Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	lpha 2022 calendar year, or tax year beginning $$ JUL 1 , 2022 $$ and ending	<u>j JUN 30, 20</u>	23							
B c	heck if oplicable	C Name of organization	D Employer ide	entific	cation number						
	Addre										
	Name chang	Doing business as 77-0656322									
	Initial return										
]Final return/	P.O. Box 621669	720-28	33-:							
	termin ated	3	G Gross receipts \$	G Gross receipts \$ 1,005,571.							
	Ameno return	Littleton, CO 80102-1009	H(a) Is this a gro	oup re	eturn						
	Application	F Name and address of principal officer: MISSY IIIOMAS	for subordi	nates	? Yes X No						
	pendir	same as C above	H(b) Are all subordir								
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527 If "No," atta	ach a	list. See instructions						
J۷	Vebsit	e: www.nowilaymedowntosleep.org	H(c) Group exer	nptio	n number						
K F	orm of	organization: $f X$ Corporation $m \Box$ Trust $m \Box$ Association $m \Box$ Other $m L$	Year of formation: 200) 5 N	State of legal domicile: CO						
Pa	rt I	Summary									
	1	Briefly describe the organization's mission or most significant activities: See Sche	dule O.								
Governance											
rna	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its n	et ass	ets.						
) Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9						
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9						
οğ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	17						
/itie		Total number of volunteers (estimate if necessary)		6	1121						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.						
			Prior Year		Current Year						
ø)	8	Contributions and grants (Part VIII, line 1h)	1,022,99	96.	726,755.						
Revenue		Program service revenue (Part VIII, line 2g)	129,40		235,946.						
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5	50.	6,064.						
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,00	2.	36,806.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,208,45	51.	1,005,571.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	577,58	39.	774,895.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
<u>B</u>		Total fundraising expenses (Part IX, column (D), line 25) 187,057.									
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	407,30)4.	467,381.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	984,89	93.	1,242,276.						
	19	Revenue less expenses. Subtract line 18 from line 12	223,55	8.	-236,705.						
or			Beginning of Current	⁄ear	End of Year						
sets	20	Total assets (Part X, line 16)	1,093,56	59.	893,341.						
AS d B	21	Total liabilities (Part X, line 26)	58,66	6.	95,143.						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	1,034,90	3.	798,198.						
Pa	rt II	Signature Block									
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best	of my	knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.								
Sigr		Signature of officer	Date								
Her	е	Missy Thomas, Interim Executive Director									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Che		PTIN						
Paid		James D. Hinkle James D. Hinkle	11/07/23 seh								
Prep		Firm's name Hinkle & Company PC	Firm's EI	N 2	7-1494012						
Use Only Firm's address 5028 E. 101st Street											
		Tulsa, OK 74137	Phone no	o. (9	18)492-3388						
Mav	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No						

. u	Check if Schedule O contains a response	•		X
1	Briefly describe the organization's mission:			
	To introduce remembrance			he loss
	of a baby with the free	gift of professiona	<u>l portraiture.</u>	
2	Did the organization undertake any significant pr	ogram services during the year which	were not listed on the	
_				Yes X No
	If "Yes," describe these new services on Schedu			
3	Did the organization cease conducting, or make	significant changes in how it conduct	ts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service acc			
	Section 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reports	· · · · · · · · · · · · · · · · · · ·		•
 4а	revenue, if any, for each program service reporte (Code:) (Expenses \$1,011,	943 • including grants of \$	0 •) (Revenue \$	272.752.)
·u	See Schedule O.	Including grants of \$\psi\$) (Heverlac v	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				,
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	_			
	-			
4d	Other program services (Describe on Schedule C).)		
	(Expenses \$ including	grants of \$) (Revenue \$)
4e	Total program service expenses	1,011,943.		
				Form 990 (2022)

Form 990 (2022) Now I Lay Me Down to Sleep 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	Х	
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		X
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	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?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the Chatego	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		v
40	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	40		 ₩
	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,			37
	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		X
20 a	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		X

