# KinderMourn, Inc.

Tax Return June 30, 2023





KinderMourn, Inc. 1320 Harding Place Charlotte, NC 28204

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Elliott Davis, PLLC

# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

December 31, 2022

### **Prepared For:**

KinderMourn, Inc. 1320 Harding Place Charlotte, NC 28204

## **Prepared By:**

Elliott Davis, LLC/PLLC 500 East Morehead Street, Suite 700 Charlotte, NC 28202

### Amount Due or Refund:

Not applicable

### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

### Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2023

Form 8879-TE		IRS e-f fo	ile Signature A r a Tax Exemp	uthorization t Entity		OMB No. 1545-0047
	For calendar ye	ear 2022, or fiscal year be	eginning, 20	22, and ending	, 20	つりつつ
Department of the Treasury Internal Revenue Service		Do no	t send to the IRS. Keep for irs.gov/Form8879TE for t	or your records.		2022
Name of filer	-				EIN or SSI	N
KINI	ERMOURN,	INC.			56-1	221194
Name and title of officer	or person subject to	tax KATY R	YAN			
			IVE DIRECTOR			
Part I Type	of Return and	d Return Inform	nation			
Form 5330 filers may or <b>10a</b> below, and the	enter dollars and c amount on that lin le, blank (do not en	cents. For all other ne for the return be	form 8879-TE and enter the forms, enter whole dollars eing filed with this form wa entered -0- on the return,	only. If you check the to blank, then leave line	box on line 1a, 2a, 1b, 2b, 3b, 4b, 5b	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, o, 6b, 7b, 8b, 9b, or 10b,
		X b Total re	evenue, if any (Form 990, I	Part VIII, column (A), lin	e 12)	1b <u>801,015.</u>
	check here	b Total re	evenue, if any (Form 990-E	Z, line 9)	,	2b
	OL check here		ax (Form 1120-POL, line 22			
4a Form 990-PF	check here		sed on investment incom			
	heck here		<b>e due</b> (Form 8868, line 3c)			
	check here		ax (Form 990-T, Part III, line			
	heck here		ax (Form 4720, Part III, line			
	heck here		assets at end of tax year			8b
	heck here		e (Form 5330, Part II, line 1	, , ,		9b
10a Form 8038-0			t of credit payment reque	,	Part III. line 22)	10b
			rization of Officer or			
complete. I further de intermediate service p acknowledgement of of any refund. If applii entry to the financial i financial institution to later than 2 business payment of taxes to r	clare that the amo provider, transmitter receipt or reason f cable, I authorize the nstitution account debit the entry to days prior to the p eccive confidential	unt in Part I above er, or electronic retro or rejection of the f he U.S. Treasury al indicated in the ta this account. To re ayment (settlemen information neces	statements, and, to the best is the amount shown on the urn originator (ERO) to sen transmission, (b) the reason nd its designated Financia x preparation software for evoke a payment, I must co t) date. I also authorize the isary to answer inquiries ar e electronic return and, if a	the copy of the electron d the return to the IRS on for any delay in proc Agent to initiate an ele payment of the federal ntact the U.S. Treasun financial institutions in d resolve issues relate	ic return. I consent and to receive from essing the return of ectronic funds with taxes owed on this y Financial Agent a wolved in the proce d to the payment. I	to allow my n the IRS (a) an or refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a
PIN: check one box		AVIS, LLC	/ PLLC		to enter my l	PIN 04921
			ERO firm name		to enter my i	Enter five numbers, but
						do not enter all zeros
with a state on the return As an office return. If I h	agency(ies) regula n's disclosure con er or person subjec ave indicated with	ating charities as pa isent screen. It to tax with respe in this return that a	ally filed return. If I have inc art of the IRS Fed/State pr ct to the entity, I will enter a copy of the return is bein re return's disclosure conse	ogram, I also authorize my PIN as my signatur g filed with a state ager	the aforementione e on the tax year 2	d ERO to enter my PIN 022 electronically filed
Signature of officer or person	Lat	y Ryan			Dat	<sub>e</sub> Nov 14, 2023
	fication and A	uthentication			Dai	6
ERO's EFIN/PIN. Ent			ification			
number (EFIN) followe		-		5665163 Do not enter a		
-		-	ny signature on the 2022 e s of <b>Pub. 4163,</b> Modernize	•		
ERO's signature	Jame	a & Latica		Date	11/07/23	
	V					
	_		Retain This Form -			
	Do N	ot Submit This	Form to the IRS Un	less Requested T	o Do So	
LHA For Privacy Ac	t and Paperwork	Reduction Act No	tice, see instructions.			Form <b>8879-TE</b> (2022)
202521 12-16-22						

Form <b>990</b>
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## EXTENDED TO NOVEMBER 15, 2023 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.

Department of the Treasury Internal Revenue Service Go to wy

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.	



AF	or th	e 2022 calendar year, or tax year beginning and	ending		
B C	heck if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	KINDERMOURN, INC.			
	Name			56-12211	94
	Initial		Room/suite	E Telephone number	r
		1320 HARDING PLACE		704-376-	
	termi			G Gross receipts \$	880,083.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: NATI NIAN			? Yes X No
	pendi	<sup>ng</sup> 1320 HARDING PLACE, CHARLOTTE, NC 2820	4	H(b) Are all subordinates in	
<u>I</u> T	ax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1)	or 52	7 If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		f organization: 🚺 Corporation 📄 Trust 🦳 Association 📄 Other	L Yea	r of formation: 1978	A State of legal domicile: NC
Pa	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: KIND	ERMOUI	RN PROVIDES H	HOPE FOR
Governance		BEREAVED PARENTS, GRIEVING CHILDREN AND T	EENS	BY OFFERING	SUPPORT
erne	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net ass	
ove	3				19
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
es {	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10
viti	6	Total number of volunteers (estimate if necessary)			82
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		724,578.	514,741.
Revenue	9	Program service revenue (Part VIII, line 2g)		33,033.	61,262.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		452.	2,983.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-17,730.	222,029.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		740,333.	801,015.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······ –	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		478,450.	587,896.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă.		Total fundraising expenses (Part IX, column (D), line 25) 77, 2		211 400	071 007
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		211,498.	271,927.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		689,948.	859,823.
	19	Revenue less expenses. Subtract line 18 from line 12		50,385.	-58,808.
Net Assets or Fund Balances				eginning of Current Year	End of Year
Ssei Bala	20	Total assets (Part X, line 16)		1,616,258.	1,599,873.
et A	21	Total liabilities (Part X, line 26)		20,498. 1,595,760.	70,335. 1,529,538.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20		T'222'''	1,349,338.
			o and atata~	ante and to the best of my	knowledge and belief it is
		alties of perjury, I declare that I have examined this return, including accompanying schedule:			knowledge and beller, it is
uud,	COLLE	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nun prepare	i nas any knowleuye.	

	Katy Ryan			Nov 14, 2023			
Sign	Signature of officer			Date			
Here	KATY RYAN , EXECUTIVE DIR	ECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check PT	IN		
Paid	JANICE A RATICA	Janue & Latica	11/07	/23 self-employed P00	358837		
Preparer	Firm's name ELLIOTT DAVIS, LL	C/PLIC		Firm's EIN 57-038	1582		
Use Only	Firm's address 500 EAST MOREHEAD	STREET, SUITE 700					
	CHARLOTTE, NC 282	02		Phone no. (704) 3	33-8881		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	32001       12-13-22       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) KINDERMOURN, INC.	56-1221194 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: FOUNDED IN 1978, KINDERMOURN PROVIDES SUPPORT FOR	PARENTS WHO HAVE
	EXPERIENCED THE DEATH OF A CHILD AND CHILDREN GRI	
	FAMILY MEMBER OR FRIEND. THROUGH PROFESSIONALLY	
	INDIVIDUAL AND FAMILY COUNSELING SERVICES AND COM	-
2	Did the organization undertake any significant program services during the year which were not lis	
	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 progr	ram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	n services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	ations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 254, 926 . including grants of \$	) (Revenue \$ 23,198.)
	GRIEVING CHILDREN AND TEENS PROGRAM: PROFESSIONAL	LY GUIDED SUPPORT
	GROUPS, ALONG WITH INDIVIDUAL AND FAMILY COUNSELI	NG OFFER A SAFE PLACE
	WHERE KIDS CAN SHARE THEIR THOUGHTS, FEELINGS AND	EXPERIENCES OF THE
	GRIEF JOURNEY.	
	201 244	
4b	(Code:) (Expenses \$291,344. including grants of \$ HELPING THE HURT OUTREACH PROGRAM: BEREAVEMENT SU	
	TEENS WHO CANNOT ACCESS KINDERMOURN'S IN-HOUSE SU	
	ECONOMIC FACTORS OR TRANSPORTATION ISSUES. GRIEF	
	INDIVIDUAL COUNSELING AND SUPPORT GROUPS, ARE OFF	-
	CHARLOTTE-MECKLENBURG SCHOOLS AND AREA NEIGHBORHC	
4c	(Code:) (Expenses \$182,090. including grants of \$	) (Revenue \$ 54,128.)
	GRIEVING PARENTS PROGRAM: PROFESSIONALLY GUIDED S	
	WITH INDIVIDUAL AND FAMILY COUNSELING ARE OFFERED	
		VAILABLE REGARDLESS OF
	THE CAUSE OF DEATH OR AGE OF THE CHILD.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 728, 360.	
		Form <b>990</b> (2022)
232002	2 12-13-22	( · · · )
	3	

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2022.05000 KINDERMOURN, INC. 34977\_1

 Form 990 (2022)
 KINDERMOURN, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		х
•	Schedule D, Part III	8		
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?	•		x
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		- 23
	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
232003	3 12-13-22	Form	<b>AAO</b> (	(2022)

232003 12-13-22

4 2022.05000 KINDERMOURN, INC.

