	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.		201							
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	14a		х						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1-40		_						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х						
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			-						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									
		_	000	(00004)						

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Form 990 (2021) CHILDREN OF THE NIGHT
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	*******		X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing	1 3								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		100							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7	1118		133						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			AB						
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
•	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
, -	more members of the governing body?	7a		Х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
		7b		х						
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			-						
_		8a	х							
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Х							
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
9	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	tron B. 1 Onoice (This Section B requests information about policies not required by the internal Revenue Code,)		Yes	No						
10-	Did the averagization have local chapters, byspekes, or offiliates?	10a	700	X						
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х							
		Ha								
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	х							
40	on Schedule O how this was done	13	X							
13	Did the organization have a written whistleblower policy?	14	X							
14	Did the organization have a written document retention and destruction policy?	14	41	1000						
15	Did the process for determining compensation of the following persons include a review and approval by independent			49						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		Х						
a	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		42						
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х						
	taxable entity during the year?	Ioa		41						
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	166								
Coo	exempt status with respect to such arrangements?	16b		_						
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA, CT, FL, MD, MA, WA, WI, NY, TX,	NC	TT.	MO						
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	Orny)	avalidi	716						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain on Schedule O)	finan	sial							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	miant	nai							
••	statements available to the public during the tax year.									
	State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION - 818-908-4474									
	3450 CAHUENGA BLVD W, 602, LOS ANGELES, CA 90068-1952									
	CON COMPONE O BOD BUIL LICE OF CHAMES	Form	990	(2021)						
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES	I OTT		ردددا						

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

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(C) Position		ed any current officer, di (D) Reportable	(E) Reportable	(F) Estimated				
Name and title	hours per	(do	not c	heck i	more son i	than o	ne i an	compensation	compensation	amount of
	week (list any	offi	cer an	d a d	recto	rector/trustee)		from the	from related organizations	other compensation
	hours for	trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	nstitutional trustee		as	pensa		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tru	ional		nploye	st com		1099-NEC)		organizations
	line)	Individual	nstitu	Officer	Key employee	Highest compensated employee	Богте			
(1) DR. LOIS LEE	80.00									
PRESIDENT		х		Х				369,969.	0.	11,813.
(2) JANET C. JONES	5.00									
VICE CHAIRMAN OF THE BOARD		X		Х				0.	0.	0.
(3) FRANCIS SHELLEY	5.00				İ					0
TREASURER		X		X	_			0.	0	0.
(4) PATTI MASSMAN NEUWIRTH	5.00	,,		,,				0.	0.	0.
CHAIRMAN OF THE BOARD	5.00	Х	-	X	_			0.	0.	0.
(5) GLENN JAFFE DIRECTOR	5.00	х						0.	0.	0.
(6) DR. ROBERT M. CHRISTIE	5.00	^	-	-	-		-	0.		
SECRETARY	3.00	х		х				0.	0.	0.
(7) COOPER HEFNER	5.00			-						
DIRECTOR		х						0.	0 .	0.
(8) GORDON MACCANI	5.00									
DIRECTOR		Х						0.	0	0.
		_								
,		\vdash								

