

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

# 2008

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2008 calendar year, or tax year beginning** , and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>OPERATION NIGHTWATCH, INC.</b>		<b>D Employer identification number</b> <b>91-0964027</b>
		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> <b>206-323-4359</b>
		City or town, state or country, and ZIP + 4 <b>SEATTLE WA 98111</b>		<b>F Group Exemption Number</b>

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ **WWW.SEATTLENIGHTWATCH.ORG**

**J Organization type** (check only one) —  501(c) ( **3** ) ◀ (insert no ) | 4947(a)(1) or | 527

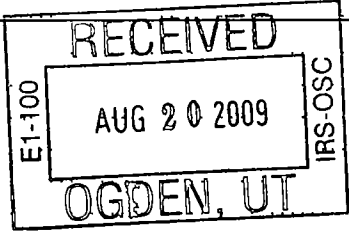
**H Check** ▶  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K Check** ▶  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ **900,143**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>819,870</b>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<b>73,830</b>
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	<b>6,443</b>
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe ▶ _____)	<b>8</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	<b>900,143</b>
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	<b>326,431</b>
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>6,917</b>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>60,882</b>
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>15,786</b>
<b>16</b>	Other expenses (describe ▶ <b>See Statement 1</b> )	<b>16</b>	<b>524,217</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>934,233</b>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-34,090</b>
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>991,996</b>
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	<b>957,906</b>



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	<b>424,836</b>	<b>429,673</b>
<b>23</b> Land and buildings	<b>587,532</b>	<b>552,254</b>
<b>24</b> Other assets (describe ▶ <b>See Statement 2</b> )	<b>30,377</b>	<b>18,703</b>
<b>25 Total assets</b>	<b>1,042,745</b>	<b>1,000,630</b>
<b>26 Total liabilities</b> (describe ▶ <b>See Statement 3</b> )	<b>50,749</b>	<b>42,724</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>991,996</b>	<b>957,906</b>

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

Form **990-EZ** (2008)

99-12 23

SCANNED SEP 11 2009 Revenue

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? <b>SHELTERING THE HOMELESS AND MINISTRY.</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b>	See Statement 4		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	<b>39,924</b>
<b>29</b>	See Statement 5		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	<b>627,398</b>
<b>30</b>	PROVIDE SENIOR HOUSING OF 24 SINGLE ROOM OCCUPANCY RENTAL UNITS FOR LOW-INCOME SENIORS AND PERMANENTLY DISABLED ADULTS.		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	<b>119,961</b>
<b>31</b>	Other program services (attach schedule) <b>See Statement 6</b>		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	<b>8,910</b>
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>796,193</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RICK AUE SEATTLE P.O. BOX 21181 WA 98111	PRESIDENT 1	0	0	0
JUDY SCHNEBELE SEATTLE P.O. BOX 21181 WA 98111	VICE PRES 1	0	0	0
JOHN PARGOUD SEATTLE P.O. BOX 21181 WA 98111	SECRETARY 1	0	0	0
ALAN WILLIAMSON SEATTLE P.O. BOX 21181 WA 98111	TREASURER 1	0	0	0
HENERY BROWN SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
JOHN FENLASON SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
CRAIG OMOTO SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
STEVE SHIVERS SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
JIM SIMPKINS SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
COLBY UNDERWOOD SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
ALYSON HARBER SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
LISA PETERSEN SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
KELL RABERN SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
ELIZABETH SWIFT SEATTLE P.O. BOX 21181 WA 98111	BOARD MEMBER 1	0	0	0
RICK REYNOLDS SEATTLE P.O. BOX 21181 WA 98111	EXEC. DIR. 40	70,003	4,843	0
ANN SAKAGUCHI SEATTLE P.O. BOX 21181 WA 98111	DEPUTY. DIR. 40	56,223	4,423	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T <b>See Statement 7</b>		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr <span style="float:right">▶ <u>37a</u> <u>0</u></span>		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right"><u>38b</u></span>		
39	Section 501(c)(7) organizations Enter <span style="float:right"><u>39a</u></span>		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right"><u>39b</u></span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶ <u>0</u></span> , section 4912 <span style="float:right">▶ <u>0</u></span> , section 4955 <span style="float:right">▶ <u>0</u></span>		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ <u>0</u></span>		
d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ <u>0</u></span>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed <span style="float:right">▶ <u>WA</u></span>		
42a	The books are in care of <span style="float:right">▶ <u>ANN SAKAGUCHI</u></span> Telephone no <span style="float:right">▶ <u>206-323-4359</u></span> <u>P.O. BOX 21181</u> Located at <span style="float:right">▶ <u>SEATTLE, WA</u></span> ZIP + 4 <span style="float:right">▶ <u>98111</u></span>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span>		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ <u>43</u></span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?		

