Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.

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

OMB No. 1545-0047

Α	For th	e 2019 calendar year, or tax year beginning and	ending	_			
В	Check if applicab	c Name of organization	nization D Employer identification number				
	Addre	what about remembering me center, inc	•				
	Name	ge Doing business as THE WARM PLACE		75-22208	59		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final returr	809 LIPSCOMB STREET		817-870-2			
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,625,423.			
	Amer	1 FORT WORTH, IX $70104-5121$		H(a) Is this a group re			
	Appli tion	F Name and address of principal officer: SIIEDDET DETTED		for subordinates	? Yes X No		
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		xempt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)		
		ite: WWW.THEWARMPLACE.ORG		H(c) Group exemption			
		forganization: 🔟 Corporation 🔄 Trust 🦳 Association 🔄 Other 🕨	L Year	of formation: 1988 M	State of legal domicile: ${f T}{f X}$		
P	art I						
e	1	Briefly describe the organization's mission or most significant activities:	ORGANI	ZATION PROV.	IDES GRIEF		
anc		SUPPORT FOR CHILDREN AND THEIR FAMILIES					
/ern		Check this box Check		1 1			
ğ	3				16 16		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			10		
ties	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		375			
Activities & Governance	6	Total number of volunteers (estimate if necessary)		0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.			
	D	Net unrelated business taxable income from Form 990-T, line 39	 I		-		
	8	Contributions and grants (Dart ) (III line 1b)		Prior Year 1,234,093.	Current Year 1,259,262.		
anc	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		97,797.	101,388.		
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-38,694.	-35,721.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,293,196.	1,324,929.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		647,257.	749,747.		
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	19.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		406,470.	401,051.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,053,727.	1,150,798.		
	19	Revenue less expenses. Subtract line 18 from line 12		239,469.	174,131.		
s or			Be	ginning of Current Year	End of Year		
t Assets of Balanc	20	Total assets (Part X, line 16)		2,617,246.	3,045,738.		
t As	21	Total liabilities (Part X, line 26)		13,153.	15,417.		
Pleing		Net assets or fund balances. Subtract line 21 from line 20		2,604,093.	3,030,321.		
		Signature Block					
Unc	ler pen	alties of periury. I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	/ knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer NICK MURRAY, TREASURER Type or print name and title	Date						
Paid Preparer Use Only	Print/Type preparer's name       Preparer's signature         ROSALINDA MARIKAR, CPA       ROSALINDA MARIKAR,         Firm's name       CLIFTONLARSONALLEN LLP         Firm's address       801 CHERRY STREET, SUITE 1400         FORT WORTH, TX 76102	$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
May the If	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	B32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2019)							

Par	T III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE ORGANIZATION PROVIDES SUPPORT FOR CHILDREN AND THEIR FAMILIES WHO ARE EXPERIENCING GRIEF DUE TO THE DEATH OF A FAMILY MEMBER OR FRIEND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 903, 896 • including grants of \$ ) (Revenue \$
	THE WARM PLACE (WHAT ABOUT REMEMBERING ME CENTER, INC.) IS A NONPROFILE 501(C)(3) AGENCY, WHICH PROVIDES GRIEF SUPPORT SERVICES TO CHILDREN
	AGES 3-18 AND THEIR FAMILIES AS WELL AS YOUNG ADULTS, AGES 19-25 WHO HAVE EXPERIENCED A DEATH LOSS. WE ALSO PROVIDE A CONTINUING PROGRAM OF
	COMMUNITY EDUCATION AND OUTREACH.
	THERE IS NEVER A FEE FOR FAMILIES TO PARTICIPATE IN OUR PROGRAM. WE RELY SOLELY ON PRIVATE FUNDING FROM INDIVIDUAL DONORS, BUSINESSES, AN
	FOUNDATIONS TO PROVIDE OUR SERVICES. THIS IS VITAL AS MANY OF OUR
	FAMILIES HAVE LOST THEIR PRIMARY WAGE EARNER, THEIR HOMES AND ARE OFT SADDLED WITH STAGGERING MEDICAL BILLS.
	WE OFFER EIGHT OPEN-ENDED EVENING SUPPORT GROUPS FOR THE 5-18 AGE
4b	GROUP, AN EIGHT-WEEK PRESCHOOL PROGRAM FOR 3 1/2 - 5 YEAR-OLDS, AND A         (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
<u>4e</u>	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 903,896.
	Form 990 ( SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		
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	4		- 23
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		
8	-	8		х
9	Schedule D, Part III	0		
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes, " complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
10	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 a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1 <del>-1</del> a		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		<u> </u>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	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

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>4</del> 0		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			v
~~	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		- 23
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•.	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
02000	(gambling) winnings to prize winners?			L (2019)
<del>9</del> 32004	ι 01-20-20 Δ	i onn	550	(2019)

Form 990	(2019)	WHAT	ABOUT	REMEMBERING	ME	CENTER,	INC.
Part V	Statements	Regardin	g Other I	RS Filings and Tax	Cor	<b>npliance</b> (con	tinued)

			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 2a 14				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
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		<u> </u>	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v	
	any contributions that were not tax deductible as charitable contributions?	6a		X	
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).	70	х		
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X		
0	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70			
U	to file Form 8282?	7c		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х	
g					
h	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	8 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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	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 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
a	Gross income from other sources (Do not net amounts due or paid to other sources against				
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
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 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		X	
	If "Yes," complete Form 4720, Schedule O.				