Form	aan	(2022)
FUIII	330	120221

Form 990 (2022) KINDERMOURN, INC.
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			v
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u>_</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
h	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-14		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~ 1	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33	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	- 55		
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		·····	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X 990 (	
232004	↓ 12-13-22	rorm	JJU (	(2022)

5 2022.05000 KINDERMOURN, INC.

Form	990 (2022) KINDERMOURN, INC.		56-1221	194	P	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		10			
	filed for the calendar year ending with or within the year covered by this return	2a		01	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	Δ	х
				3a 2h		Δ
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule</i> At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over a	3b		
44	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		х
h	If "Yes," enter the name of the foreign country	accour		та		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		us (i b/ i i).	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
	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 set	rvices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8						
•				8		
9	Sponsoring organizations maintaining donor advised funds.			0.		
a L				9a 0h		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
''a	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	·				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		<u> </u>
	If "Yes," see the instructions and file Form 4720, Schedule N.					77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X
4-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
00000				Form	990	(2022)
232005	12-13-22 6					(2022)
	· · · · · · · · · · · · · · · · · · ·					

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. u	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	ra "No" i	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			v
800	Check if Schedule O contains a response or note to any line in this Part VI			X
500	ction A. Governing Body and Management			
		9	Yes	No
1a		<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	9		
	5	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	2		
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?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a				
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			- -
~	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	о о ,	<u>8a</u>	X X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	. 9		
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-		40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
b	, , , , , , , , , , , , , , , , , , , ,	. 12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
a			X	
b	Other officers or key employees of the organization	15b	X	
	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			37
	taxable entity during the year?	<u>16a</u>		X
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			
0	exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	<u>KATY RYAN - 704-376-2580</u>			
20				
LU	1320 HARDING PLACE, CHARLOTTE, NC 28204		000	
	1320 HARDING PLACE, CHARLOTTE, NC 28204	Forn	<b>990</b>	(2022

Form 990 (2022)	KINDERMOURN, INC.	56-1221194 Page	a 7				
Part VII Compe	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Employ	ees, and Independent Contractors						
Check if S	Schedule O contains a response or note to any line in this Part \	/II					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
	le for all persons required to be listed. Report compensation for ganization's <b>current</b> officers, directors, trustees (whether individ	the calendar year ending with or within the organization's tax ye duals or organizations), regardless of amount of compensation.	ar.				

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, box 6 of 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss per	son i	s both	an	compensation	compensation	amount of
	week		Jer ar	ia a a	recio	r/trus <sup>.</sup>	.ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	m pen		1099-NEC)	1033-NEO)	and related
	below	dual t	In stitutional trustee	-	mploy	st col	er	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) KELLY HAMILTON	40.00									
EXECUTIVE DIRECTOR				Х				118,650.	0.	15,020.
(2) KEN JOHNSON	40.00									
FINANCIAL OFFICER				Х				24,023.	0.	0.
(3) BENJAMIN BENDER, MS, SSP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) DEIDRE BRADSHAW FOSTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) DR. CHRIS MORRIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ELIZABETH WARREN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JENNIFER SOLOMONSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JIM SIGMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KELLY BURTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARY KATHERINE DUBOSE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) NICK KAMMEYER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) STEPHANIE APPLING, MPH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) STEPHANIE STARR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) THOMAS CALABRO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) TIM IGNASHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) TONDRA C. MCLAURIN, LPSC	1.00								_	
BOARD MEMBER		х						0.	0.	0.
(17) WALKER POOLE	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
232007 12-13-22										Form <b>990</b> (2022)

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Form 990 (2022) KINDERMO	JRN, INC								56-122	1194	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	<b>(B)</b> Average hours per week	box	not cl , unles	ss per	ition more rson i	1 than c is both pr/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F Estim amou	ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	oth comper from organiz and re organiz	sation the ation lated
(18) JEFF PETILLO CHAIR	1.00	x		x				0.	0		0.
(19) NATALIE C. CARTER FINANCE	1.00	x		x				0.	0		0.
(20) SARAH HOPFER SECRETARY	1.00	x		x				0.	0		0.
(21) LIBBY KELLIGREW VICE-CHAIR	1.00	x		x				0.	0		0.
1b Subtotal								142,673.	0	. 15	020.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A	·····		· · · · · · · ·			•	0. 142,673.	0 0	•	0.020.
2 Total number of individuals (including but n compensation from the organization		ose	liste	u ab	ove	e) wri	ore	ceived more than \$100,	000 of reportable	I	1
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			•	•	-		Ŭ	• •	•	Ye 3	s No X
<ul> <li>For any individual listed on line 1a, is the su and related organizations greater than \$150</li> </ul>	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		X
<ul> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i></li> </ul>	accrue compen	Isati	on fr	om	any	unre	late	ed organization or individ	lual for services	5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of compen	sation from	
the organization. Report compensation for (A)	•	•							•	(C)	
(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	Compensa	tion
							_				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	to	thos (		ted	above) who received mo	ore than		
										Form <b>99</b>	<b>)</b> (2022)

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Ра	πνι			a ar pata ta any ling	in this Dort \/III			
		Check if Schedule O c	contains a respons		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f	Fundraising events	1b           1c           1d           ibutions)         1e           grants, and         1f	7,275. 82,500. 424,966.				
Cor and	h	<b>Total.</b> Add lines 1a-1f			514,741.			
				Business Code				
Program Service Revenue	b c d e	2 1		_	61,262.	61,262.		
ш	•				61,262.			
	3 3	Investment income (includ other similar amounts)	ling dividends, int	erest, and	2,983.			2,983.
	4	Income from investment o		· .				
	5	Royalties	(i) Real	(ii) Personal				
	6 a b		6a 6b					
	c		60 60					
	d							
	7 a	a Gross amount from sales of	(i) Securitie					
	ь	assets other than inventory Less: cost or other basis	7a					
an		and sales expenses	7b					
Revenue	с	Gain or (loss)	7c					
Rev	d	d Net gain or (loss)	······					
Other		a Gross income from fundraisin including \$ 82 contributions reported on Part IV, line 18 Less: direct expenses	<u>,500 .</u> of line 1c). See	<sub>Ва</sub> 285,033. вь 79,068.				
		Net income or (loss) from f		s	205,965.			205,965.
	9 a	Gross income from gaming	-					
	b	Part IV, line 19		9a 9b				
		Net income or (loss) from g						
		Gross sales of inventory, le	ess returns					
		and allowances		10a				
		<ul><li>Less: cost of goods sold</li><li>Net income or (loss) from s</li></ul>	_	10b				
Miscellaneous Revenue	11 a	MISCELLANEOUS		Business Code 900099	16,064.	16,064.		
scellaneo Revenue	b			-				
Scell	с							
Mis	d	All other revenue			16,064.			
	<u>е</u> 12	Total revenue. See instructio			801,015.	77,326.	0.	208,948.
23200	9 12-13			I	,,==•	,		Form <b>990</b> (2022)

Form 990 (2022)

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	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	118,650.	100,480.	4,519.	13,651.
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	387,123.	327,840.	14,744.	44,539.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,857.	4,259.	168.	430.
9	Other employee benefits	38,900.	34,115.	1,343.	430. 3,442. 3,395.
10	Payroll taxes	38,366.	33,646.	1,325.	3,395.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	116,702.	88,317.	24,330.	4,055.
12	Advertising and promotion		10.01.0		
13	Office expenses	53,572.	48,216.	2,678.	2,678.
14	Information technology				
15	Royalties	24 050	00.151	1 5 6 4	1 5 6 4
16	Occupancy	31,279.	28,151.	1,564.	1,564.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 1 2 0	1 004	100	100
19	Conferences, conventions, and meetings	2,138.	1,924.	107.	107.
20	Interest				
21	Payments to affiliates			1 452	1 452
22	Depreciation, depletion, and amortization	29,062.	26,156.	1,453.	<u>    1,453.</u> 668.
23		13,356.	12,020.	668.	. 800
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.)	25,818.	23,236.	1,291.	1,291.
a L		23,010.	23,230.	1,2910	1,291.
b					
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	859,823.	728,360.	54,190.	77,273.
<u>25</u> 26	Joint costs. Complete this line only if the organization		. 20, 500 •		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

X

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Form 990 (2022)
Part X Balance Sheet KINDERMOURN, INC.