Form	1990 (2022) Now I Lay Me Down to Sleep 77-00	<u>656322</u>	Р	age 4
Pa	rt 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	00		x
04-	Schedule J	23		_
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-		X
L	Schedule K. If "No," go to line 25a			^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
		240		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		1
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	056		X
26	Schedule L, Part I	25b		125
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%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		125
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% controlle			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? <i>If</i>	000		X
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		X
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		125
33		33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		125
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		125
b		35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
36				x
27	If "Yes," complete Schedule R, Part V, line 2			125
37		27		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
30		38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	30	12	Į
. 4	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is contouring a response of note to any line in this t art v		Yes	N ₂
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	162	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	2.3 2.5 3.3 2.1 2.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3.1 3			

(gambling) winnings to prize winners?

Now I Lay Me Down to Sleep 77-0656322 Page 5 Form 990 (2022) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a

a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a

14a	Did the organization receive any payments for indoor tanning services during the tax year?		 14a	X
С	Enter the amount of reserves on hand	13c		
	organization is licensed to issue qualified health plans	13b		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	Note: See the instructions for additional information the organization must report on Schedule O.			

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		
	excess parachute payment(s) during the year?	15	X
	· · · · · · · · · · · · · · · · · · ·		

	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	5	X
	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 activities			

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Form 990 (2022) Now I Lay Me Down to Sleep 77-0656322 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		37
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		$\frac{x}{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		
7a		7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-0.0		
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This doctor brogadate information about policies had by the internal historiae doctor		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		<u>X</u>
	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			7.7
	taxable entity during the year?	16a		<u>X</u>
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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	TT	TZ C	72.32
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, FL, GA, HI Continue C104 years in the continue of the Form 1000 (1004 or 1004 A if any line black) 000 and 000 T (continue F01(a))			
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) a	availab	пе
	for public inspection. Indicate how you made these available. Check all that apply. X Own website			
10	X Own website Another's website X Upon request Other (explain on Schedule O)	finan	sio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	mano	ııaı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	The Organization - 720-283-3339			
	P.O. Box 621669, Littleton, CO 80162-1669			
20000	See Schedule O for full list of states	Eorm	990	(2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) Gina Harris Chief Executive Officer	40.00			Х						
	2 00			Δ						
(2) Cheryl Haggard Co-Founder	2.00	Х		х						
(3) Jessica Person	2.00									
Chair		Х		x						
(4) Sam Rodriguez	2.00									
Vice Chair		Х		x						
(5) Nicholas Tootalian	2.00									
Secretary		Х		х						
(6) Matthew Hanson	2.00									
Treasurer		Х		Х						
(7) Rachel Penn	2.00									
Board Member		Х								
(8) Brett Nabors	2.00									
Board Member		Х								
(9) Samson Martinez	2.00									
Board Member		Х								
(10) Jessica Dailey	2.00									
Board Member		Х								