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Form 990 (	(2019)
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#### WHAT ABOUT REMEMBERING ME CENTER, INC.

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

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Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" respons	e
	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	Х

Sec	tion A. Governing Body and Management				-	·	
		1.	10		Yes	No	
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		4			
	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.		10	-			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?			2	x		
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under t			2			
3	of officers, directors, trustees, or key employees to a management company or other person?			3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization become aware during the year of a significant diversion of the organization of the or			6		x	
	Did the organization have members, stockholders, or other persons who had the power to elect or a			Ť			
	more members of the governing body?			7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?			7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
а	The governing body?			8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F						
				_	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	rs, 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 bo	dy bef	ore filing the form?	11a	Х		
b							
12a							
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
с							
	in Schedule O how this was done			12c		X	
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	X		
15	Did the process for determining compensation of the following persons include a review and approv		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			v		
	The organization's CEO, Executive Director, or top management official			15a			
b	Other officers or key employees of the organization			15b	X		
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10-		x	
<b>L</b>	taxable entity during the year?			16a		- 27	
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of						
				16b			
Sec	exempt status with respect to such arrangements?						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, i	and 90	0-T (Section 501(c)(	3)s only	/) avail	ahle	
10	for public inspection. Indicate how you made these available. Check all that apply.				y) avan	abic	
	Own website Another's website X Upon request Other (explain	n on S	chedule (O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	nd fina	ncial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	nd records 🕨				
-	SHELLEY BETTIS - 817-870-2272						
	809 LIPSCOMB STREET, FORT WORTH, TX 76104						
93200	\$ 01-20-20			Forn	1 <b>990</b>	(2019)	
	6					-	

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)		411120	(0		npei	iout	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per	(do box	(do not check more than one box, unless person is both an				one h an	compensation	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC)	from the
	related	Istee	truste		a	pensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	com ee				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH REGAN	1.00	-	<u> </u>	đ	Ϋ́	포등	요			
PRESIDENT	1.00	x		x				0.	0.	0.
(2) CHRISTI THORNHILL, MSN, RN, CPN	1.00	Δ		~				0.	•	
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(3) NICK MURRAY	1.00	Δ		~				0.	•	
TREASURER	1.00	x		x				0.	0.	0.
(4) JEREMY RAINES	1.00								Ŭ.	
SECRETARY	1.00	x		x				0.	0.	0.
(5) SUSAN ADAMS	1.00									
DIRECTOR		x						0.	0.	0.
(6) GORDON APPLEMAN	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(7) PEGGY BOHME	1.00									
DIRECTOR	1.00	х						0.	0.	0.
(8) LISA BROCK	1.00									
DIRECTOR		х						0.	0.	0.
(9) D. RUSS BROWN	1.00									
DIRECTOR		х						0.	0.	0.
(10) KATHERINE GIULIANI	1.00									
DIRECTOR		х						0.	0.	0.
(11) JOE GREENHILL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) RUSSELL GREEN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(13) ANNE JAMESON	1.00									
DIRECTOR		Х						0.	0.	0.
(14) SHIRLEY BOWEN MONTERO	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(15) JOHN FONVIELLE	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(16) PARKS BLACKWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(17) WILLIAM W. HARRELL	1.00									
DIRECTOR (OUTGOING)		Х						0.	0.	0.
932007 01-20-20										Form <b>990</b> (2019)

932007 01-20-20

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	JT REMEN	MBI	ERI	ENG	3 I	ME	C	ENTER, INC.	75-22	20	859	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	<b>(B)</b> Average hours per week	Average Pos ours per box, unless pe					h an	(D) Reportable compensation from	(E) Reportable compensation from related	n	an	(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizati	e ion ed
(18) JEFF MOTEN	1.00	x						0.		0.			0.
DIRECTOR (OUTGOING) (19) ROGER NOBER	1.00							0.		0.			0.
DIRECTOR (OUTGOING)		x						0.		0.			0.
(20) JOHN M. RICHARDSON, M.D.	1.00							0		0			0
DIRECTOR (OUTGOING) (21) HELEN TODORA	1.00	X						0.		0.			0.
DIRECTOR (OUTGOING)	1.00	x						0.		Ο.			Ο.
(22) SHELLEY BETTIS	39.00												
EXECUTIVE DIRECTOR	1.00			X				88,195.		0.	1	1,7	04.
								00 105		•		<del>م</del> 1	0.4
1b Subtotal								88,195.		0.		1,7	$\frac{04}{0}$
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								88,195.		0.	1	1,7	-
2 Total number of individuals (including but n							no r	eceived more than \$10	0,000 of reportable	e			
compensation from the organization												Yes	0 No
3 Did the organization list any <b>former</b> officer,	director, trust	ee, I	key e	empl	loye	e, o	^r hig	phest compensated em	ployee on			100	
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>								har comparation from			3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15									U		4		Х
5 Did any person listed on line 1a receive or a					-			-					v
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch	pers	son .					5		X
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
(A) Name and business	address	N	ONE	3				(B) Description of	services	С	(C Compei		n
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	not li	mite	d to		se li: 0	stec	d above) who received r	nore than				
						-					Form	<b>990</b> (;	2019)