Pa	πλ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1					1	
	2	Savings and temporary cash investments			888,314.	2	896,379.
	3	Pledges and grants receivable, net			26,000.	3	
	4	Accounts receivable, net			11,725.	4	18,028.
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			8,110.	9	32,941.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	1,310,793.			
	b	Less: accumulated depreciation	10b	705,503.	628,410.	10c	605,290.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin	e 11 🛛			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			53,699.	15	47,235.
	16	Total assets. Add lines 1 through 15 (must ed			1,616,258.	16	1,599,873.
	17	Accounts payable and accrued expenses			20,498.	17	70,335.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV (	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
III		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			20 400	25	<b>50 225</b>
	26				20,498.	26	70,335.
S		Organizations that follow FASB ASC 958, cl	heck here	e X			
ice.		and complete lines 27, 28, 32, and 33.			1 560 760		1 500 500
alar	27				1,569,760.	27	1,529,538.
ä	28	Net assets with donor restrictions			26,000.	28	0.
ŭ		Organizations that do not follow FASB ASC	958, che	eck here			
ъ		and complete lines 29 through 33.					
ţs	29	Capital stock or trust principal, or current func				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 505 760	31	1 500 500
R	32	Total net assets or fund balances			1,595,760.	32	1,529,538.
	33	Total liabilities and net assets/fund balances			1,616,258.	33	1,599,873.

Form **990** (2022)

Form	990 (2022) KINDERMOURN, INC.	56	-1221194	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	801		
2	Total expenses (must equal Part IX, column (A), line 25)	2	859		
3	Revenue less expenses. Subtract line 2 from line 1	3	-58	8,80	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,595	5 <u>,7</u> 0	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7	<b>',4</b> :	14.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,529	),5:	<u>38.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				(0000)

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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.