	(A)	(B)			(C				ompensated Employee (D)	(E)	(F)	
	Name and title	Average			ر Posi	•	ı		Reportable	(⊏) Reportable	1	
	Name and title	hours per					than c s both		compensation	compensation	Estima amour	
		week					r/trust		from	from related	othe	
		(list any	tor						the	organizations	compens	
		hours for	direc				p		organization	(W-2/1099-MISC/	from	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organiz	ation
		organizations	trust	al tru		yee	om pe		1099-NEC)	,	and rel	
		below	Individual trustee or director	Institutional trustee	er	sey employee	est co loyee	ıer			organiza	ations
		line)	Indiv	Insti	Officer	Кеу е	Highest compensated employee	Former				
			1									
			1									
			1									
			-									
				\vdash			_					
			-									
			1									
			1									
4 1-	Subtotal											
·n	Gubtotai											
С	Total from continuation sheets to Part VI	I, Section A										
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A				····		 	and make the of 100	000 of war artable		
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	I, Section A				····		 	ceived more than \$100,	000 of reportable		
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A				····		 	ceived more than \$100,	000 of reportable	Vo	No.
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but not compensation from the organization	ot limited to th	ose	liste	d ab	ove)) wh	 o re			Yes	s No
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer,	ot limited to th	ose ee, k	liste	d ab	ove)) wh	 o re				
c d 2	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	ot limited to the director, trusteuch individual	ose ee, k	liste	d ab	oye) wh	o re	hest compensated emp	loyee on	Yes 3	
c d 2	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the sur	ot limited to the director, trustruch individual am of reportable	ee, k	liste	d ab	oyee) wh	o re	hest compensated emp	loyee on	3	Х
c d 2	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	ot limited to the director, trustruch individual am of reportable	ee, k	liste	d ab	oyee) wh	o re	hest compensated emp	loyee on	3	Х
c d 2	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the sur	ot limited to the director, truste such individual am of reportable 0,000? If "Yes,	ee, le co	key e	mplensate	oyee	e, or	higl	hest compensated emplers of the compensation from the compensation	loyee on ne organization	3	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set For any individual listed on line 1a, is the su and related organizations greater than \$1500 Did any person listed on line 1a receive or a	ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue comper	ee, k	liste	emple ensate te S	oyee	e, or	higl	hest compensated emplers compensation from the compensation from the compensation or individual control or ind	loyee on the organization dual for services	3	X
c d	Total from continuation sheets to Part VIII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set For any individual listed on line 1a, is the su and related organizations greater than \$150	ot limited to the director, truste uch individual um of reportable 0,000? If "Yes, accrue comper	ee, k	liste	emple ensate te S	oyee	e, or	higl	hest compensated emplers compensation from the compensation from the compensation or individual control or ind	loyee on the organization dual for services	3	X
c d 22	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but not compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set For any individual listed on line 1a, is the suand related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for set III and III are suand related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for set III and III are set III are set III and III are set III are set III are set III and III are set III are set III and III are set III and III are set III are set III are set III and III are set III are	ot limited to the director, truste uch individual im of reportable 0,000? If "Yes, accrue compersiplete Schedule	ee, le co	liste	emple ensate te S	ooyee	e, or and edule	higl	hest compensated emplers compensation from the compensation from the compensation or individual compen	loyee on ne organization dual for services	3 4 5	s No
c d 22	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sill For any individual listed on line 1a, is the suland related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comion B. Independent Contractors Complete this table for your five highest contractors	ot limited to the director, truste such individual aim of reportable 0,000? If "Yes, accrue compersuplete Schedule mpensated incompensated inc	ee, k	liste	emplomensation of the state of	oove	e, or and and unrecon	o re high	hest compensated empler compensation from the compensation or individual ed organization or individual at received more than \$	loyee on he organization dual for services	3 4 5	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for selection for any individual listed on line 1a, is the su and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," comion B. Independent Contractors Complete this table for your five highest contractors.	ot limited to the director, truste such individual aim of reportable 0,000? If "Yes, accrue compersuplete Schedule mpensated incompensated inc	ee, k	liste	emplomensation of the state of	oove	e, or and and unrecon	o re high	hest compensated empler compensation from the compensation from the compensation or individual end organization or individual end organization or individual end organization stax y	loyee on he organization dual for services	3 4 5	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sill For any individual listed on line 1a, is the suland related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comion B. Independent Contractors Complete this table for your five highest contractors	ot limited to the director, trusted uch individual and of reportable 0,000? If "Yes, accrue compensated incepted the calendar years."	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empler compensation from the compensation or individual ed organization or individual at received more than \$	loyee on the organization dual for services 1100,000 of compensear.	3 4 5	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted uch individual and of reportable 0,000? If "Yes, accrue compensated incepted the calendar years."	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted uch individual and of reportable 0,000? If "Yes, accrue compensated incepted the calendar years."	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d 22	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted uch individual and of reportable 0,000? If "Yes, accrue compensated incepted the calendar years."	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services the organization the organization dual for services the organization dual for services the organization dual for services dual for	3 4 5 sation from	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted uch individual and of reportable 0,000? If "Yes, accrue compensated incepted the calendar years."	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted uch individual and of reportable 0,000? If "Yes, accrue compensated incepted the calendar years."	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d 22	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted to the director, trusted to the director, trusted to the director, trusted to the director of the calendar year.	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted to the director, trusted to the director, trusted to the director, trusted to the director of the calendar year.	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	o re high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d 22	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted to the director, trusted to the director, trusted to the director, trusted to the director of the calendar year.	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d 22	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted to the director, trusted to the director, trusted to the director, trusted to the director of the calendar year.	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted to the director, trusted to the director, trusted to the director, trusted to the director of the calendar year.	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	ot limited to the director, trusted to the director, trusted to the director, trusted to the director, trusted to the director of the calendar year.	ee, k	liste	ensate Soom a	oove	e, or and and unrecon	high	hest compensated empirer compensation from the compensation from the compensation or individual and received more than \$ the organization's tax y	loyee on the organization dual for services 1100,000 of compensear.	3 4 5 sation from	X
c d 2	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	director, trusticuch individual am of reportable 0,000? If "Yes, accrue comperable before Schedule address"	ee, leeconsati	liste exey e	ensate Soom a character so	oyee cover c	e, or and edule unrecon	o re oth high	hest compensated empirer compensation from the compensation or individual and organization or individual at received more than the organization's tax your (B) Description of s	dual for services 100,000 of compensear.	3 4 5 sation from	X