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors each receiving over \$100,000 ▶

**Sign Here** 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.

Signature of officer: *[Signature]* Date: **8-14-09**  
 Type or print name and title: **Rev. Rick Reynolds, Executive Director**

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: **8-14-09** Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Finney, Neill & Company, P.S. 9757 Greenwood Ave N Seattle, WA 98103**  
 Preparer's Identifying Number (See instr): **P00006342**  
 EIN: **91-1566381**  
 Phone no: **206-298-9811**

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**OPERATION NIGHTWATCH, INC.**

Employer identification number  
**91-0964027**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only one organization )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **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)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I
  - b  Type II
  - c  Type III—Functionally Integrated
  - d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	525,140	539,584	662,472	688,831	819,870	3,235,897
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1-3	525,140	539,584	662,472	688,831	819,870	3,235,897
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						28,588
6 <b>Public support.</b> Subtract line 5 from line 4						3,207,309

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	525,140	539,584	662,472	688,831	819,870	3,235,897
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	685	4,270	7,640	10,912	6,443	29,950
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)				-990		-990
11 <b>Total support.</b> Add lines 7 through 10						3,264,857
12 Gross receipts from related activities, etc (see instructions)					12	343,897
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.2374 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.4101 %
16a <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
	40,424
SHELTER	288,481
FOOD AND RELATED	144,637
BUS TICKETS/TRANSPORT	17,955
MEALS AND EVENTS	15,037
TAXES, LICENSES AND FEES	7,234
INSURANCE	10,449
Total	\$ 524,217

**Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Pledges Receivable	\$	\$ 5,825
Accounts Receivable	25	107
Prepaid Expenses and Deferred Charges	11,352	12,771
DONATED AIRPLANE HELD FOR SALE	19,000	
	30,377	18,703

**Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 45,779	\$ 37,104
Deferred Revenue	3,395	4,195
KEY AND SECURITY DEPOSITS	1,575	1,425
	50,749	42,724

**Federal Statements**

**Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

Description

PROVIDE STREET MINISTRY IN CAFES AND BARS AT NIGHT WITH SUPPORT TO PEOPLE IN CRISIS. SINCE ALL MINISTERS VOLUNTEER, THEIR TIME COST IS A MINOR PART OF EXPENSES BUT A MAJOR SERVICE ACTIVITY.

**Statement 5 - Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

Description

PROVIDE DISPATCH CENTER TO LOCATE AVAILABLE SHELTER FOR THE HOMELESS AND PROVIDE SIMPLE MEALS, CLOTHING, BLANKETS, HYGIENE PRODUCTS, BUS TICKETS AND INFORMATION ON OTHER SERVICES.

**Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description

PROVIDE EDUCATION AND INFORMATION TO THE COMMUNITY AT-LARGE REGARDING HOMELESSNESS.

**Federal Statements****Statement 7 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported  
on Form 990-T**Description

PROGRAM SERVICE REVENUE ON PART I PAGE 1 LINE 2 REPRESENTS RENTAL INCOME IN CONNECTION WITH PROVIDING SENIOR HOUSING RENTAL UNITS FOR LOW-INCOME SENIORS AND PERMANENTLY DISABLED ADULTS. THIS ACTIVITY IS WITHIN THE ORGANIZATIONS MISSION AND IS NOT UNRELATED BUSINESS INCOME.