OMB No. 1545-0047
2022
Open to Public Inspection

KINDERMORRY_INC.         56-1221194           Person for Public Charry Status. (All organizations must complete this part.) See instructions.         The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.)           1         A church, correction of fourbes, or association of burches described in section 170b()(1/A)(i).         A school described in section 170b()(1/A)(i).           2         A church, correction of through segmetation described in section 170b()(1/A)(ii).         Enter the hospital since organization described in section 170b()(1/A)(i).           4         A medical research organization described in section 170b()(1/A)(i).         Enter the hospital's name, of is apported to robo (1/A)(ii).           6         A norganization operated in conjunction with a hospital described in section 170b()(1/A)(i).           7         A norganization described in section 170b()(1/A)(i).         Complete Part II)           8         A community team organization described in section 170b()(1/A)(i).         Community that described in section 170b(1/A)(i)(i).           8         A community team organization described to estate exceptions, and 2 (in organization describes or university:           10         A norganization described to estate exceptions, and 2 (in organization described in section 170b(1/A)(i).           8         A community team organization described to estate exceptions, and 2 (in organization describes the support organization describes the support organization describes (in organization describes) (in or enceptions, a	Nar	ne of t	the organization							dentification number
The cognization is not a private foundation because it is: (For lines 1 through 12, check only one box)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A church, convention of churches, or association described in section 170(b)(1)(A)(ii).  A church, convention of churches, or association described in section 170(b)(1)(A)(iii).  A church, convention of churches, or association described in section 170(b)(1)(A)(iii).  A church, convention of churches, or association described in section 170(b)(1)(A)(iii).  A church, convention of churches, or association described in section 170(b)(1)(A)(iii).  A church, convention of churches, or association described in section 170(b)(1)(A)(ii).  A church, convention of churches a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(ii).  A community that described in section 170(b)(1)(A)(ii). (Complete Part II).  A an agricultural research organization described in section 170(b)(1)(A)(ii) operated in college or university or a non-indiguant college or university.  A an agricultural research organization described in section 170(b)(1)(A)(ii) operate the name, city, and state of the college or university.  A an agricultural research organization described in section 170(b)(1)(A)(ii) operate the name, city, and state of the college or university.  A an organization not more part (ii) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to cortain exceptions, and (ii) on more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to cortain exceptions, and (ii) on more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 500(a)(2). See section 500(a)(3). Check the box on lines 12 attroogh										6-1221194
<ul> <li>A church, convention of churches, or association of churches described in section 170(b) (1/A)(ii).</li> <li>A hospital or a cooperative hospital service organization described in section 170(b) (1/A)(iii).</li> <li>A noncalication operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1/A)(iii). Enter the hospital's name, city, and state:</li> <li>A noncalication operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1/A)(ii). Complete Part II)</li> <li>A hospitation that normally receives a substantial part of its support for a governmental unit of from the general public described in section 170(b) (1/A)(v).</li> <li>A nonjanization that normally receives a substantial part of its support from a governmental unit of rom the general public described in section 170(b) (1/A)(v).</li> <li>A nonjanization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from grass investment income and unrelated business taxable income (ess section 509(e)(2). See section 509(e)(3). Check the box on lines 12 an organization organization described in section 509(e)(1).</li> <li>A no granization organizated and operated exclusively to the section 509(e)(1). Section 509(e)(2). See section 509(e)(3). Check the box on lines 12 and organization described in section 509(e)(2). See section 509(e)(3). Check the box on lines 12 and organization described in section 509(e)(1) or section 509(e)(2). See section 509(e)(3). Check the box on lines 12 and transporting organization described in section 509(e)(1) or</li></ul>								ee instruction	IS.	
2       A school described in section 170(b)(1)(A)(B).       A model at research organization described in section 170(b)(1)(A)(B).         3       A hospital or a scoperative hospital service organization described in section 170(b)(1)(A)(B).       Enter the hospital's name, etty, and state.         4       A model at research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(D).       Enter the hospital's name, etty, and state.         5       A organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(D).         7       M A organization that normally neceves a substantial part of its support form a governmental unit of rom the general public described in section 170(b)(1)(A)(D). (Complete Part II)         9       A an agricultural research organization described in section 170(b)(1)(A)(D) (D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(D)(	The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
3       A nospital or a cooperative hospital service organization 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)(v).         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       X no 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)(v).         8       A community fruit described in section 170(b)(1)(A)(v).       Complete Part II.)         9       An agricultural research organization that normally receives a substantial part of its support from contributions, membership fees, and gross receipts from activities related to its eventp functions, subject to certain exceptions, and (0) no more than 31 /3% of its support from gross investment income and unrelated business taxable income (seas section 511 tax) from businesses acquired by the organization atter June 30, 1975. See section 509(a)(2). Complete Part II.)         11       An organization that normally receives (1) more than 33 1/3% of its support from gross investment income and unrelated business taxable income (seas section 509(a)(2). Complete Part II.)         11       An organization organization described in section 500(a)(1).         11       An organization that normally receives (1) more than 33 1/3% of its support for gross receipts from activities related bia is exactly any point or elect in signits (2). Comote the abas 1/3% of its support for gross receipts f	1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
<ul> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community 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 cortain exceptions, and (2) no more than 33 1/3% of its support from contributions of the support of granization and and operated exclusively for the benefit ot, to perform the functions of, or to carry out the purposes of one or more publicly supported organization organization declusively for the benefit ot, to perform the functions or to carry out the purposes of one or more publicly supported organization operated, succeively of the benefit or electar anglority of the directors or trustees of the supporting organization operated, succeively or controlled by its supported organization(s), thy acting activation year and a described in granization(s) with a supporting organization activation operated, in connection with its supported organization (2) (see instructions). You must comple</li></ul>	2				-					
<ul> <li>city, and state:</li> <li>city, and state:</li></ul>	3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
S       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)(v). (Complete Part II.)         8       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         10       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 norme and unrelated business taxabile horcem (ease section 509(a)(4).         11       An organization organization adperated exclusively to test for public safety. See section 509(a)(4).         12       An organization organization operated exclusively to the benefit of to perform the functions (9, to carry out the purposes of one or more publicly supported organization operated exclusively to the benefit of to supported organization (3). (3)(2). Check the box on lines 12e, 12t, and 12g.         11       An organization that described priot respectively organization adcomptete lines 12e, 12t, and 12g.	4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
section 170(b)(1)(A)(v). (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)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and governmental income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       D An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       D An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e. 12. and 12g.         12       An organization organized and operated exclusively for the benefit or, to perform the functions of, or to carry out the purposes of one or more publicly supporting organization operated, supporting organization and complete lines 12e. 12. and 12g.         12<			city, and state:							
G A federal, state, or local government are governmental unit described in section 170b(1/(1/k)(v).     A community trust described in section 170b(1/(1/k)(v). (Complete Part II.)     A community trust described in section 170b(1/(1/k)(v). (Complete Part II.)     A community trust described in section 170b(1/(1/k)(v). (Complete Part II.)     A community trust described in section 170b(1/(1/k)(v). (Complete Part II.)     A community trust described in section 170b(1/(1/k)). (Complete Part II.)     A community trust described in section 170b(1/(1/k)). (Complete Part II.)     A 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 taxabile income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.)     An organization organization organization aperated exclusively to test for public safety. See section 509(a)(4).     An organization organization organization section to parted exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supporting organization section to 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization approximation section to 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization approximation section trustees of the supporting organization (3) must complete Part IV. Sections A and C.     Type II. A supporting organization speried and controlled by its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) were there approximation operated in connection with its supported organizati	5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
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)(v). (Complete Part II.)         9       A nomunity trust described in section 170(b) (1/A)(v). (Complete Part II.)         9       An organization described in section 170(b) (1/A)(v). (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 carrial exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (eas section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization arganization. You must complete Part IV. Sections A and B.         0       Type I. A supporting organization sequerised, or controlled by its supported organization(s), they applicate organization (s) the supported organization (s) exercises of the supporting organization section soft, by its supported organization (s), they applicate organization (s) the directors or trustees of the supporting organization section with its supported organization (s) the supported organization section with its supported organization (s) the supported organization (s) the supported organization (s) the supporting organization operatel is connection with its			section 170(b)(1)(A)(iv). (C	Complete Part II.)						
section 170(b)(1)(A)(vi). (Complete Part II.)         A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)         A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)         A norganization 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.)         11 An organization organized and operated exclusively to test for public safety. See section 509(a)(3).       Check the box on lines 12 athrough 12 that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         12 An organization organization section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12 athrough 12 that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization section 5 and 8.         b       Type I. A supporting organization supervised, or controlled by its supported organization(8), the supported organization supervised or controlled in connection with its supported organization(8). by having control or manage the supporting organization vested in connection with its supported organization(8). You must complete Part IV. Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(8). by having control or manage the supporting organiz	6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
<ul> <li>A community trust described in section 170(b)(1)(A)(w). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non-land-argent college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li></ul>	7	X	An organization that normal	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
9       An agricultural research organization described in section 170(b)(1)(A)(b) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10       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 evempt 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 ta) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(3). Check the box on lines 12 althrough 12 that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), by laving the supported organization (sections A and B.)         b       Type I. A supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or management of the supporting organization operated in connection with its supported organization(s). Type III Tunctionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) t			section 170(b)(1)(A)(vi). (C	omplete Part II.)						
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
university:	9		An agricultural research org	anization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college
10       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.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       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 organization operated is supporting organization (3), typically by giving the supporting organization operated is supervised, or controlled by its supported organization(3), typically by giving the supporting organization (3) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(4), by having control or management of the supporting organization operated in connection with its supported organization(5), by nume togenization(5), by our must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(6) that is not functionally integrated. A supporting organization operated in connection with its supported organization(6) that is not functionally integrated. A supporting organization operated in connection with its supported organization(5) that is not functionally			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or
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.)  11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  12 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). See section 509(a)(2). Check the box on innes 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a Type I. A supporting organization operated, supervised, or controlled by its supported organizations), by giving the supported organization operated, supervised, or controlled by its supported organizations (b) the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organizations (b) the power to regularization (b) the supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization (b). You must complete Part IV, Sections A and C.  c Type III non-functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization (b). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization supported organization generally must satisfy a distribution requirement and an attentiveness requirement (fise instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization supported organization (b) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (fise instructions). You must complete Part IV, Sections A a			university:							
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(q)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(q)(4).  Type II A supporting organizations described in section 509(q)(1) or section 509(q)(2). See section 509(q)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (b) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and B.  C Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  C Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization operated in connection with its supported organization(s) that is not functionally integrated. The organization operated in connection with its supported organization(s) that organization operated in connection with its support org	10		An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), by having organization supervised or controlled to it connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) (see instructions). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operatel in connection with its supported organization(s) that is not functionally integrated. A supporting organization operatel IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated organizations. f Provide the following information about the supported organization supporting organization. f Enter the number of supported organizations. f Provide the following information about the supported organization of the supporting organization. f Provide the following information about the supported organization of the supporting organization. f Provide the following information about the supported organization of the supporting organizatio			activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       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)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization operated, supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), You must complete Part IV, Sections A and C.         c       Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated supporting organization.			income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
12       An organization organization accorded 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s)         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         g       Provide the following information about the supported organization inform the IRS that it			See section 509(a)(2). (Cor	mplete Part III.)						
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organizations) the power to regularly appoint or elect an anighty of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having corganization supervised or controlled in connection with its supported organization(s), by having corganization(s). You must complete Part IV, Sections A and C.         c       Type III non-tonally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-tunctionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generately must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a virtten determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supported organization.         g Provide the following information about the supported organization(s).         g Provide the following information about the supported organization(s).         g Provide the following information about the suppo	11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a	12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
<ul> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization</li> <li>g Provide the following information about the supported organization(s).</li> <li>i) Name of supported organizations</li> <li>ii) Name of supported organization about the supported organization with its ensurement is support (see instructions).</li> <li>ii) Name of supported organization with every organization with its ensurement of an antentive support (see instructions).</li> <li>iii) Name of supported organizations</li> <li>ivour governing decument?</li> <li>ivour governing decument?</li> <li>ivour governing decument?</li> <li>ivour governing d</li></ul>			more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box on
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b  Type II. A supporting organization graphization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization (s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III on-functionally integrated supporting organization []  functionally integrated, or Type III on-functionally integrated supporting organization []  functionally integrated, or Type II on-functionally integrated supporting organization []  functionally integrated, or Type III on-functionally integrated in the same persons and D, and Part V. e  Check this box if the organization supported organization []  functionally integrated, or Type III on-functionally integrated supporting organization []  functionally integrated organization []  functionally integrated supported organization []  functionally integrated in connection with its support (see instructions)  functional information about the supporte			lines 12a through 12d that of	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
organization. You must complete Part IV, Sections A and B.      Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.      Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.      Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s).     (ii) Type of organization (iii) Type of organization (v) Amount of monetary (v) Amount of other support (see instructions) above (see instructions))     (v) Amount of monetary (v) Amount of other support (see instructions)     (v) Amount of monetary support (see instructions)     (v) Amount of monetary (v) Amount of other support (see instructions)     (v) Amount of other support (see instructions)     (v) Amount of monetary support (see instruct	a	ı 🗌	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a write determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (described on lines 1-10)         integrated       (ii) Ellion         (iii) Num ef supported       (iii) Ellion         (iii) Num ef supported       (iiii) Ellion			the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f (i) Name of supported (ii) EIN (iii) Type of organization(s) (iv) Amount of monetary (vi) Amount of other support (see instructions)) f (vi) Amount of other support (see instructions) f (vi) Amount of other support (see instructions) f (vi) Amount of other support (see instructions) f (vi) Amount of monetary (see instructions)) f (viii) EIN (viiii) EIN (viii) EIN (viii) EIN (viii) EIN (viiii) EIN (viii) E			organization. <b>You must c</b>	complete Part IV, Se	ections A and B.					
organization(s). You must complete Part IV, Sections A and C. c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s)     (i) Name of supported     (ii) EIN     (iii) Type of organization(s)     (iv) Is the organization     (iv) Sections a model on the support (see instructions)     (vi) Amount of monetary     support (see instructions)     (vi) Amount of monetary     support (see instructions)     (vi) Sections a not be enstructed and inset 1:10     above (see instructions))     (vi) Is the organization     (vi) Sections a not be a support (see instructions)     (vi) Amount of monetary     support (see instructions)     (vi) Amount of monetary     support (see instructions)     (vi) Sections a not be a support (see instructions)     (vi) Section a support (see instructions)     (vi) Section a support (see instructions)     (vi) Section a support (see instructions)     (vi) Amount of monetary     support (see instructions)     (vi) Section a s	b	<b>)</b>	<b>Type II.</b> A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported       (ii) Type of organization (described on lines 1-10 above (see instructions))         (iv) Querting document?       (vi) Amount of other support (see instructions)         organization       (iii) ElN       (iii) Type of organization (see instructions)         ubove (see instructions)       Ves instructions)       (vi) Amount of other support (see instructions)         (vii) Name of supported       (iii) ElN       (iii) Type of organization listed in council (described on lines 1-10 above (see instructions))       (vi) Amount of other support (see instructions)         ubove (see instructions)       ubove (see instructions			control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Ste organization (iv) Amount of other support (see instructions) (iv) Amount of monetary (iv) Amoun			organization(s). You mus	t complete Part IV,	Sections A and C.					
d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported (ii) EIN       (iii) Type of organization lined organization lined organization(s).         (i) Name of supported (iii) EIN       (iii) Type of organization lined organization lined organization support (see instructions)         above (see instructions))       Yes       No         support (see instructions)       support (see instructions)         above (see instructions)       u       u         above (see instructions)       u       u	c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(iii) Type of organization(decument?) (i) Name of supported (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) arganization (decument?) (iv) Amount of monetary support (see instructions)) (vi) Amount of monetary support (see instructions) (vi) Amount of monetary support (se			its supported organizatior	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)) (vi) Amount of content support (see instructions) (vi) Amount of other support (see instructions)) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions) (vi) Amount of other support (see instructions)) (vi) Amount of other support (see instructions) (vi) Amount of other	c	1 🗌	Type III non-functionally	v integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)
e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (ii) Type of organization (described on lines 1-10 above (see instructions))       iii) Type of organization (iii) Sthe organization support (see instructions))         (i) Name of supported organization       (iii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)         yes       No       support (see instructions)       support (see instructions)         integration       integration       integration       integration         integration       integrated       integrated       integrated         integration       integrated       integrated       integrated         integration       integrated       integrated       integrated       integrated         integration       integrated       integrated       integrated       integrated       integrated         integration       integrated       integrated       integrated       integrated       integrated       integrated         integration       integrated       integrated       <			that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution red	quirement and	I an attentiv	/eness
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization(s).  (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  Yes No (v) Amount of monetary support (see instructions)  upport (see instructions)  (v) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)  (vi) Amount of monetary			requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	<b>v</b> .		
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization(s).  (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  Yes No (v) Amount of monetary support (see instructions)  upport (see instructions)  (v) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)  (vi) Amount of monetary	e	,	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
g       Provide the following information about the supported organization (s).       (ii) Name of supported organization (iii) EIN       (iii) Type of organization (described on lines 1-10) above (see instructions))       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: the support of the support (see instructions)       (vi) Amount of other support (see instructions)         Image: the support of the support			functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.			
(i) Name of supported organization       (ii) EIN (iii) EIN organization       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: State of the support of the support see instructions)       Image: State of	f	Ente	er the number of supported o	organizations						
In your governing document?     (in your governing document?)	<u>c</u>	J Pro∖	vide the following information	about the supporte	d organization(s).					
Organization     above (see instructions))     Yes     No     Support (see instructions)     Support (see instructions)		(		(ii) EIN		(IV) IS the orga in your governi	ng document?		-	
			organization			Yes	No	support (see ir	nstructions)	support (see instructions)
Image: Constraint of the second se										
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Schedule A	(⊢orm	990	2022