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
'0 '0	4 -	Forderest and accompany of the state of the					
ints ints		Federated campaigns 1a					
Gra		Membership dues 1b					
is,		Fundraising events 1c					
a Gif	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
ion	f	All other contributions, gifts, grants, and					
bul		similar amounts not included above 1f	726,755.				
d d	g	Noncash contributions included in lines 1a-1f					
Co	h	Total. Add lines 1a-1f		726,755.			
			Business Code				
ø.	2 a	Remembrance Walks	900099	235,946.	235,946.		
Š	b						
šer	c						
m S							
gra Re	d						
Program Service Revenue	е						
ъ.		All other program service revenue		225 046			
	g	Total. Add lines 2a-2f		235,946.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		6,064.			6,064.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c Rental income or (loss) 6c						
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
ø.	b						
ŭ.	_	and sales expenses					
eve		Gain or (loss)					
ther Revenue		Net gain or (loss)					
the	8 a	Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		The modifie of (1000) from bales of inventory	Business Code				
ns	11 ^	Miscellaneous Revenue	900099	18,850.	18,850.		
eo ue		Supplies Sales	900099	17,956.	17,956.		
Miscellaneous Revenue			700099	11,950.	11,3300		
sce Be	C		-				
Σ̈́		All other revenue		26 006			
		Total. Add lines 11a-11d		36,806.	272 772	_	6 064
	12	Total revenue. See instructions		1,005,571.	272,752.	0.	6,064.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 105,659. 127,300. 3,819. 17,822. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 557,759. 462,940. 16,733. 78,086. Other salaries and wages 7 Pension plan accruals and contributions (include 10,664. 320. 8,851. 1,493. section 401(k) and 403(b) employer contributions) 16,887. 20,344. 610. 2,847. Other employee benefits 9 58,828. 48,827. 765. 8,236. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,928. 83,015. 55,025. 25,062. column (A), amount, list line 11g expenses on Sch O.) 20,231. 15,032. 806. 4,393. Advertising and promotion 12 995. 903. 57. 35. Office expenses 13 32,640. 043. 347. ,250. Information technology 14 15 Royalties 7,140.6,212. 572. 356. 16 Occupancy 35,541. 32,272. 2,210. 1,059. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 137. 5,581. 5,358. 86. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 75,380. 75,380. Depreciation, depletion, and amortization 22 3,584. 1,793. 1,688. 103. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 79,099. 3,223. 75,876. Remembrance Walk $46, \overline{132}$. All Other Expenses 10,529. 8,226. 27,377. 24,957. 17,955. 379. 6,623. Postage С 14,353. 14,353. Care Packages 38,733. 1,679.31.048. 6,006. All other expenses 1,242,276. 1,011,943. 43,276. 187,057. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			377,643.	1	75,030.
	2	Savings and temporary cash investments			550,074.	2	656,138.
	3	Pledges and grants receivable, net		15,825.	3	13,150.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			6,557.	9	7,480.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	446,395.			
	b	Less: accumulated depreciation		304,852.	143,470.	10c	141,543.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)	1,093,569.	16	893,341.
	17	Accounts payable and accrued expenses		58,666.	17	95,143.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24).	. Complete Part X			
					58,666.	25	95,143.
	26	Total liabilities. Add lines 17 through 25		• X	30,000.	26	90,140.
g		Organizations that follow FASB ASC 958, che	eck nere				
ü	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			1,034,903.	27	798,198.
ala	27	***************************************		·····	1,034,503.	28	750,150.
B B	28	Net assets with donor restrictions				20	
ᆵ		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	ck fiere				
ō	20				29		
ets	29 30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or e				30	
\ss(31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,034,903.	32	798,198.
Ž	33	Total liabilities and net assets/fund balances			1,093,569.	33	893,341.
	100	Total nabilities and her assets/fully baldfices			±,000,000.	- 55	Form 990 (2022)