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				T ABOUT RI	EMEMBERING	G ME CENTE	R, INC.	75-2220	859 Page 9
Pa	rt V	/111							
			Check if Schedule O	contains a response	e or note to any line		(B)	(C)	
						<b>(A)</b> Total revenue	Related or exempt		(D) Revenue excluded
							function revenue		from tax under sections 512 - 514
S S	4	_	Forderichte die einer einere	4-1					36010113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns						
'n,			Membership dues Fundraising events		380,640.				
ifts Ir A			Related organizations		109,200.				
aji Bili			Government grants (contr						
Sil			All other contributions, gifts,						
her		•	similar amounts not included		769,422.				
ĢĘ		g	Noncash contributions included in		85,064.				
anc		-	Total. Add lines 1a-1f			1,259,262.			
					Business Code	,, -			
ė	2	а							
ه رز		b							
Sei		с							
am		d							
Program Service Revenue		е							
P		f	All other program service	revenue					
			Total. Add lines 2a-2f						
	3		Investment income (includ						
			other similar amounts)		►	61,904.			61,904.
	4		Income from investment of	of tax-exempt bond	proceeds 🕨 🕨				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses $\dots$	6b	<u> </u>				
			Rental income or (loss)	6c					
			Net rental income or (loss						
	7	а	Gross amount from sales of	(i) Securities					
			assets other than inventory	_{7a} 178,506	•				
e		b	Less: cost or other basis	- 120 022	1 1				
evenue			and sales expenses	7b 139,022 7c 39,484	•				
leve			Gain or (loss)			39,484.			39 / 8/
er Re			Net gain or (loss) Gross income from fundraisin		····· ►	55,404.			39,484.
Other	ø	а		<b>640</b> • of	1 1				
0			contributions reported on		1 1				
			Part IV, line 18	· ·	115,751.				
		h	Less: direct expenses	—	160,672.				
			Net income or (loss) from			-44,921.			-44,921.
			Gross income from gamin	· · ·		,			, = = = •
	-		Part IV, line 19	-	10,000.				
		b	Less: direct expenses		000				
			Net income or (loss) from		►	9,200.			9,200.
			Gross sales of inventory, I						
			and allowances		a				
		b	Less: cost of goods sold		b				
			Net income or (loss) from						
S					Business Code				
Miscellaneous Revenue	11	а							
lane		b							
Sed 3		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d		🕨	1 204 000			
	12		Total revenue. See instruction	ons	🕨 -	1,324,929.	0.	0.	
93200	9 01-	-20-	-20						Form <b>990</b> (2019)

ect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	99,900.	84,915.	4,995.	9,99
	Compensation not included above to disqualified	,		,	- ,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	538,554.	444,800.	2,585.	91,16
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,609.	8,951.	156.	2,50
	Other employee benefits	47,773.	35,912.	837.	11,02
	Payroll taxes	51,911.	42,892.	783.	8,23
	Fees for services (nonemployees):				
a	Management				
b	Legal	18 100			
С	Accounting	17,180.		17,180.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	14,051.		14 051	
f	Investment management fees	14,051.		14,051.	
g	Other. (If line 11g amount exceeds 10% of line 25,	3,005.	1,619.	248.	1,13
	column (A) amount, list line 11g expenses on Sch 0.)	5,005.	1,019.	240.	Ξ,Ξ,
	Advertising and promotion	26,494.	10,630.	3,603.	12,26
	Office expenses	5,663.	4,437.	229.	99
	Royalties	5,005.	1/10/1		
	Occupancy	161,451.	136,944.	8,396.	16,11
	Travel	6,588.	4,973.	370.	1,24
	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	19,547.	16,615.	977.	1,95
	Insurance	12,301.	10,537.	588.	1,17
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM MATERIALS	40,092.	33,090.	0.	7,00
b	SUPPLIES	22,381.	20,342.	1,486.	55
c	PRINTING	20,745.	7,313.	80.	13,35
d	PUBLIC RELATIONS	15,801.	12,040.	58.	3,70
	All other expenses	35,752.	27,886.	861.	7,00
Ū	Total functional expenses. Add lines 1 through 24e	1,150,798.	903,896.	57,483.	189,41
	Joint costs. Complete this line only if the organization	-	-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
1	0 01-20-20				Form <b>990</b> (2

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Form **990** (2019)

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Form 990 (2019)

WHAT ABOUT REMEMBERING ME CENTER, INC.

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		226,159.	1	296,790.	
	2	Savings and temporary cash investments	373,191.	2	245,936.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			2,028.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	373,893. 235,062.			
	b	Less: accumulated depreciation	10b	235,062.	158,377.	10c	138,831.
	11	Investments - publicly traded securities	1,857,491.	11	2,364,181.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			2,617,246.	16	3,045,738.
	17	Accounts payable and accrued expenses			13,153.	17	15,417.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
Liat		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line				05	
	00	of Schedule D			13,153.	25	15,417.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch		• • X	10,100.	26	10,41/•
es		and complete lines 27, 28, 32, and 33.	eck ner				
anc	27	Net assets without donor restrictions			2 592 343.	27	3 017 850.
Sala	28	Net assets with donor restrictions			2,592,343. 11,750.	28	3,017,850. 12,471.
lpu	20	Organizations that do not follow FASB ASC		20			
Fu		and complete lines 29 through 33.	550, che				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	\$			29	
sets	30	Paid-in or capital surplus, or land, building, or e				30	
Ase	31	Retained earnings, endowment, accumulated i				31	
let	32	Total net assets or fund balances			2,604,093.	32	3,030,321.
2	33	Total liabilities and net assets/fund balances			2,617,246.	33	3,045,738.
					, , ••		, , , , , , , , , , , , , , , , , , , ,