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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	686,534.	623,590.	706,203.	669,228.	514,741.	3200296.
2	Tax revenues levied for the organ-						
	ization'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			706 000			2200000
	Total. Add lines 1 through 3	686,534.	623,590.	706,203.	669,228.	514,741.	3200296.
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)						141,905.
~	•••••••••••••••••••••••••••••••••••••••						3058391.
	Public support. Subtract line 5 from line 4.						3030391.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	686,534.	623,590.	706,203.	669,228.	514,741.	3200296.
	Gross income from interest,	000,3340	023,350.	700,205.	005,220.	511,711.	52002501
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,943.	3,189.	1,328.	452.	2,983.	11,895.
9	Net income from unrelated business	0,5101	0,2001	2,0200	1021		
Ŭ	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 VI.)			2,255.		16,064.	18,319.
11	Total support. Add lines 7 through 10						3230510.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,163,814.
	First 5 years. If the Form 990 is for th						
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	94.67 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	94.46 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	-					
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, 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-						
4	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						
6	Total. Add lines 1 through 5						
7a	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		1		-		
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
10a	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
_	check this box and stop here						
	tion C. Computation of Publi						
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2022.</b> If the						line 17 is not
-	more than 33 1/3%, check this box an	-	•		•••		
b	<b>33 1/3% support tests - 2021.</b> If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	ia, or 19b, check t	nis box and see in		
23202	3 12-09-22		1.6	-		Sche	dule A (Form 990) 2022

16 16

1

Yes No

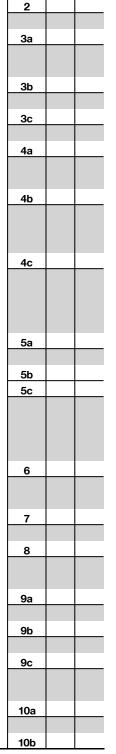
## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	KINDERMOUR
Part IV	Supporting Or	ganizations (continued)

022	KINDERMOURN,	INC
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No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

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

Superviseu	. Or correctined the sub-	
Section C. Ty	pe II Supporting	Organizations

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

Section D	). A	III Supporting	organizations	
		 m oupporting	, ergamzatione	

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental er	ntity (see instruction <u>s).</u>
---	--	---	-------------------------	---------------------------------	-----------------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- 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 supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	1
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		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022 KINDERMOURN, INC.

56-1221194 Page 6

instructions).

232026 12-09-22

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 KINDERMOURN, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Survival Surviva Surviva Survival Survival Survival Survival Surviva Survival Sur

MOURN, INC.			56-1221194	Page 7
grated 509(a)(3) Supporting Organizations	(continu	ued)		
	·	-	Current Yea	ar
ccomplish exempt purposes		1		

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	r		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	• From 2018				
C	c From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>    i</u>	Carryover from 2017 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	KINDERMOURN,	INC.	56-1221194 Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a lines 2 and 3; Part IV, Sect	lanations required by Part II, line 10; Part II, line 17a a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par nes 2, 5, and 6. Also complete this part for any addit	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(See Instructions.)			
232028 12-09-2	22		21	Schedule A (Form 990) 2022

# 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

2022

Employer identification number

56-1221194

KINDERMOURN,	INC
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Organization type (check or	Organization type (check one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

### General Rule

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

### **Special Rules**

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 for an *exclusively* set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set is the set in the set in the set is the set in the set in the set is the set is the set in the set is the set in the set is the set is the set in the set is t

**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.

### Schedule B (Form 990) (2022)

KINDERMOURN, INC.

Name of organization

Employer identification number

56-1221194

### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 KELLI HAUGHEY X Person Payroll 5858 MANTARIO DRIVE 15,000. Noncash (Complete Part II for CHARLOTTE, NC 28269 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 JAMES L. SIGMAN X Person Payroll 2343 FOREST DRIVE 17,000. Noncash (Complete Part II for CHARLOTTE, NC 28211 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 THE LEON LEVINE FOUNDATION X Person Payroll 6000 FAIRVIEW ROAD, SUITE 1525 25,000. Noncash \$ (Complete Part II for CHARLOTTE, NC 28210 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 X DELLA S. HELMS Person Payroll 2018 MUIRFIELD COURT 25,250. Noncash \$ (Complete Part II for ELON, NC 27244 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 CHARLIES HEART FOUNDAITON X Person Payroll 301 E JOHN STREET, SUITE 3489 30,000. Noncash (Complete Part II for MATTHEWS, NC 28105 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 ANTHONY BURTON X Person Payroll 29,750. 10354 LADY GRACE LN Noncash \$ (Complete Part II for CHARLOTTE, NC 28270 noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022)

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23 2022.05000 KINDERMOURN, INC.

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### Schedule B (Form 990) (2022)

KINDERMOURN, INC.