Forn	1990 (2022) Now I Lay Me Down to Sleep	77-06	556322	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,005		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,242	2,2	76.
3	Revenue less expenses. Subtract line 2 from line 1	3	-236	7,70	05.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,034	1,90	03.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	798	3,19	98.
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	Ο.			
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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	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? **b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Now I Lay Me Down to Sleep 77-0656322 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An 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-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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 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, С 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions))

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

(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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	803,738.	732,088.	941,501.	1022996.	726,755.	4227078.	
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							
4	Total. Add lines 1 through 3	803,738.	732,088.	941,501.	1022996.	726,755.	4227078.	
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)						106,920.	
6	Public support. Subtract line 5 from line 4.						4120158.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	803,738.	732,088.	941,501.	1022996.	726,755.	4227078.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	36.	0.	24.	50.	6,064.	6,174.	
9	Net income from unrelated business					-	-	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						4233252.	
	Gross receipts from related activities,	etc. (see instruction	nns)			12		
	First 5 years. If the Form 990 is for the	•	,					
	organization, check this box and sto	•						
Sec	ction C. Computation of Publi							
	Public support percentage for 2022 (l			column (f))		14	97.33 %	
	Public support percentage from 2021		•			15	99.71 %	
	33 1/3% support test - 2022. If the					ore, check this box		
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the							
		-						
17a	and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	and the first and singular to the superinting and the superinting and the superinting							
h	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
		ū				•	. 5 , 6 01	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
1Ω	Private foundation. If the organization		-	• •	•			
10	riivate iouiluation. Il the organizatio	on ala not check a	DUA UIT IIITE TO, TO	a, 100, 17a, 01 17L	, GIECK HIS DOX al		(Farm 000) 0000	

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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-						
	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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Г	T	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and stop here	· ·		·	•	.,.,	
Sed	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	cop here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and soo ing	structions	

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.)

	Yes	No
1		
2		
За		
3b		
0.0		
3с		
4a		
Tu		
4b		
- 40		
40		
4c		
Fo		
5a		
r.		
5b		
5c		
6		
7		
8		
9a		
٥.		
9b		
0 -		
9c		
40		
10a		
10b		

232024 12-09-22

Par	TIV Supporting Organizations (continued)		
		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?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		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? If "No," describe in Part VI 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		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(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, supervised or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
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)		
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	103	110
•	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?		
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).		
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.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.	\perp	
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.	\bot	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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.		