Form **990** (2019)

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Form	990 (2019) WHAT ABOUT REMEMBERING ME CENTER, INC.	75	-2220859	Pag	ge <b>12</b>					
Par	t 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	1,324							
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,150							
3	Revenue less expenses. Subtract line 2 from line 1	3			31.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,604							
5	Net unrealized gains (losses) on investments	5	252	2,0	97.					
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	3,030	),3	21.					
Part XII Financial Statements and Reporting										
Check if Schedule O contains a response or note to any line in this Part XII										
				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 in Schedule O.									
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 reviewe	d 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 separa	te basis	6,							
	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									
	review, or compilation of its financial statements and selection of an independent accountant?			Х						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule	O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Au	ıdit							
	Act and OMB Circular A-133?		За		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b							

Form **990** (2019)

932012 01-20-20

SCHEDULE A
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Department of the Treasury

nal Rev

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(FOIIII	390	U	220-	ᄄᄼ

# 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.

OMB No. 1545-0047
2019
Open to Public Inspection

intern	arrieve			Go to www.irs.gov	/Form990 for instructi	ons and th	ne latest i	nformation.		Inspection	
Nan	ne of t	the organization	<b>WH</b> AT	ABOUT REM	EMBERING ME	CENTE	R TN	Ċ.		identification number 5-2220859	
Pa	rt I	Reason for			All organizations must co					5 2220055	
					For lines 1 through 12, o						
1		•			•		•				
2	$\square$	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> </ul>									
3	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>										
4	$\square$	•	•		njunction with a hospita			•	(iii). Enter	the hospital's name	
•		city, and state:	ion organiz							the hoopital o hamo,	
5			operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	oed in	
Ŭ						a or opera	lou by u g	ovonninontai			
6		<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> </ul>									
	X				ntial part of its support f				the general	nublic described in	
'		section 170(b)(*			initial part of its support	ioni a gov	erninentai		une general		
8					( <b>1)(A)(vi).</b> (Complete Par	+ 11 )					
9	$\square$				in section 170(b)(1)(A)(		ad in coniu	inction with a	land-arant	college	
Ŭ					ulture (see instructions).						
		university:		grant benege er agne			name, eng	, and olato c			
10			that norma	Ilv receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons member	shin fees a	and gross receipts from	
		-		•	ct to certain exceptions,				-	•	
					(less section 511 tax) fr						
		See section 509			(				ganization		
11					ively to test for public sa	afety. See	section 50	)9(a)(4).			
12		-	-	-	ively for the benefit of, to	•			arry out the	e purposes of one or	
		-	-	-	ed in section 509(a)(1) o	-			-		
					of supporting organizatio						
а					upervised, or controlled		-		-	/ giving	
					gularly appoint or elect a						
				complete Part IV, Se							
b		Type II. A sup	porting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	aving	
		control or man	agement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	
		organization(s)	). You mus	t complete Part IV,	Sections A and C.						
С		Type III functi	ionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		its supported	organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d		Type III non-f	unctionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	ization(s)	
		that is not fund	ctionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		_ requirement (s	ee instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	۷.			
е		Check this bo	x if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III		
					nally integrated support						
f	Ente	er the number of s	supported of	organizations							
g				about the supporte		(iv) Is the orga	nization listed	(.) (	· · · · · · · · · · · · · · · · · · ·		
	(	i) Name of supporte organization	a	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)	
		organization			above (see instructions))	Yes	No				
Tota	al										
_											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990-EZ) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,087,715.	1,009,048.	1,133,712.	1,234,093.	1,259,262.	5,723,830.
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 $\dots$						
4	Total. Add lines 1 through 3	1,087,715.	1,009,048.	1,133,712.	1,234,093.	1,259,262.	5,723,830.
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)						157,592.
6	Public support. Subtract line 5 from line 4.						5,566,238.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,087,715.	1,009,048.	1,133,712.	1,234,093.	1,259,262.	5,723,830.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,634.	28,423.	36,996.	51,799.	61,904.	207,756.
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.)	44.		3,554.			3,598.
11	Total support. Add lines 7 through 10						5,935,184.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	442,810.
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	93.78 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	93.39 %
<b>16</b> a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization	-	
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orga	anization	
18	Private foundation. If the organizatio						s
						dule A (Earm 990	

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#### Schedule A (Form 990 or 990-EZ) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 3 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) org	anization,
	check this box and stop here	•					
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2019 (	ine 8, column (f), (	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	<b>19</b> (line 10c, colu	mn (f), divided by	line 13, column (f))	)	17	%
	Investment income percentage from		<b>B</b>			18	%
<b>1</b> 9a	33 1/3% support tests - 2019. If the	organization did I	not check the box	on line 14, and lin	ne 15 is more than	33 1/3% , and li	ne 17 is not
	more than 33 1/3%, check this box a	-					<b>&gt;</b>
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	top here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ►
20	Private foundation. If the organization						
							990 or 990-EZ) 2019
				15			-

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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#### Schedule A (Form 990 or 990-EZ) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 5 Part IV Supporting Organizations (continued)

Iu	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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			
0	the supported organization(s).	1		
Sec	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			
<u></u>	supported organizations played in this regard.	3		
	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 yea(see instructions)	).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction		
2	Activities Test. Answer (a) and (b) 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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a		
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
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#### Schedule A (Form 990 or 990-EZ) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integra	ted Type III supporting or	anization (see