Name of organization

Employer identification number

56-1221194

### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 JAMES B. KELLIGREW X Person Payroll 2743 BERETANIA CIRCLE 48,200. Noncash (Complete Part II for CHARLOTTE, NC 28211 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 LAURA B. GRACE X Person Payroll 4010 BERESFORD ROAD 30,000. Noncash (Complete Part II for CHARLOTTE, NC 28211 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 PROVIDENT BENEVELONT FOUNDATION X Person Payroll 2633 RICHARDSON DR APT 4B 15,000. Noncash \$ (Complete Part II for CHARLOTTE, NC 28211 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 SPEEDWAY CHILDRENS CHARITIES X Person Payroll 5555 CONCORD PKWY S STE 336 \$ 15,000. Noncash (Complete Part II for CONCORD , NC 28027 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 WALTER B. ELCOCK X Person Payroll 4820 ABBOTT AVENUE 25,000. Noncash (Complete Part II for DALLAS, TX 75205 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X BARRY MACK Person Payroll 215 BANKS STREET 10,626. Noncash \$ (Complete Part II for FORT MILL , SC 29715 noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

2022.05000 KINDERMOURN, INC.

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Name of o	rganization	Employer identification number		
KINDE	RMOURN, INC.		56-1221194	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	i.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		- - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		- - - - \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received	
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		
		- - - _ \$		

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

25 2022.05000 KINDERMOURN, INC.

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Name of o	rganization		Employer identification number
	RMOURN, INC.		56-1221194
Part III	from any one contributor. Complete columns (a	a) through (e) and the following line entry charitable, etc., contributions of <b>\$1,000 or less</b>	ion 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.) \$
(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, a		Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and 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, a	and 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) Transfe Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
223454 11-15	i-22	I	Schedule B (Form 990) (2022)

26 2022.05000 KINDERMOURN, INC. 34977\_1



00		Supplement	al Financial St	atomonte		OMB No. 1545-0047
	CHEDULE D orm 990) Complete if the organization answered "Yes" on Form 990, OMB No. 1545-0047 2022					
(FOI)	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and th	e latest information.		Open to Public Inspection
-	e of the organization	on			Emp	loyer identification number
Par	t I Organiza	KINDERMOURN, INC. ations Maintaining Donor Advise	d Funds or Other S	imilar Funds or Ac	COUN	56-1221194
Fai		n answered "Yes" on Form 990, Part IV, lin			courr	<b>13.</b> Complete if the
			(a) Donor advise	d funds (	b) Fund	ds and other accounts
1	Total number at en	nd of year	(-)	(	,	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		ld in donor advised fund	ls	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that gra	ant funds can be used or	nly	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for an	y other purpose conferri	ng	
De	impermissible priva					Yes No
Par		ation Easements. Complete if the org		s" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization	· · · ·	Duran unting of a bists		www.e.staatland.e.sa
		i of land for public use (for example, recrea f natural habitat	tion or education)	Preservation of a histo Preservation of a certi	-	•
		of open space			neu ms	
2		through 2d if the organization held a qualif	ied conservation contribu	ition in the form of a cor	nservat	ion easement on the last
-	day of the tax year					Held at the End of the Tax Year
а		onservation easements			2a	
b					2b	
с	Number of conserv	vation easements on a certified historic stru			2c	
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and no	ot on a		
	historic structure listed in the National Register2d					
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or t	erminated by the organiz	zation o	during the tax
	year					
4		where property subject to conservation eas				
5	6	tion have a written policy regarding the per		, C		
6	,	orcement of the conservation easements it r hours devoted to monitoring, inspecting,		d onforcing consorvatio		
0		i nours devoted to monitoring, inspecting,	nanuling of violations, an	d enforcing conservation	ii easei	hents during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and en	forcing conservation eas	sement	s during the year
•			ing of violations, and off			s during the your
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B)(	(i)	
		(4)(B)(ii)?				Yes No
9		be how the organization reports conservation				
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's	financial statements that	t desci	ribes the
Dec	organization's acco	ounting for conservation easements.				A ł -
Pai		ations Maintaining Collections of	-	asures, or Other S	Imilar	Assets.
	-	the organization answered "Yes" on Form				
<b>1</b> a	•	elected, as permitted under FASB ASC 95	· ·			
		easures, or other similar assets held for put			ce of p	UDIIC
b		Part XIII the text of the footnote to its finar elected, as permitted under FASB ASC 95			choot	works of
D	-	ures, or other similar assets held for public	· ·			
	•	ng amounts relating to these items:			or pub	
		ded on Form 990, Part VIII, line 1			9	3
		ed in Form 990, Part X				S
2		received or held works of art, historical treat				
	the following amou	unts required to be reported under FASB A	SC 958 relating to these	items:		
а		on Form 990, Part VIII, line 1				S
		Form 990, Part X				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		:	Schedule D (Form 990) 2022