132007 12-09-21

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	(de	not c	Pos		1 than	one	Reportable	Reportable	Estimated			
		hours per	box	, unle	ss pe	rson	is both	h an	compensation compensatio				nount	of
		week	_	Cer ar	iu a d	i egic	a/trus	100)	from	from related			other	tion
		(list any hours for	irecto	l					the	organizations (W-2/1099-MISC	.,		pensa om th	
		related	or di	99			sated		organization (W-2/1099-MISC/	1099-NEC)	"		anizat	_
		organizations	ruste	i trusi		93	ngu.		1099-NEC)	1000 (120)	- 1	_	d relat	
		below	dualt	rtiona	ا ِ ا	흏	st co	, E	100011207		- 1	orga	nizati	ons
		line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Form						
·				T				П			\neg			
				Т		П					\neg			
-				Т							\neg			
_			-								\neg			
				-							\neg			
			\vdash	\vdash		\vdash	\vdash				\dashv			
							-	H	-		\dashv			
-				-	\vdash	-			-		\dashv			
					-			H			\dashv			
							_	_	200 000			1	1 0	13.
	Subtotal								369,969.		0.		1,0	0.
	Total from continuation sheets to Part VI								0.		0.	1	1 0	13.
d	Total (add lines 1b and 1c)		44400			001100			369,969.		J.	1.	1,0	13.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				1
	compensation from the organization										_	_	V -	1
											ſ	_	Yes	No
3	Did the organization list any former officer,	director, truste	e, k	сеу е	empl	oye	e, or	hig	hest compensated emp	oyee on			11	**
	line 1a? If "Yes," complete Schedule J for si	uch individual	12.16.									3		X
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from t	ne organization	- 1			
	and related organizations greater than \$150											4	_X_	
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services		1=00		(A)
	rendered to the organization? If "Yes." com	plete Schedule	Jf	or st	ich i	pers	on .		***************************************			_5		Х
Sect	ion B. Independent Contractors													
	Complete this table for your five highest con										nsat	ion fro	m	
	the organization. Report compensation for t	he calendar ye	ar e	ndin	ig w	ith c	or wi	thiņ	the organization's tax y	ear.				
	(A)								(B)		_	(0		
	Name and business	address	NO	INC	<u> </u>			4	Description of s	ervices		ompe	nsatio	n ——
											_			
2	Total number of independent contractors (ir	cluding but no	t lin	nited	to t	thos	e lis	ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz					C								
_	the state of											Form	990 (2021)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under business revenue function revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b c Fundraising events 10 d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,203,061 similar amounts not included above 19,791, g Noncash contributions included in lines 1a-1f 1g \$ 2,203,061 Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,348 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ii) Personal (i) Real 18,033. 6 a Gross rents b Less: rental expenses 18,033. c Rental income or (loss) 18,033. 18,033. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,214,057 assets other than inventory b Less: cost or other basis and sales expenses 2,213,119 7b Revenue 7c c Gain or (loss) 938. 938 d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$___ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 15. scellaneous 11 a OTHER REVENUE 541900 15 Revenue d All other revenue 15. e Total. Add lines 11a-11d 0. 18,033. 5,301. 2,226,395. Total revenue. See instructions

132009 12-09-21

Form 990 (2021) CHILDREN OF THE NIGHT
Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				and the same of
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	369,970.	328,348.	13,874.	27,748.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,056,228.	989,420.	71,040.	-4,232.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	306,164.	265,623.	38,136.	2,405.
10	Payroll taxes	64,260.	16,895.	35,564.	11,801.
11	Fees for services (nonemployees):				
а	Management				
	Legal	40 600		1 005	1 100
C	Accounting	10,607.	8,300.	1,207.	1,100.
d					
е	Professional fundraising services. See Part IV, line 17				
f					
g	Other. (If line 11g amount exceeds 10% of line 25,	100 010	71 102	10 012	17.004
	column (A), amount, list line 11g expenses on Sch 0.)	100,210.	71,193.	12,013.	17,004.
12	Advertising and promotion	17,527.	16,318.	349. 11,908.	860. 35,275.
13	Office expenses	186,413.	139,230.	980.	991.
14	Information technology	19,752.	17,781.	300.	331.
15	Royalties	72,163.	64,134.	4,673.	3,356.
16	Occupancy	28,056.	26,917.	569.	570.
17	Travel	20,030.	20,91/.	303.	370.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14.		14.	
20	Interest	7.4.		7.2.0	
21 22	Payments to affiliates Depreciation, depletion, and amortization	50,402.	50,402.		
23		56,752.	53,310.	1,784.	1,658.
23 24	Other expenses, Itemize expenses not covered	30,1321	33,310.		
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)	55 554	E4 044		2 062
а	OUTREACH	55,774.	51,811.	102	3,963.
b	DUES AND SUBSCRIPTIONS	7,612.	6,489.	193.	930.
С	LICENSING AND REGISTRAT	5,719.	1 606	25.	5,694. 54.
d	INCOME TAXES	5,557.	1,686.	3,817.	54.
	All other expenses	2 412 100	2 107 057	196,146.	109,177.
25	Total functional expenses. Add lines 1 through 24e	2,413,180.	2,107,857.	170,140.	109,1//.
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)				Form 990 (2021)