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

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Section D- Distributions         Current Year           1         Amounts paid to supported organizations to accomplish exempt purposes         Important paid to accomplish exempt purposes of supported organizations, in excess of income from activity           3         Administrative expenses paid to accomplish exempt purposes of supported organizations         Important paid to acquire exemptions exempt purposes of supported organizations           4         Amounts paid to acquire exemptions exempt acquired)         Important exemptions           6         Other distributions, fortor IRS approval required)         Important exemptions           6         Other distributions, fail from Addines 1 through 6.         Important exemptions           9         Distributions to attentive supported organizations to which the organization is responsive provide data like in Part VI, See instructions.         Important exemptions           9         Line 8 amount divided by line 9 amount         Important exemptions         Important exemptions           10         Line 8 amount divided by line 9 amount         Important exemptions         Important exemptions           11         Distributions (any types proto 2019 (reason-able cause required, explain in Part VI). See instructions.         Important exemptions         Important exemptions           11         Distributions (any tota) 19 (reason-able cause required, explain in Part VI). See instructions.         Important exemptin Part VI (reason-able cause required, exeplain in P	Par	rt V   Type III Non-Functionally Integrated 509	0(a)(3) Supporting Org	anizations (continued)					
2       Anounts plaid to perform activity truthere seempt purposes of supported organizations.         3       Administrative expenses plaid to accomplish exempt purposes of supported organizations.         4       Anounts plaid to acquire exemptuse assets         5       Caulified est-aside amounts (plore IRS approval required)         6       Other distributions (desorbe in Part VI). See instructions.         7       Total annual distributions, Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         10       Line 8 amount do:Vol 9 from Section C, line 6         11       Distributable amount for 2019 from Section C, line 6         2       Underdistributions (plan y provide organizations to which the organizations pre-2019         11       Distributable amount for 2019 from Section C, line 6         2       Underdistributions (plan y provide 2019 (reason- able cause required explain in Part VI). See instructions.         3       Excess distributions of prior years         4       From 2016         5       From 2016         6       From 2017         9       Applied to underdistributions of prior years         1       Applied to 2019 distributable amount         1       Cararyover from 2014 on dapplied (see instructions)	Sect				Current Year				
a Administrative expenses paid to accomplish exempt purposes of supported organizations         Image: constraint of the consthe constraint of the constraint of the constraint of	1	Amounts paid to supported organizations to accomplish exempt purposes							
3         Administrative expenses paid to accomplish exempt purposes of supported organizations           4         Amounts paid to acquire exempt use assets	2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported						
4       Anounts paid to acquire exemptuse assets         5       Qualified set-saide amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions (describe in Part VI). See instructions.         10       Line 8 amount divided by line 9 amount         01       Line 8 amount divided by line 9 amount         10       Line 1 amount divided by line 9 amount         11       Distributions (are instructions)       Excess Distributions         12       Underdistributions, if any, for years pior to 2019 (reason able cause required- explain in Part VI). See instructions.       Image: Comparison of the Comparison of		organizations, in excess of income from activity							
6       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions)       (i)         10       Line 8 amount divided by line 9 amount       (ii)         11       Distribution Allocations (see instructions)       (iii)         12       Underdistributions (r any, for years ploir to 2019 (mason-able cause required: explain in Part VI). See instructions.       (iii)         3       Excess distributions carryover, if any, to 2019       (iii)       (iii)         a From 2014       (iii)       (iii)       (iii)         b From 2015       (iii)       (iiii)       (iii)         c From 2016       (iii)       (iii)       (iiii)         d F total of lines 3a through e       (iiii)       (iiiiii)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร					
6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide data)s in Part VI. See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (invoide data)s in Part VI. See instructions.       (i)         9       Distributions (see instructions)       Excess Distributions       (ii)         9       Distributable amount for 2019 from Saction C, line 6       (iii)       (iii)         1       Distributable amount for 2019 from Saction C, line 6       (iii)       Distributable amount for 2019 (reasonable cause required -explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019       (iii)       (iii)         6       From 2016       (iii)       (iiii)         7       Total of lines 3a through e       (iii)       (iiii)         9       Applied to 2019 distributable amount       (iiii)       (iiiiiiii)         1       Carryover from 2014 ont applied (see instructions)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	4	Amounts paid to acquire exempt-use assets							
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         11       Distributable amount for 2019 from Section C, line 6         12       Underdistributions, if any, for years prior to 2019 (reason- able cause required - explain in Part V). See instructions.         3       Excess distributions caryover, if any, to 2019         a from 2016	5	Qualified set-aside amounts (prior IRS approval required)							
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       9         9       Distributions (2019 from Section C, line 6       9         10       Line 8 amount divided by line 9 amount       (i)       (ii)         9       Distributions (see instructions)       Excess Distributions       Pre-2019         11       Distributable amount for 2019 from Section C, line 6       9       9         12       Underdistributions (if any, for years prior to 2019 (reasonable cause required -explain in Part VI). See instructions.       9       9         13       Excess distributions carryover, if any, to 2019       9       9       9         14       From 2016       9       9       9       9         15       Total of lines 3a through e       9       9       9       9         16       Total of lines 3a through e       9       9       9       9         16       Total of lines 3a through e       9       9       9       9       9       9       9       9       9       9       9       9       9       10       10       10       10       10       10       10       10       10       10       10       10       10 </th <th>6</th> <th>Other distributions (describe in <b>Part VI</b>). See instructions.</th> <th></th> <th></th> <th></th>	6	Other distributions (describe in <b>Part VI</b> ). See instructions.							
(provide details in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         (i)       Underdistributions         10       Distributable amount for 2019 from Section C, line 6         2       Underdistributions (are instructions)         1       Distributable amount for 2019 from Section C, line 6         2       Underdistributions carryover, if any, to 2019 (reasonable cause required explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2016	7	Total annual distributions. Add lines 1 through 6.							
9       Distributable amount for 2019 from Section C, line 6       (i)       Underdistributions         10       Line 8 amount divided by line 9 amount       (ii)       (iii)         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions       (iii)         11       Distributable amount for 2019 from Section C, line 6       (ii)       Underdistributions       (iii)         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.       (iii)       (iii)         3       Excess distributions caryover, if any, to 2019       (iii)       (iii)       (iii)         4       From 2015       (iii)       (iii)       (iii)       (iii)         6       From 2016       (iii)       (iii)       (iii)       (iii)         10       Carryover from 2016       (iii)       (iiii)       (iii)       (iii)         1       Carryover from 2014 not applied (see instructions)       (iiii)       (iiii)       (iiii)       (iiii)         1       Remainder. Subtract lines 3g, and al from 3f.       (iiii)       (iiii)       (iiiii)       (iiii)       (iiiii)       (iiiii)       (iiiiii)       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	8	Distributions to attentive supported organizations to which t	he organization is responsive	e					