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (contrued)         3       Using the organization accussion, and other records, check any of the following that make significant use of its contextual explains and explain how they further the organization's exempt purpose in Part XIII.         b       Shonkary research       d       Loan or exchange program         b       Shonkary research       e       Other         c       Previde acciption of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Diring the year, did the organization's collection?       Yes       No         Part I Encove and Custochial Arrangements. Complete if the organization answered "Yes" on Form 900. Part X, line 21.       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Amount       Image: Amount         c       Barginning balance       Amount       Image: Amount       Image: Amount         c       Barginning balance       (e) Current year       (e) Four years back (e) Four years back       (e) Four years back         a       It the organization include an amount on Form 990. Part X, line 21, line 21, line 21, line 20, line 10.       Image: Amount       Image: Amount         c       Barginning of year balance       (e) Current year       (e) Four years back <th>Sche</th> <th></th> <th>OURN, INC.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>56-12</th> <th>21194</th> <th>Pa</th> <th><u>ge</u> 2</th>	Sche		OURN, INC.						56-12	21194	Pa	<u>ge</u> 2
collection terms (check all that apply):       a       Collection terms (check all that apply):         a       Police exhibition       c       Other	Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simila	r Assets	(continu	ued)	
a       Public exhibition       d       Clean or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the t	following tha	t make si	gnificant ı	use of its			
b       Scholary research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, dd the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solid to raise hunds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or responded an anound to no Form 980, Part X, line 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Amount         c       Beginning balance       Intermediary for contributions or other assets not included on form 980, Part X, line 21.       No         b       If Yes", explain the arrangement in Part XIII and complete the tollowing table:       Amount       Intermediary for contributions or other assets not included on form 980, Part X, line 21.       No         b       If Yes", explain the arrangement in Part XIII.       Check here if the organization answered "Yes" on Form 980, Part X, line 21.       No         b       If Yes", explain the arrangement in Part XIII.       Check here if the organization answered "Yes" on Form 980, Part X, line 21.       No         b       If Yes", explain the arrangement in Part XIII.       Check here if the organization answered "Yes" on Form 980, Part X, line 21.       No         b       If Yes", explain the arran		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization and explain the treamediary for contributions or other assets not included on Form 990, Part X?     b If 'Yes' explain the arrangement in Part XIII and complete the following table:	а	Public exhibition	c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2     Bod Part X2     Segmining balance     Is description of the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X2     Distributions during the year     Is the organization include an amount on Form 990, Part X2, line 21, for escrow or custodial account liability?     Ves     No     b If 'Yes, ' explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XII     Segmining of year balance     Active sequences     Is deginning of year balance     Is contributions     Other expenditures for facilities     and programs     Adv programs     Other expenditures for facilities     adv programs     Other expenditures for facilities     adv programs     Is deginated organization include and the organization account (a) held as:     Board designated organization     Is deginated organization     Is deginated organization     Is description of the organization account the segmination set of the organization factor     Is deginated organization     Is deginated organization     Is deginated organization accounter (year ind balance (ine 1g., column (a) held as:     Board designated organization     Is deginated organization     Is defined organization     Is defined organization     Is defined organization     Is deginated organization     Is defined organization	b	Scholarly research	e		Other							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solit to raise funds rather than to be maintained as part of the organization is collection?       No.         Part IV       Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       The organization angent. Instake, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       The organization angent. In Part XIII and complete the following table:       Amount         1       1       the organization angent. In Part XIII and complete the following table:       Amount       To another the organization and the part of the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         5       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         6       Did the organization answerd "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         6       Definitions       Galitons or orbit the organization answerd "Yes" on Form 990, Part W, line 10.       To angent W.       To angent W.         7       Medwment Thundbs. Complete the organiza	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?         Yes         No           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9.         The ported an amount on Form 990, Part X, line 21.         The is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9.         No           1a         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Amount         Yes         No           b         If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Amount         1d	4	Provide a description of the organization's co	ollections and explain	how th	ey further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>a dations during the year</li> <li>a dations during the year</li> <li>a Enditions during the year</li> <li>b If "Yes", explain the arrangement in Part XII. Check hear if the explanation tansbeen provided on Part XII</li> <li>b If "Yes", explain the arrangement in Part XII.</li> <li>b If "Yes", explain the arrangement in Part XII.</li> <li>contributions</li> <li>a Beginning of year balance</li> <li>(a) Current year</li> <li>(b) Prior year</li> <li>(c) Two years back</li> <li>(d) Four years back</li> <li>(d) Four years back</li> <li>(d) Four years back</li> <li>(d) Four year balance</li> <li>(e) Andimistrative expenses</li> <li>d Administrative expenses</li> <li>d Grants or scholarships</li> <li>e Other expenditures of reactiles</li> <li>and programs</li> <li>f Administrative expenses</li> <li>d Grants or scholarships</li> <li>f Perement endowment</li> <li>f Sourd e</li></ul>	5						er similar	assets	_	-		
reported an amount on Form 930, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 930, Part X?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       1e         c       Beginning balance       11d       1e       1e         d       Additions during the year       1e       1e       1e         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account flability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the exganization answered 'Yes' on Form 980, Part IV, line 10.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.       Image: Part V image:	D											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Id         c       Beginning balance       Id       Amount       Id         d       Additions during the year       Id       Id       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Image: State	Par			ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Status in the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         1a Beginning of year balance       (a) Current year (b) Prior year (c) Two years back (c) Four years back if (a) Three years back if (a) Three years back if (a) Three years back if (b) Four years back if (c) Three years back if (c) Four years back if a drants or scholarships       Image: Status in the status in the part year on balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment       %       Mode in the part in the intered uses of the organization that are held and administered for the organization by:       Image: Status in the part in the intered uses of the organization that are held and administered for the organization by:         (i) The elated organizations												
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	<b>1</b> a									7.4		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form '990, Part X, line 21, for escrow or custodial account liability?       Ves       No         2       Did the organization include an amount on Form '990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered 'Yes' on Form '990, Part IV, line 10.         Fant V       Endowment Funds. Complete if the organization answered 'Yes' on Form '990, Part IV, line 10.       Image: Check here if the explanation answered 'Yes' on Form '990, Part IV, line 10.         a       Beginning of year balance       Image: Check here if the explanation answered 'Yes' on Form '990, Part IV, line 10.         a       Contributions       Image: Check here if the organization is endowment image: Check here if the explanation of the organization that are held and administered for the organization by:       Image: Check here if the organization's endowment funds.         B Permanent endowment image: Check here if the organization is endowment funds.       Sa(0)       Sa(0)       Sa(0)         B Permanent endowment image: Check here if the organization's endowment funds.       Sa(0)       Sa(0)       Sa(0)									L	∐ Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         b       If '''es' verylain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Twe years back       (e) Four years back         a       G arrats or scholarships       1       1       1       1       1         e       Other expenditures for facilities       1       1       1       1       1         a drants or scholarships       1<	D	It "Yes," explain the arrangement in Part XIII	and complete the fol	liowing t	able:					Amount		
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization nas been provided on Part XIII       Port V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a drants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         g End of year balance       (a) Current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       %         b Permanent endowment       %       %       The percentages on lines 2a, 2b, and 2 should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)		Designing belongs						10		Amount		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships       (d) Current year       (e) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Current year       (e) Two years back       (e) Two years back         c       No other expenditures for facilities       (d) Current year end balance       (in a science)       (e) Two years back         g       End of year balance       (m)       (f) Administrative expenses       (f) Permanent endowment       (f) So       (f) Tree wears back												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year end balance       (b) Permanent endowment       %         c       Term endowment       %       Four other expenditures or facilities       (f) The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds on th the possession of the organization that are held and ad												
b       If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       Chother expenditures for facilities       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         g       End of year balance       (a) Current year       (a) Contributions       (c) Two years back       (d) Two years back       (e) Four years back         g       End of year balance       (c) Two years back       (d) Three years back       (e) Four years       (f) Two years back       (f) Two years back <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Yes</th> <th></th> <th>No</th>										Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (d) Three years back         c       Net investment earnings, gains, and losses       (c) Administrative expenses       (c) Two years back       (d) Three years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (c) Two years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (d) Three years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years back       (d) Three years back         g       End of year balance       (c) Two years back       (c) Two years back       (c) Two years ba		-							·····			
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance								10.				
b       Contributions		·							/ears back	(e) Four	years b	ack
b       Contributions	1a	Beginning of year balance										
c       Net investment earnings, gains, and losses												
e       Other expenditures for facilities and programs												
and programs	d	Grants or scholarships										
f       Administrative expenses												
g End of year balance		and programs										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         main percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment.</b></li> </ul> <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Image: Description of property         (a) Cost or other basis (other)         (c) Accumulated depreciation depreciation depreciation           1a         Land	f	Administrative expenses										
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g	End of year balance										
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li></ul>	2	Provide the estimated percentage of the curr	rent year end balance	e (line 1ç	g, column (a	)) held as:						
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiiii) Related organizations</li> <li>(iiiiiii) Related organizations</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is endowment funds.</li> </ul> <ul> <li>(iii) Complete in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(i) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li></ul>	С		· -									
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       3b												
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       229,691.       229,691.         b Buildings       904,635.       590,345.       314,290.         c Leasehold improvements       134,331.       87,661.       46,670.         e Other       42,136.       27,497.       14,639.	3a		ssion of the organiza	ation tha	t are held ar	nd administe	red for th	e		5		<u></u>
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       229, 691.       229, 691.         b       Buildings       904, 635.       590, 345.       314, 290.         c       Leasehold improvements       134, 331.       87, 661.       46, 670.         e       Other       42, 136.       27, 497.       14, 639.		<b>c</b>									res	NO
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       229, 691.       229, 691.         b       Buildings       904, 635.       590, 345.         c       Leasehold improvements       134, 331.       87, 661.       46, 670.         e       Other       42, 136.       27, 497.       14, 639.												
4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       229, 691.       229, 691.         b       Buildings       904, 635.       590, 345.       314, 290.         c       Leasehold improvements       134, 331.       87, 661.       46, 670.         e       Other       42, 136.       27, 497.       14, 639.	L.											
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       229, 691.       229, 691.       229, 691.         b       Buildings       904, 635.       590, 345.       314, 290.         c       Leasehold improvements       134, 331.       87, 661.       46, 670.         e       Other       42, 136.       27, 497.       14, 639.	D									30		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land229, 691.229, 691.229, 691.b Buildings904, 635.590, 345.314, 290.c Leasehold improvements134, 331.87, 661.46, 670.e Other42, 136.27, 497.14, 639.	Par			wmenti	unus.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land229,691.229,691.229,691.b Buildings904,635.590,345.314,290.c Leasehold improvements134,331.87,661.46,670.e Other42,136.27,497.14,639.				). Part IV	/. line 11a. S	See Form 990	). Part X.	line 10.				
basis (investment)         basis (other)         depreciation           1a Land         229,691.         229,691.           b Buildings         904,635.         590,345.         314,290.           c Leasehold improvements         134,331.         87,661.         46,670.           e Other         42,136.         27,497.         14,639.									be		value	
1a Land       229,691.       229,691.         b Buildings       904,635.       590,345.       314,290.         c Leasehold improvements       134,331.       87,661.       46,670.         e Other       42,136.       27,497.       14,639.		Description of property			• • •					( <b>u</b> ) Book	value	
b Buildings       904,635.       590,345.       314,290.         c Leasehold improvements       134,331.       87,661.       46,670.         e Other       42,136.       27,497.       14,639.	<b>1</b> a	Land		,		. ,		-		229	,69	1.
c Leasehold improvements       134,331.       87,661.       46,670.         d Equipment       12,136.       27,497.       14,639.								590,34	45.			
d Equipment         134,331.         87,661.         46,670.           e Other         42,136.         27,497.         14,639.												
e Other 42,136. 27,497. 14,639.					13	4,331.		87,6	61.	46	,67	0.
				<u>X. colu</u> n	nn (B). line 1	0c.)		<u> </u>				

Schedule D (Form 990) 2022

D 1 \//11	I should be a selected as		
Schedule D	(Form 990) 2022	KINDERMOURN,	INC.