_		Check if Schedule O contains a response or note to any line in this Part X	T		700000000000000000000000000000000000000
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	234,440.	1	343,916.
	2	Savings and temporary cash investments	152,000.	2	10,130
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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		5	
	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)		6	
g.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	29,099.	9	29,099
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,770,174. Less: accumulated depreciation 10b 76,909.			
	ь	Less: accumulated depreciation 10b 76,909.		10c	2,693,265
	11	Investments - publicly traded securities	1,472,414.	11.	1,702,499
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	44,998
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,567,029.	16	4,823,907
	17	Accounts payable and accrued expenses	408,436.	17	857,856
	18	Grants payable		18	
- 1	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
-	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,		Jon.	
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
دً	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	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			
-1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	408,436.	26	857,856.
		Organizations that follow FASB ASC 958, check here			
8		and complete lines 27, 28, 32, and 33.			*
	27	Net assets without donor restrictions	4,158,593.	27	3,966,051
1	28	Net assets with donor restrictions		28	
2		Organizations that do not follow FASB ASC 958, check here			
1		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
		Paid-in or capital surplus, or land, building, or equipment fund		30	
3	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	4,158,593.	32	3,966,051.
١.		Total liabilities and net assets/fund balances	4,567,029.	33	4,823,907. Form 990 (2021

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2021 Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number

		CHIL	DREN OF TH	E NIGHT				9	5-3130408				
Pa	art I	Reason for Public (omplete th	nis part.) Se	ee instruction:	S.					
Γhe	organi	zation is not a private found	lation because it is: (For lines 1 through 12, cl	neck only	one box.)							
1		A church, convention of ch)(A)(i).						
2	一	A school described in sect											
3	一	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	一	A medical research organiz						(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in				
	10	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X												
		section 170(b)(1)(A)(vi). (C											
8		A community trust describe		1)(A)(vi). (Complete Parl	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g											
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	s, membershi	ip fees, and	d gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the org	anization a	ıfter June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)										
11		An organization organized a											
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	is of, or to ca	rry out the	purposes of one or				
		more publicly supported or							Check the box on				
		lines 12a through 12d that											
а		Type I. A supporting orga											
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	pporting				
		organization. You must o											
b		Type II. A supporting org											
		control or management o			ame perso	ns that cor	ntrol or manag	ge the supp	oortea				
		organization(s). You mus							ماماند. ا				
C	:	Type III functionally inte						ly integrate	ed with,				
	_	its supported organization						+i	ration(a)				
d		Type III non-functionally											
		that is not functionally int						an attenti	VENESS				
		requirement (see instructi						II Type III					
е	· L_	Check this box if the orga					Type I, Type I	ii, Type iii					
_		functionally integrated, or		naliy integrated supportii	ng organiz	ation.							
T		r the number of supported or ide the following information	900000	d organization(s)	***********		*****************	************					
g		Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the org. In your govern	mization listed	(v) Amount of	monetary	(vi) Amount of other				
	184	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
				above (see mandeterior)									
_													
							-		1				

Schedule A (Form 990) 2021 CHILDREN OF THE NIGHT 95-3130

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						3 000000
	include any "unusual grants.")	2102351.	1673086.	1424436.	2709090.	2203061.	10112024.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf					*	
3	The value of services or facilities						
	furnished by a governmental unit to	ì					
	the organization without charge						10110001
4	Total. Add lines 1 through 3	2102351.	1673086.	1424436.	2709090.	2203061.	10112024.
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,						4 64 40 5 6
	column (f)						1614856.
	Public support. Subtract line 5 from line 4.						8497168.
Se	ction B. Total Support				/		T
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 10112024.
7	Amounts from line 4	2102351.	1673086.	1424436.	2709090.	2203001.	10112024.
8	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties,		4- 000	00 440	02 020	F 206	83,254.
	and income from similar sources ,	14,950.	17,332.	22,448.	23,238.	5,286.	63,234.
9	Net income from unrelated business						l .
	activities, whether or not the	1				10 022	18,033.
	business is regularly carried on					18,033.	10,033.
10	Other income. Do not include gain	(1
	or loss from the sale of capital	4.55	25 000	143	1 161	15.	38,486.
	assets (Explain in Part VI.)	167.	37,000.	143.	1,161.	13.	10251797.
	Total support. Add lines 7 through 10					12	H0231137.
12	Gross receipts from related activities,	etc. (see instruction	ons)	***************************************			
13	First 5 years. If the Form 990 is for th						
<u></u>	organization, check this box and stop	here	centare	*****************			
				and the same (6)		14	82.88 %
	Public support percentage for 2021 (li					15	87.20 %
15	Public support percentage from 2020 33 1/3% support test - 2021. If the co	Schedule A, Part	t sheek the boy or	line 12 and line	1/1 is 33 1/3% or m		
16a							
	stop here. The organization qualifies a 33 1/3% support test - 2020. If the o	as a publicly supp	+ shock a box on I	ine 13 or 16a and	line 15 is 33 1/3%	or more check th	
la							
	and stop here. The organization quali 10% -facts-and-circumstances test	nes as a publicly s	supported organiza	shock a hox on line	13 16a or 16h a	and line 14 is 10%	or more.
17a	10% -facts-and-circumstances test	- 2021. If the org	anization uid not c	beyond stop be	ro, roa, or rob, o ro Evolain in Part	VI how the organi	zation
	and if the organization meets the facts					vi now the organi	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicty supported o	13 16a 16b or 1		
6	10% -facts-and-circumstances test	- zuzu, it the org	anization did not c	a this have and ed	ton here. Explain i	n Part VI how the	
	more, and if the organization meets the	e iacts-and-circum	a example test, chec	ulifiae ae a publichu	supported organis	ration	
40	organization meets the facts-and-circu Private foundation. If the organization	mistances test. In	e organization qua	annos as a publicly	check this hove	nd see instruction	s
18	Private foundation. If the organization	n did not theck a	OUX OF INTE 13, 10a	a, 100, 17a, 01 17.	, or con the box a		(Form 990) 2021