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(i)         (ii)         (iii)         (iii)         (iii)         (iii)         Distributions           1         Distributable amount for 2019 from Section C, line 6         Inderdistributions         Inderdistributions <th>9</th> <th>Distributable amount for 2019 from Section C, line 6</th> <th></th> <th></th> <th></th>	9	Distributable amount for 2019 from Section C, line 6							
Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2019       Distributable Amount for 2019         1       Distributions, if any, for years prior to 2019 (reason- able cause required- explain in Part VI). See instructions.       Image: Comparison of Comparis	10	Line 8 amount divided by line 9 amount							
Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2019       Distributable Amount for 2019         1       Distributions, if any, for years prior to 2019 (reason- able cause required- explain in Part VI). See instructions.       Image: Comparison of Comparis			(i)	(ii)	(iii)				
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able cause required- explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a From 2014	_1	Distributable amount for 2019 from Section C, line 6							
3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remainder. Subtract lines 3d, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remainder. Subtract lines 3g and 4b from 4.         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4b from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	2	Underdistributions, if any, for years prior to 2019 (reason-							
a From 2014       image: structure in the structure		able cause required- explain in Part VI). See instructions.							
b       From 2015         c       From 2017         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3l from 3f.         4       Distributatol from Section D, line 7:         s       s         a       Applied to 2019 fistributable amount         c       Remainder. Subtract lines 3g, 3h, and 3l from 3f.         4       Distributions for 2019 from Section D, line 7:         s       s         a       Applied to auderdistributions of prior years         b       Applied to auderdistributions for years prior to 2019, if         arry. Subtract lines 4a and 4b from 4.       S         F       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c	3	Excess distributions carryover, if any, to 2019							
c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         §       Image: Subtract lines 4a, and 4b from 4.         5       Remainder. Subtract lines 4a, and 4b from 4.         5       Remaining underdistributions for 2019, iff any. Subtract lines 4a and 4b from 1a.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess firstibutions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017         d       Excess from 2018	а	From 2014							
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e From 2018       f         f Total of lines 3a through e       g         g Applied to underdistributions of prior years       h         h Applied to 2019 distributable amount       i         i Carryover from 2014 not applied (see instructions)       i         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.       i         4 Distributions for 2019 from Section D, line 7:       \$         a Applied to underdistributions of prior years       a         b Applied to 2019 distributable amount       i         c Remainder. Subtract lines 4a and 4b from 4.       i         5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       i         6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       i         7 Excess distributions carryover to 2020. Add lines 3j and 4c.       i       i         8 Breakdown of line 7:       i       i         a Excess from 2015       i       i         b Excess from 2016       i       i         c Excess from 2017       i       i	с	From 2016							
f Total of lines 3a through e	d	From 2017							
g Applied to underdistributions of prior years       Image: structure of the structur	е	From 2018							
h Applied to 2019 distributable amount         i Carryover from 2014 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D, line 7: \$         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7 Excess distributions carryover to 2020. Add lines 3j and 4c.         8 Breakdown of line 7:         a Excess from 2015         b Excess from 2016         c Excess from 2017         d Excess from 2018	f	Total of lines 3a through e							
i Carryover from 2014 not applied (see instructions)         j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D, line 7:         s         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7 Excess distributions carryover to 2020. Add lines 3j and 4c.         8 Breakdown of line 7:         a Excess from 2015         b Excess from 2016         c Excess from 2018	g	Applied to underdistributions of prior years							
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4 Distributions for 2019 from Section D, line 7:         a Applied to underdistributions of prior years         b Applied to 2019 distributable amount         c Remainder. Subtract lines 4a and 4b from 4.         5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.         6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.         7 Excess distributions.         8 Breakdown of line 7:         a Excess from 2015         b Excess from 2016         c Excess from 2017         d Excess from 2018	h	Applied to 2019 distributable amount							
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a Applied to underdistributions of prior years       a         b Applied to 2019 distributable amount       c         c Remainder. Subtract lines 4a and 4b from 4.       c         5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       c         6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       c         7 Excess distributions carryover to 2020. Add lines 3j and 4c.       a         8 Breakdown of line 7:       a         a Excess from 2015       a         b Excess from 2016       a         c Excess from 2017       a         d Excess from 2018       a	4	Distributions for 2019 from Section D,							
b Applied to 2019 distributable amount		line 7: \$							
c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017         d       Excess from 2018	а	Applied to underdistributions of prior years							
5       Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017         d       Excess from 2018	b	Applied to 2019 distributable amount							
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than zero, explain in Part VI. See instructions.       6         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       6         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       6         8       Breakdown of line 7:       6         a       Excess from 2015       6         b       Excess from 2016       6         c       Excess from 2017       6         d       Excess from 2018       6	5	Remaining underdistributions for years prior to 2019, if							
6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       Part VI. See instructions.         8       Breakdown of line 7:       Part VI. See instructions.         a       Excess from 2015       Part VI. See instructions.         b       Excess from 2015       Part VI. See instructions.         a       Excess from 2015       Part VI. See instructions.         b       Excess from 2016       Part VI. See instructions.         c       Excess from 2017       Part VI. See instructions.         d       Excess from 2018       Part VI. See instructions.		any. Subtract lines 3g and 4a from line 2. For result greater							
and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017         d       Excess from 2018		than zero, explain in <b>Part VI.</b> See instructions.							
Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017         d       Excess from 2018	6	Remaining underdistributions for 2019. Subtract lines 3h							
7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015         b       Excess from 2016         c       Excess from 2017         d       Excess from 2018		and 4b from line 1. For result greater than zero, explain in							
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d Excess from 2018	-								
	-								
e Excess from 2019	-	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