Complete if the organization		Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (inclu		(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives				
<b>.</b>				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, Part VIII Investments - Program	am Related.			
-			11c. See Form 990, Part X, line 13.	
(a) Description of investn	nent	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, Part IX Other Assets.		Form 000 Dort IV line	I 11d. See Form 990, Part X, line 15.	
		escription		(b) Book value
(1)	(4) - (			(0) 20011 10:00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990	Part X col (R) line 1	5)		
Part X Other Liabilities.		<i>.,</i>		
	on answered "Yes" or	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description		, ,		(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<b>D</b> ()/ ( ) (=) ( )			
<b>Total.</b> (Column (b) must equal Form 990	<u>, Part X, col. (B) line 2</u>	5.)		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

n provided in Part XIII ... X Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 KINDERMOURN, INC.			56-1	.221194 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	793,601.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	793,601.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	7,414.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	7,414.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	801,015.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With E	Expenses per F	Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	859,823.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	859,823.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	859,823.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO
PROVISION FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE
ORGANIZATION HAS REVIEWED POTENTIAL TAX UNCERTAINTIES IN ACCORDANCE WITH
APPLICABLE FINANCIAL ACCOUNTING STANDARDS AND MANAGEMENT BELIEVES THERE
ARE NO UNCERTAINTIES THAT WOULD HAVE A MATERIAL IMPACT ON THE
ORGANIZATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS AS OF OR FOR
THE YEARS ENDED DECEMBER 31, 2022 OR 2021.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

### CHANGE IN BENEFICIAL INTEREST

232054 09-01-22

Schedule D (Form 990) 2022

7,414.

30 2022.05000 KINDERMOURN, INC.

 Schedule D (Form 990) 2022
Schedule D (FULII 330) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						or if the	2022	
organization entered more than \$15,000 on Form 990-EZ, line 6a.									
Department of the Treasury Internal Revenue Service								Open to Public Inspection	
Name of the organization		· · · · · · · · · · · · · · · · · · ·					Employer id	entification number	
		OURN, INC.					56-1223		
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-E	Z filers are not	
· · ·	complete this part	ed funds through any of the followin	a activ	vities (	Check all that apply				
a Mail solicitat			•		overnment grants				
<b>b</b> Internet and	email solicitations				nment grants				
c 🔄 Phone solici	tations	g 🔛 Special	fundra	aising	events				
d In-person so									
•		r oral agreement with any individual	•	Ũ		tees, (	or Ve		
		art VII) or entity in connection with p riduals or entities (fundraisers) pursu			•	ne fun			
compensated at le				agreer					
			(iii) fundr	Did		(v) /	Amount paid	(vi) Amount paid	
(i) Name and addres or entity (func		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)	
or criticy (func			contrib	ntrol of utions?	nonnactivity		ed in col. (i)	organization	
			Yes	No					
<b>-</b>									
Total	ich the organizatio	n is registered or licensed to solicit o			or has been notified	it is o	vompt from r		
or licensing.					of has been notified		xempt nom n	egistration	

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

Schedule G (Form 990) 2022

232081 10-27-22

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1 GOLF	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			TOURNAMENT	DUCK RACE		col. (c))			
۵ı			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	63,625.	303,908.		367,533.			
	2	Less: Contributions		82,500.		82,500.			
	3	Gross income (line 1 minus line 2)	63,625.	221,408.		285,033.			
	4	Cash prizes							
	5	Noncash prizes	4,400.	4,000.		8,400.			
benses	6	Rent/facility costs	17,500.	40,027.		57,527.			
Direct Expenses	7	Food and beverages							
Ō	8	Entertainment		5,721. 4,591.		<u>5,721.</u> 7,420.			
	9	Other direct expenses		4,591.					
		Direct expense summary. Add lines 4 through	79,068.						
De	11 art	Net income summary. Subtract line 10 from li				205,965.			
FC	art I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than				
nue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue	1	Gross revenue							
S	2	Cash prizes							
xpense	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							

a Is the organization licensed to conduct gaming activities in each of these states?b If "No," explain: \_\_\_\_\_\_

Other direct expenses

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities:

6 Volunteer labor

%

Yes

No

%

Yes

No

Yes

No

232082 10-27-22

5

Schedule G (Form 990) 2022

Yes

%

No

Sch	edule G (Form 990) 2022	KINDERMOURN,	INC.	56-1	1221194	Page 3
11	Does the organization conduct ga				Yes	No
	Is the organization a grantor, ben					
	to administer charitable gaming?		·	. ,	Yes	No
13	Indicate the percentage of gamin					
	The organization's facility				13a	%
	An outside facility				13b	%
	Enter the name and address of th					
	Name					
	Address					
15a	Does the organization have a con	ntract with a third party from	whom the organization rece	eives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gam			and the amount		
	of gaming revenue retained by th					
C	If "Yes," enter name and address	of the third party:				
	Name					
	Address					
40						
16	Gaming manager information:					
	Nama					
	Name					
	Gaming manager compensation	\$				
	Carning manager compensation	Ψ				
	Description of services provided					
	Director/officer	Employee	Independent contrac	tor		
17	Mandatory distributions:					
а	Is the organization required unde	r state law to make charital	le distributions from the gam	ing proceeds to		
	retain the state gaming license?				Yes	No
b	Enter the amount of distributions	required under state law to	be distributed to other exem	pt organizations or spent in the		
D	organization's own exempt activit		\$			
Ра				ine 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide a	ny additional information. See	e instructions.		
2320	83 10-27-22			Sched	lule G (Form	990) 2022
			34			,

Failly	Supplemental information	(continued)	
			Schedule G (Form 990)

232084 04-01-22

SCHEDULE O (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 Employer identification number 56-1221194

OMB No. 1545-0047

KINDERMOURN, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND COUNSELING PROGRAMS, CREATING AWARENESS OF BEREAVEMENT ISSUES AND

EMPOWERING THE COMMUNITY TO EFFECTIVELY ASSIST THOSE WHO HAVE SUFFERED

AN UNTHINKABLE LOSS.

DESCRIPTION OF ORGANIZATION MISSION: FORM 990 PART III, LINE 1,

KINDERMOURN REMAINS DEDICATED TO THE PURPOSES FOR WHICH IT PROGRAMS,

TO OFFER A BRIDGE OF HOPE FOR FAMILIES WHOSE LIVES WAS A ESTABLISHED:

HAVE BEEN SHATTERED BY THE DEATH OF A LOVED ONE.

FORM 990, PART VI, SECTION B, LINE 11B:

COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICTS OF INTEREST POLICY IS REVIEWED AND ACKNOWLEDGED BY ALL BOARD

MEMBERS ON AN ANNUAL BASIS. IF A POTENTIAL CONFLICT ARISES DURING THE

THE INTERESTED BOARD MEMBER SHALL RECUSE HIMSELF/HERSELF FROM ALL YEAR .

DISCUSSIONS AND VOTE ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

ALL SALARIES ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF

DIRECTORS USING LOCAL AND NATIONAL SALARY AND WAGE REPORTS FOR SIMILARLY

36

SITUATED ORGANIZATIONS. THE DISCUSSIONS ARE DOCUMENTED IN THE MEETING

MINUTES.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization KINDERMOURN, INC.	Page Employer identification numbe 56-1221194
FORM 990, PART VI, SECTION C, LINE 19:	
THESE DOCUMENTS ARE AVAILABLE VIA WEBSITE AND UPON REQUEST	r.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES:	
PROGRAM SERVICE EXPENSES	53,960.
MANAGEMENT AND GENERAL EXPENSES	14,865.
FUNDRAISING EXPENSES	2,478.
TOTAL EXPENSES	71,303.
FACILITATOR FEES:	
PROGRAM SERVICE EXPENSES	34,357.
MANAGEMENT AND GENERAL EXPENSES	9,465.
FUNDRAISING EXPENSES	1,577.
TOTAL EXPENSES	45,399.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	116,702.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF RECIPIENT	
ORGANIZATION	-7,414.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
32212 10-28-22 37	Schedule O (Form 990) 20

16001113 792811 34977

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре	Name of exempt organization or other filer, see inst	Taxpayer	Taxpayer identification number (TIN)				
print	KINDERMOURN, INC.		56-1221194				
File by th due date filing you							
filing your return. See       1320 HARDING PLACE         instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         CHARLOTTE , NC 28204							
Enter	he Return Code for the return that this application is for (	file a separa	te application for each return)				
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	990 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)	Form 4720 (other than individual)			
Form 9	990-PF	04	Form 5227			10	
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	990-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) KATY RYAN	07					
• If th • If th box • 1	request an automatic 6-month extension of time until he organization named above. The extension is for the o ▶ I calendar year 2022 or ▶ 1 tax year beginning f the tax year entered in line 1 is for less than 12 months Change in accounting period	it Group Exe and atta NOVEI rganization's , an , check reaso	mption Number (GEN) I ach a list with the names and TINs of MBER 15, 2023 , to file return for: ad ending on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this	
	f this application is for Forms 990-PF, 990-T, 4720, or 60 any nonrefundable credits. See instructions.	69, enter the	tentative tax, less	3a	\$	0.	
	bIf this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.3b				\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your						
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdraw tions.	al (direct del	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879	TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notic	e, see instru	ictions.		Form 8	868 (Rev. 1-2022)	

223841 04-01-22