2

3

<u>4</u> 5

6

Schedule	Δ	(Form	990)	202

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	0030322 Page				
Section D - Distributions		, continu		Current Year				
1 Amounts paid to supported organizations to accomplish exer	mpt purposes		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	* '							
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	ne 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			10					
	(i)	(ii)		(iii)				
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	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 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								
i Carryover from 2017 not applied (see instructions)								
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4 Distributions for 2022 from Section D,								
line 7: \$								
Applied to underdistributions of prior years								
b 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:								
a Excess from 2018								
b Excess from 2019								
c Excess from 2020								
d Excess from 2021								
e Excess from 2022				adula A (Farm 000) 202				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Now I Lay Me Down to Sleep

Employer identification number 77-0656322

Pai	t I Organizations Maintaining Donor Advise- organization answered "Yes" on Form 990, Part IV, lin		nds or Ad	counts. Complete if the	
	organization answered Tes On Form 990, Part IV, iiii	(a) Donor advised funds		(b) Funds and other account	
1	Total number at end of year	(a) Bonor davised rande		(b) I dilab alla ballol abboalli	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised fund	ds	
	are the organization's property, subject to the organization's	_			No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o				
					No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	90, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>			
	Preservation of land for public use (for example, recrea	tion or education) Preservation	on of a histo	orically important land area	
	Protection of natural habitat	Preservation	on of a cert	ified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fo	orm of a co		
	day of the tax year.			Held at the End of the	Tax Year
	Total number of conservation easements			2a	
				2b	
	Number of conservation easements on a certified historic structure of the conservation can be a certified historic structure.			2c	
a	Number of conservation easements included in (c) acquired a				
2	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	r the organ	ization during the tax	
4	year Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per		n of		
Ū	violations, and enforcement of the conservation easements it			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	3, 1 3,	5 ,		3	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation ea	sements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	nse staten	nent and	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements th	at describes the	
	organization's accounting for conservation easements.		0		
Pa	t III Organizations Maintaining Collections of	·	Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	·			
	of art, historical treasures, or other similar assets held for pub	, ,		nce of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e of public service,	
	provide the following amounts relating to these items:			Φ.	
	(i) Revenue included on Form 990, Part VIII, line 1				
0		agurag or other similar agests for fine			
2	If the organization received or held works of art, historical tre-		nciai gain,	hiovide	
_	the following amounts required to be reported under FASB A	•		¢	
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 9	90) 2022

Schedule D (Form 990) 2022	Now	Ι	Lay	Мe	Down	to	Sleep

Par	rt III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the f	ollowing that	make sig	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	ı 🔲 L	oan or exc	hange progra	m					
b	Scholarly research	е	- O	ther							
С	Preservation for future generations										
4	Provide a description of the organization's of	ollections and explair	n how the	y further th	e organizatio	n's exem	pt purp	ose in Part	XIII.		
5	During the year, did the organization solicit	or receive donations of	of art, hist	orical treas	sures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	rt IV Escrow and Custodial Arran		ete if the o	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod										
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tal	ble:				1	Δ		
							-		Amoun	τ	
	0 0										
	Additions during the year										
e	Distributions during the year										
f Oo	Ending balance Did the organization include an amount on F						<u>1f</u>		Yes		
	_						•				No
	rt V Endowment Funds. Complete										
	Complete	(a) Current year		ior year	(c) Two year			years back	(e) Fou	r vears	back
1a	Beginning of year balance	· ·	(-7::	, , , ,	(-,)	,		<i>y</i>	(-)	,	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1g,	column (a)) held as:	•					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	_%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiza	tion that	are held ar	nd administere	ed for the	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organize	ations listed as requir	ed on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Par	rt VI Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	, Part IV,		Í						
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	` '	cumula reciatio		(d) Boo	k valu	ie
1a	Land										
b	9										
С	Leasehold improvements									<u> </u>	
d	Equipment			44	6,395.	3	04,8	52.	14	1,5	<u>43.</u>
	Other										42
Total	II. Add lines 1a through 1e. (Column (d) must o	equal Form 990, Part	X. column	1 (B), line 10	Oc.)				14	1,5	43.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Now I Lay M	e Down to Slee	ep 7	7-0656322 Page
Part VII Investments - Other Securities.		-	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(0)			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	1		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	·		, , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	5 000 B 1 1 1 1 1 1	44 44 0 E 000 B 1 V II 0	.=
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2022