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	Part IV. Section A	. lines 1. 2. 3b. 3c	. 4b. 4c. 5a.	6. 9a. 9b. 9c. 7	11a. 11b. ar	nd 11c: Part	IV. Sectio	n B. lines 1	and 2: Part IV. S	Section C.
	line 1; Part IV, Section D lines 5	ction D, lines 2 an , 6, and 8; and Pa	d 3; Part IV,	Section E, lines	s 1c, 2a, 2b	, 3a, and 3b	; Part V, lii	ne 1; Part V	, Section B, line	1e; Part V
	(See instructions.			L, 111165 2, J, a	nu 0. Aisu (		s part ior a	any addition	la information.	
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## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### ** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

9

ation number

Name of the organiza	tion						Employer identifica
	WHAT	ABOUT	REMEMBERING	ME	CENTER,	INC.	75-222085
Organization type (ch	neck one):						
Filers of:	Sec	ction:					
Form 990 or 990-EZ	X	] 501(c)(	3 ) (enter number) orgar	nizatio	n		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 politio	cal organization				
Form 990-PF		501(c)(3)	exempt private foundation	n			
		] 4947(a)(1)	nonexempt charitable t	rust tr	eated as a priva	te foundation	
		501(c)(3)	axable private foundatio	n			
, 0		,	General Rule or a Speci				
Note: Only a section	501(c)(7), (8	3), or (10) org	anization can check box	es for	both the Gener	al Rule and a Special R	ule. See instructions.

#### General Rule

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B	(Form 990,	990-EZ,	or 990-PF	) (	(2019)	)
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Name of organization

Employer identification number

75-2220859

#### WHAT ABOUT REMEMBERING ME CENTER, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 37,485. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 35,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 30,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019	)
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Name of organization

Employer identification number

75-2220859

#### WHAT ABOUT REMEMBERING ME CENTER, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 109,200. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) 923452 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Employer identification number

WHAT ABOUT REMEMBERING ME CENTER, INC.

#### 75-2220859

Part II			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>4</b>					
Name of o	rganization		Employer identification number					
WHAT 2	ABOUT REMEMBERING ME CH	ENTER, INC.	75-2220859					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious	utions to organizations described in a) through (e) and the following line e , charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No.	Use duplicate copies of Part III if additiona							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gi	[					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi	[					
-	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Ī	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, a	ft Relationship of transferor to transferee						
			·					
923454 11-06	6-19	[ 25	Schedule B (Form 990, 990-EZ, or 990-PF) (2019)					

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.



Department of the Treasury Internal Revenue Service

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

Nam	e of the organization WHAT ABOUT REMEMBERING ME CENTER, INC.	Employer identification number 75-2220859
Par		
Fai		CCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (	(b) Funds and other accounts
		b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	
•	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
Par	Impermissible private benefit?           t II         Conservation Easements.         Complete if the organization answered "Yes" on Form 990, Part IV	
	Purpose(s) of conservation easements held by the organization (check all that apply).	, inte 7.
1		prically important land area
	Preservation of natural habitat  Protection of natural habitat  Preservation of a certi	
	Preservation of open space	
2		anonyation appament on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co day of the tax year.	Held at the End of the Tax Year
~		2a
a h	Total number of conservation easements	2a 2b
u o	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	20 2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
u		2d
3	listed in the National Register	
5	vear	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ŭ		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	······································
Ŭ		on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)
-	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	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:	
	(i) Revenue included on Form 990, Part VIII, line 1	. 🕨 \$
	(ii) Assets included in Form 990, Part X	<b>N A</b>
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. ► \$
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019
	10-02-19	
	26	