945 OPERATION NIGHTWATCH, INC.  
91-0964027  
FYE: 12/31/2008

8/12/2009 11:26 AM

## Federal Statements

### Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
LAND	\$ 160,000	\$	\$ 160,000	\$ 0
FURNITURE AND EQUIPMENT	57,293	21,022	62,439	30,853
BUILDING AND LEASEHOLD IMPROVEMENTS	601,749	210,488	601,749	241,081
Total	\$ 819,042	\$ 231,510	\$ 824,188	\$ 271,934

**Tax Asset Detail 1/01/08 - 12/31/08**

Asset #	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = C	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: Building</b>											
1	Building	3/03/99	235,000.00	0.00	0.00	53,226.49	6,025.64	59,252.13	175,747.87	S/L	39.0
3	1999 Remodeling	6/30/99	78,921.44	0.00	0.00	44,722.15	5,261.43	49,983.58	28,937.86	S/L	15.0
5	2000 Remodeling	6/30/00	103,413.38	0.00	0.00	51,706.72	6,894.23	58,600.95	44,812.43	S/L	15.0
7	Roof Repair	1/08/01	31,633.01	0.00	0.00	14,762.09	2,108.87	16,870.96	14,762.05	S/L	15.0
8	Repairs 2002	3/15/02	5,908.38	0.00	0.00	2,297.69	393.89	2,691.58	3,216.80	S/L	15.0
9	Repairs 2002	12/31/02	82,219.12	0.00	0.00	27,406.35	5,481.27	32,887.62	49,331.50	S/L	15.0
11	Locks	8/05/03	2,353.84	0.00	0.00	2,079.23	274.61	2,353.84	0.00	S/L	5.0
13	Renovation 2003	3/27/03	430.50	0.00	0.00	136.33	28.70	165.03	265.47	S/L	15.0
15	Renovations 2004	6/30/04	59,255.46	0.00	0.00	13,826.26	3,950.36	17,776.62	41,478.84	S/L	15.0
25	Fence - back stairwell	12/02/05	1,632.00	0.00	0.00	226.67	108.80	335.47	1,296.53	S/L	15.0
37	Renovations 2006	6/30/06	983.00	0.00	0.00	98.30	65.53	163.83	819.17	S/L	15.0
	<b>Building</b>		<b>601,750.13</b>	<b>0.00c</b>	<b>0.00</b>	<b>210,488.28</b>	<b>30,593.33</b>	<b>241,081.61</b>	<b>360,668.52</b>		
<b>Group: Furniture &amp; Equipment</b>											
4	Furniture	6/30/99	1,303.20	0.00	0.00	1,303.20	0.00	1,303.20	0.00	S/L	7.0
6	Furniture	6/30/00	510.41	0.00	0.00	510.41	0.00	510.41	0.00	S/L	7.0
10	Furniture	5/22/02	1,922.50	0.00	0.00	1,922.50	0.00	1,922.50	0.00	S/L	5.0
12	Beds	3/04/03	631.04	0.00	0.00	435.72	90.15	525.87	105.17	S/L	7.0
14	Refrigerator	2/25/04	2,501.75	0.00	0.00	1,370.00	357.39	1,727.39	774.36	S/L	7.0
16	Work Tables	7/02/04	378.62	0.00	0.00	189.31	54.09	243.40	135.22	S/L	7.0
17	Refrigerators (3)	10/01/04	326.37	0.00	0.00	151.52	46.62	198.14	128.23	S/L	7.0
18	Burdick's Security Safe	5/07/04	1,192.56	0.00	0.00	624.69	170.37	795.06	397.50	S/L	7.0
19	Truc Freezer Smith & Greene	1/10/05	4,089.83	0.00	0.00	2,453.91	817.97	3,271.88	817.95	S/L	5.0
20	Co-op Air Conditioning & Heating	3/21/05	1,083.33	0.00	0.00	425.59	154.76	580.35	502.98	S/L	7.0
21	Home Depot Freezer	6/30/05	629.96	0.00	0.00	314.98	125.99	440.97	188.99	S/L	5.0
22	2 twin beds 20 box springs	9/12/05	2,627.27	0.00	0.00	875.75	375.32	1,251.07	1,376.20	S/L	7.0