(9)

Sche	dule D (Form 990) 2022 Now I Lay Me Down to Sleep			77-()656322 _{Page} 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts Wit			rago
	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	9,079,571.
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	8,074,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	8,074,000.
3	Subtract line 2e from line 1			3	1,005,571.
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			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	1,005,571.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme		tn Expenses per F	teturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 1	2 24 6 25 6
1	Total expenses and losses per audited financial statements			1	9,316,276
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	0 054 000		
	Donated services and use of facilities		8,074,000.		
	Prior year adjustments				
С	Other losses				
	Other (Describe in Part XIII.)	2d			0 074 000
	Add lines 2a through 2d			2e	8,074,000
	Subtract line 2e from line 1			3	1,242,276.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	. —			
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	1 040 076
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,242,276.
Provi	t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional complete the part III, lines 2d and 4b.			; Part X	x, line 2; Part XI,
Par	ct X, Line 2:				
NII	MDTS follows FASB ASC 740 Income Taxes, wh	nich :	requires ent	itie	es to
	ermine whether a tax position is more like		-		
ıpc	on examination by the applicable taxing aut	hori	ty. NILMDTS	has	evaluated
tax	positions taken related to its tax-exempt	sta	tus, and non	e aı	re

considered to be uncertain. Therefore, no amounts have been recognized as of June 30, 2023.

Schedule D (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Now I Lay Me Down to Sleep

Employer identification number 77-0656322

Form 990, Part I, Line 1, Description of Organization Mission:

To introduce remembrance photography to parents experiencing the loss
of a baby with the free gift of professional portraiture.

Form 990, Part III, Line 4a, Program Service Accomplishments: Now I Lay Me Down to Sleep (NILMDTS) offers the gift of healing, hope and honor to parents experiencing the death of a baby through the overwhelming power of remembrance portraits. Professional-level photographers volunteer their time to capture the only moments parents spend with their babies and gift the beautiful heirloom portraits free of charge. The NILMDTS Medical Program provides training for medical personnel to also capture priceless images of the baby, and the NILMDTS digital retouch artist gently retouches the images for the heirloom quality look. These priceless images serve as an important step in the healing recovery for bereaved families. NILMDTS remembrance photography validates the existence and presence of these precious babies by honoring their legacy. NILMDTS recruits, trains and mobilizes professional quality photographers around the world. Through NILMDTS, medical personnel are given a meaningful option to offer bereaved parents by creating remembrance portraiture for their babies. During the year, 4,037 sessions were provided by professional photographers. Through further engagement in the organization, such as the NILMDTS Remembrance Walk and online support, families become a part of a compassionate and supportive community. Parents gain a sense of inclusiveness, alleviating the alienation and perception of being alone

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

in their pregnancy or infant loss journey.

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization

Now I Lay Me Down to Sleep

Employer identification number 77-0656322

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared by an independent accounting firm and then provided to the executive director and bookkeeper for their review. Additionally, prior to the Form 990 being filed with the IRS, it is provided to the Board of Directors for their review.

Form 990, Part VI, Section B, Line 12c:

Conflicts of interest are disclosed annually.

Form 990, Part VI, Section B, Line 15a:

The executive committee of the Board of Directors sets and approves the salary of the CEO.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990:

AK,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,NM,NY,NC,ND,OH,OR,PA,SC,TN,UT,VI,WA

WV,WI,MS,MD,MA,MN,MI,NH,NJ

Form 990, Part VI, Section C, Line 19:

The organization allows access to the audited financial statements on the website, and other forms are available on request.

Form 990, Part XII, Line 2c

The organization did not change its oversight or selection process for the audit of its financial statements during the tax year.