Schedule A (Form 990) 2021 Part III | Support Sche Section 500(a)(2)

3 anbhorr acrieditie for c	nganizations	Described in a	section Justan	(~)		
(Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under Pa	art II. If the organiz	ation fails to
qualify under the tests listed b	elow, please comp	lete Part II.)				
A. Public Support						
ar (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						1
	Total. Add lines 1 through 5						<u> </u>
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b					ly	
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third.	fourth, or fifth tax	ear as a section (501(c)(3) organizati	on,
	check this box and stop here	g					
Sec	tion C. Computation of Public	Support Per	centage				
	Public support percentage for 2021 (lin			column (f))		15	9
	Public support percentage from 2020		•	(7)		16	9/
	tion D. Computation of Invest						
	Investment income percentage for 20:			ne 13, column (f))	Theorem and the control of the contr	17	9/
	Investment income percentage from 2	,				18	9/
	33 1/3% support tests - 2021. If the						7 is not
	more than 33 1/3%, check this box and	d stop here. The	organization qualit	fies as a publicly s	upported organiza	ation	
	33 1/3% support tests - 2020. If the						

20 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) 2021

132023 01-04-22

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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b 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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
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3a		
3b		
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30		
4a		
100		
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4c		
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8		
9a		
34		-
9b		
9c		
10a		
401		
10k	orm 990)	2024

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? it is a supported organization in the supporting Organizations 11b Section B. Type I Supporting Organizations 11c below the powering 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 najority of the organization's difficers, directors, or trustes at all times during the tax year? If Yo, "describe in Part VI how the supported organizations and what conditions are restrictions, if any, applied to supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization such powers during the tax year. 2 Did the organization such benefit carried out the purposes of the supported organization? If Yes, "explain in Part VI how providing such benefit carried out the purposes of the supported organization of the supporting organization as supported organizations of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed 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 980 that was most recently field as of th	Pa	rt IV Supporting Organizations (continued)		T.,	
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a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.					No
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Separate A (Form 900) 203					
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Sabadula & (Farm 000) 200	~		3b		
	132025		hedule A (For	m 990	202

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

B Breakdown of line 7:
a Excess from 2017
b Excess from 2018
c Excess from 2019
d Excess from 2020
e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

95-3130408 CHILDREN OF THE NIGHT Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Employer identification number

CHILDREN OF THE NIGHT

95-3130408

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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 Payroli Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		 s	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (202

Name of organization

Employer identification number

CHILDREN OF THE NIGHT

95-3130408

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	27-1
(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
		s	
(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of org	anization		Employer identification number
CHILDRI	EN OF THE NIGHT		95-3130408
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (al completing Part III, enter the total of exclusively religious, use duplicate copies of Part III if additional	through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les :	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$\Bigsim \frac{1}{2} \]
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		,	
125		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		V	
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		2	
		(e) Transfer of gift	

Schedule B (Form 990) (2021)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 95-3130408

