

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **NIGHTLIGHT INTERNATIONAL**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO BOX 3661

City or town, state or province, country, and ZIP or foreign postal code

SPRINGFIELD, MO 65808

D Employer identification number

20-5572130

E Telephone number

417-501-4696G Gross receipts \$ **1,007,930**I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527H(a) Is this a group return for subordinates? Yes NoH(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions.

J Website: **WWW.NIGHTLIGHTINTERNATIONAL.COM**

H(c) Group exemption number

K Form of organization: Corporation Trust Association OtherL Year of formation: **2006**M State of legal domicile: **CA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: NIGHTLIGHT IS AN INTERNATIONAL ORGANIZATION COMPELLED BY LOVE TO REACH OUT TO, RESCUE, AND RESTORE ALL THOSE WHO ARE NEGATIVELY IMPACTED BY SEX TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	8
	6	Total number of volunteers (estimate if necessary)	6	25
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	777,577	953,537
Revenue	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,352	-11,247
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	785,929	942,290
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	318,639	432,986
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	206,503	310,846
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	20,458	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	209,845	206,371
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	734,987	950,203
	19	Revenue less expenses. Subtract line 18 from line 12	50,942	-7,913
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	412,761	404,598
	21	Total liabilities (Part X, line 26)	10,112	9,862
	22	Net assets or fund balances. Subtract line 21 from line 20	402,649	394,736

Part II Signature Block

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

Sign
Here*Shauna Storey*

12/02/2025

Signature of officer

Date

SHAUNA STOREY, CHIEF OPERATIONS OFFICER

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JEREMY CORK	<i>Jeremy Cork</i>	12/03/2025		P01544850
	Firm's name	EASY OFFICE DBA JITASA	Firm's EIN	26-2176601	
	Firm's address	1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642		Phone no.	208-287-4777

May the IRS discuss this return with the preparer shown above? See instructions Yes No