24	8 Folding Tables	12/23/05	761.58	0.00	0.00	217.60	108.80	326.40	435.18	S/L	7.0
26	Security Cameras & Recorder	2/09/06	5,906.75	0.00	0.00	1,617.32	843.82	2,461.14	3,445.61	S/L	7.0
27	Upgrade Security System	2/28/06	1,000.96	0.00	0.00	262.15	142.99	405.14	595.82	S/L	7.0
28	Laundry	2/28/06	20,759.61	0.00	0.00	5,437.04	2,965.66	8,402.70	12,356.91	S/L	7.0
29	Commercial Freezer	7/05/06	3,361.92	0.00	0.00	1,008.57	672.38	1,680.95	1,680.97	S/L	5.0
30	PC's & Monitors (3 each)	10/06/06	1,935.00	0.00	0.00	483.75	387.00	870.75	1,064.25	S/L	5.0
31	PC & Monitor	10/06/06	645.00	0.00	0.00	161.25	129.00	290.25	354.75	S/L	5.0
32	PC & Monitor	10/06/06	645.00	0.00	0.00	161.25	129.00	290.25	354.75	S/L	5.0
33	Bedframes & Mattresses (2 each)	11/02/06	576.37	0.00	0.00	96.06	82.34	178.40	397.97	S/L	7.0
34	Dishwasher & Installation	11/02/06	3,847.18	0.00	0.00	897.68	769.44	1,667.12	2,180.06	S/L	5.0
35	Security Panic Alarm	11/28/06	330.96	0.00	0.00	51.22	47.28	98.50	232.46	S/L	7.0
36	Refrigerators	12/03/06	326.38	0.00	0.00	50.52	46.63	97.15	229.23	S/L	7.0
38	Carpet Steam Cleaner	12/12/08	870.91	0.00c	0.00	0.00	7.26	7.26	863.65	S/L	10.0
39	2000 Dodge Ram Van	1/31/08	4,275.00	0.00c	0.00	0.00	1,306.25	1,306.25	2,968.75	S/L	3.0
	<b>Furniture &amp; Equipment</b>		<b>62,439.46</b>	<b>0.00c</b>	<b>0.00</b>	<b>21,021.99</b>	<b>9,830.51</b>	<b>30,852.50</b>	<b>31,586.96</b>		
<b>Group: Land</b>											
2	Land	3/03/99	160,000.00	0.00	0.00	0.00	0.00	0.00	160,000.00	Land	0.0

**Tax Asset Detail 1/01/08 - 12/31/08**

Asset *	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr.	Tax Net Book Value	Tax Method	Tax Period
	Land		160,000.00	0.00c	0.00	0.00	0.00	0.00	160,000.00		
	<b>Grand Total</b>		824,189.59	0.00c	0.00	231,510.27	40,423.84	271,934.11	552,255.48		

Group: Land (continued)

Form **8868**  
(Rev April 2009)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization  <b>OPERATION NIGHTWATCH, INC.</b>	Employer identification number  <b>91-0964027</b>
	Number, street, and room or suite no If a P O box, see instructions  <b>P.O. BOX 21181</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions  <b>SEATTLE WA 98111</b>	

**Check type of return to be filed (file a separate application for each return)**

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **ANN SAKAGUCHI**

Telephone No ▶ **206-323-4359** FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach

a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15/09**, to file the exempt organization return for the organization named above The extension is for the organization's return for  
▶  calendar year **2008** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)