-	CHILDREN OF THE NIC		Accounts Complete if the
Pa	organizations Maintaining Donor Advised		Complete if the
-	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor or		
Do		total and Washer Farm 000 Doct	
	rt II Conservation Easements. Complete if the org		iv, line /.
1	Purpose(s) of conservation easements held by the organization		-t-visally important land area
	Preservation of land for public use (for example, recreat		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
_	Preservation of open space	19 19 19 19 A Marian at a 19	construction because the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	Held at the End of the Tax Year
	day of the tax year.		
a			
b			
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	inization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
_	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		***************************************
6	Starr and volunteer nours devoted to monitoring, inspecting, i	landling of violations, and emorcing conserva-	don easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation e	assements during the year
'	S	ing of violations, and emoreing conservation of	sasomanto daring trio your
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.	oto to the organization of midness states memory	
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under FASB ASC 958		alance sheet works
10	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958		ce sheet works of
ь	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	eximplificity, education, or research in farming	00 01 pablic 0517/20
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
9	If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under FASB AS		, 6101.00
_	The state of the s	_	> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

757.

1,266.

16,504.

19,267.

2,693,265.

e Other

17,261.

20,533.

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
i) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		-11	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	(b) Book value	(5)	
(1)			
(2)			
(3)		4	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
			(h) Paak value
(a) l	Description		(b) Book value
(a) (Description		(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2,319,414.
1	Total revenue, gains, and other support per audited financial statements		Z/JIJ/III
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	129.	
а		776.	
D			
C	9.000		
d		2e	93,647
е 3	Add lines 2a through 2d Subtract line 2e from line 1		2,225,767
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	13.5	
a		628.	
a b	investment expenses not included on a different vinjune to	-50	
	Add lines 4a and 4b	4c	628
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,226,395
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	e · Reminisc	
1	Total expenses and losses per audited financial statements	1	2,511,956
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	15.5	
a	Donated services and use of facilities 2a 98,	776.	
b	Prior year adjustments 2b		
c	Other losses 2c	100	
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	98,776
3	Subtract line 2e from line 1		2,413,180
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		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,413,180
Par	t XIII Supplemental Information.		
		.,	X, line 2; Part XI,
-	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. TX, LINE 2:	,,,,,	X, line 2; Part XI,
-	T X, LINE 2:		
PAF THE	T X, LINE 2:	-05 REL	ATING TO
PAR THE	T X, LINE 2: CORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC 740-10	-05 REL	ATING TO
PAF THE ACC	ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC 740-10 COUNTING AND REPORTING FOR UNCERTAINTY IN INCOME TAXES.	-05 REL FOR TH INCURR	ATING TO E ENCE OF
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SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHILDREN OF THE NIGHT

95-3130408 **Questions Regarding Compensation**

16 Check the appropriate box(es) if the organization provided any of the following to of for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel				Yes	No
Part VII, Section A, line 1 a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		25	-
Travel for companions Payments in Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club duse or initiation fees Discretionary spending account Personal sevices (such as maid, chauffeur, chef) b If any of the boxes on fine 1 a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No," complete Part III to explain 1b III to explain 1b III to explain 1c III III to explain 1c III III III III III III III III III		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			M.
Tax indemnification and gross-up payments		First-class or charter travel Housing allowance or residence for personal use		173	
Discretionary spending account		Travel for companions Payments for business use of personal residence	13	-89	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Independent compensation consultant X Independent compensation consultant X Independent compensation consultant X Independent compensation consultant X Independent compensation or regardizations X Independent compensation or a related organization: a Receive a severance payment or change-of-control payment? 4a		Tax indemnification and gross-up payments Health or social club dues or initiation fees			10 K
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b		Discretionary spending account Personal services (such as maid, chauffeur, chef)		. 3	18
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b			116	100	37
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormnittee	b	•		11/1/1	
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Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment for a supplemental nonqualified retirement plan? Perticipate in or receive payment from an equity-based compensation arrangement? Perticipate in or receive payment from an equity-based compensation arrangement? Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on	2		-	100	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Mritten employment contract in Part III. Mritten employment in the net earning of a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "		trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		Tree-
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Mritten employment contract in Part III. Mritten employment in the net earning of a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "	_				
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? db X fryes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ff "yes" on line 5a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III g Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III g If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	3		40		14.
Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4a			18	13	1
X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee X X Approval by the board or compensation or a related organization: Approval by the board or compensation committee X X Approval by the board or compensation or a related organization or a related organization or a related organization and power payment from a supplemental nonqualified retirement plan? 4a X 4b X 4b X 4b X 4c X 4f X 4c X 4f X 4			1	103	MIN.
A During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X tf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ff "Yes" on line 5a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-6(a)? 9 Here or on line 5, did the organization also follow the rebuttable presumption procedure described in Part III.		<u> </u>	113		1
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? Any related organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? For persons listed or Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Regulations section 53.4958-6(c)?			33	100	
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for Persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III Regulations section 53.4958-6(c)?		X Form 990 of other organizations Approval by the board or compensation committee			
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for Persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? for Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III Regulations section 53.4958-6(c)?	4	During the year, did any person listed on Form 990, Part VII. Section A, line 1a, with respect to the filing			, De l
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dc X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	•				
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? fi "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? fi "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.	9	•	4a		X
C Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			4b		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			4c		X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? ff "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	Ů		177	75	CHA.
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?					
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		• • • • • • • • • • • • • • • • • • • •	Y	34	
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	13		100
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		contingent on the revenues of:	DES		**
If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?	$\overline{}$		X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Any related organization?	5b		X.
contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?				111	
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		· · · · · · · · · · · · · · · · · · ·	1.0		37
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			-	_	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	Any related organization?	6b		_A_
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	8	· · · · · · · · · · · · · · · · · · ·			v
Regulations section 53.4958-6(c)?			8	_	A
negulations section 35.4936-0(c):	9	*			
		Regulations section 53.4958-6(c)?		. 000	

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

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

CHILDREN OF THE NIGHT

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

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

		(B) Breakdown of W-	-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (R)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DR, LOIS LEE	Ξ	309,969.	15,000.	45,000.	0	11,813.	381,782.	0
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Schedule J (Form 990) 2021

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CHILDREN OF THE NIGHT

Employer identification number 95-3130408

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INVOLVED IN PROSTITUTION AND PORNOGRAPHY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WE HELPED WITH 776 JOBS, 591 SCHOOL, AND 114 COLLEGE PLACEMENTS.
78% OF OUR CLIENTS WERE FEMALE, 19% MALE AND 1% TRANSGENDER. RACES OF
OUR CLIENTS WERE 38% AFRICAN AMERICAN, 23% LATINO, 22% CAUCASIAN AND
12% IDENTIFIED AS BI-RACIAL AND OUR CLIENTS WERE FROM ALL OVER THE
UNITED STATES.
PROSTITUTED YOUTH WERE REFERRED MOSTLY BY PARENTS, THEN OTHER PROGRAMS,
ALUMNI OF CHILDREN OF THE NIGHT PROGRAMS, AND SOCIAL WORKERS WHO ARE AT
A LOSS OF WHAT TO DO WITH THIS CHALLENGING POPULATION OF YOUTH.
IN 2021, WE TUTORED 2,881 HOURS TO 93 PROSTITUTED YOUTH IN 13 STATES.
SINCE OUR MEAGER BEGINNINGS, WE HAVE HELPED OVER 250 PROSTITUTED YOUTH
OBTAIN THEIR HIGH SCHOOL DIPLOMA.
60% OF OUR PROSTITUTED YOUTH WERE UNDER THE AGE OF 30, 45% BETWEEN 18 &
24 YEARS OLD AND 1 UNDER THE AGE OF 17.
87% OF OUR STUDENTS WERE FEMALE, 11% MALE AND 1% TRANSGENDER.
44% WERE LATINO, 31% AFRICAN AMERICAN, 17% WERE CAUCASIAN, 5%
IDENTIFIED AS BI-RACIAL AND 2% WERE NATIVE AMERICAN.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

PROSTITUTION FOR SURVIVAL AND A MEANS TO SUPPORT THEIR FAMILIES.

Employer identification number Name of the organization 95-3130408 CHILDREN OF THE NIGHT FORM 990, PART VI, SECTION B, LINE 11B: THE ENTIRE FORM 990 FILED WITH THE IRS WAS EMAILED TO ALL BOARD OF DIRECTORS FOR REVIEW AND REQUESTED COMMENTS IF APPLICABLE. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY EACH MEMBER OF THE BOARD OF DIRECTORS SIGNS A STATEMENT WHICH AFFIRMS THAT HE/SHE HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: CA, CT, FL, MD, MA, WA, WI, NY, TX, NC, IL, MO, NJ, OH, PA, UT, VA FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE ON THE GUIDESTAR WEBSITE AND UPON REQUEST. CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST TO THE ORGANIZATION. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND THE ORGANIZATION'S OWN WEBSITE. FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.