		OUT REMEMBI				75-22			ge <b>2</b>
Par	t III   Organizations Maintaining C							ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	s, check any of the	following that mak	e significa	ant use of its			
-	Public exhibition	h.		hanga program					
a L		d		hange program					
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's co						t XIII.		
5	During the year, did the organization solicit o						٦.,		
De	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes"	on Form §	990, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		liany for contribution	s or other assets r	not include	he			
Ia			•				Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					L			NU
b		and complete the for	nowing table.				Amount		
~	Reginning balance				10		Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance Did the organization include an amount on Fe						Yes		No
	-				• • • •	L			INU
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete in								
		(a) Current year	(b) Prior year	(c) Two years back		e vears hack	(e) Four	vears h	Jack
10	Beginning of year balance	11,750.	12,929.			18,707.		15,0	
	r	11,871.	11,150.	· · · ·	_	10,000.		59,0	
	Contributions	11,0/1.	11,150.	17,500	/•	10,000.		<i></i> , <i>.</i>	
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities	11 150	10 200	15 000		10 670		55 (	022
	and programs	11,150.	12,329.	15,000	<u>'.</u>	18,678.		55,	933.
	Administrative expenses	12,471.	11 750	12.020		10 000		10	707
-	End of year balance		11,750.	,	′•	10,029.		18,	/0/.
2	Provide the estimated percentage of the curr	rent year end balance		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment	%							
С	Term endowment  100.00								
_	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	or the orga	nization	Б		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm				V II 10				
	Complete if the organization answered								
	Description of property	(a) Cost or ot basis (investm			Accumul depreciati		<b>(d)</b> Book	value	
1a	Land								
b	Buildings								
	Leasehold improvements			5,949.		836.		),11	
d	Equipment		14	7,944.	139,	226.	8	3,71	.8.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	10c.)		🕨	138	8,83	31.

Schedule D (Form 990) 2019

932052 10-02-19

	REMEMBERING M	LE CENTER,	INC. 73	D-2220009 Pa
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes'				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market valu
1) Financial derivatives				
2) Closely held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes'	' on Form 990, Part IV, line	11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			nd-of-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	, <b>-</b>	•		
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)				
otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		•	
Part X Other Liabilities.	,			

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

 1.
 (a) Description of liability
 (b) Book value

 (1)
 Federal income taxes
 (a)

 (2)
 (b)
 (c)

 (3)
 (c)
 (c)

 (4)
 (c)
 (c)

 (5)
 (c)
 (c)

 (6)
 (c)
 (c)

 (7)
 (c)
 (c)

 (8)
 (c)
 (c)

 (9)
 (c)
 (c)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 (c)
 (c)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

2220050

932053 10-02-19

Sche	edule D (Form 990) 2019 WHAT ABOUT REMEMBERING ME	CENTER,	INC.	75-	2220859 _{Pa}	age <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With R	levenue per R	leturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,562,95	75.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	252,097.			
b	Donated services and use of facilities	. 2b				
с	Recoveries of prior year grants					
d						
е	Add lines <b>2a</b> through <b>2d</b>			2e	252,09	
3	Subtract line 2e from line 1			3	1,310,85	78.
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	14,051.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c	14,05	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,324,92	29.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per	Retu	ırn.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		Expenses per	Retu		
Pa 1		a.	· ·	Retu	ı <b>rn.</b> 1,136,74	47.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	· ·			47.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.	· ·			47.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. <b>2a</b>	· ·			47.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. <b>2a</b> <b>2b</b>	· ·			47.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 	· ·			
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 	· · ·		1,136,74	0.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	a. 2a 2b 2c 2d	· · ·	1		0.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	· · ·	1 2e 3	1,136,74	0.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	a. 	· · ·	1 2e 3	1,136,74	0.
1 2 6 6 6 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 	· · ·	1 2e 3	1,136,74	<u>0.</u> 47.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 2a 2b 2c 2d 2d  2d  4a 	14,051.	1 2e 3 4c	1,136,74	<u>0.</u> 47.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d  2d  4a  4b	14,051.	1 2e 3	1,136,74	<u>0.</u> 47.

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

#### PART V, LINE 4:

ITEMS ARE RESTRICTED FOR FUTURE PROGRAM SERVICES.

PART X, LINE 2:

THE WARM PLACE AND WARM FOUNDATION ARE ORGANIZED AS NONPROFIT

ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THIS

SECTION EXEMPTS THEM FROM TAXES ON INCOME. ACCORDINGLY, NO PROVISION FOR

FEDERAL INCOME TAXES HAS BEEN INCLUDED IN THE COMBINED FINANCIAL

STATEMENTS. TAXES ARE PAID ON NET INCOME EARNED FROM SOURCES UNRELATED TO

THE EXEMPT PURPOSES. THERE WAS NO NET UNRELATED INCOME FROM UNRELATED

BUSINESS FOR THE YEAR ENDED DECEMBER 31,2019.

932054 10-02-19

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Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 5 Part XIII Supplemental Information (continued) THE WARM PLACE AND WARM FOUNDATION ACCOUNT FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ASC NO. 740, INCOME TAXES. AS OF DECEMBER 31, 2019, THEY HAVE NO LIABILITY FOR UNCERTAIN TAX POSITIONS. THE WARM PLACE AND WARM FOUNDATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

Schedule D (Form 990) 2019

932055 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Z) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2019
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
•						Employer ide 75-2220	entification number ) 8 5 9	
	complete this par	<ul> <li>Complete if the organization answe t.</li> </ul>	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
		sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitat				-	overnment grants			
<b>b</b> Internet and <b>c</b> Phone solici	email solicitations tations	s f └── Solicitat g ── Special		-	nment grants events			
d In-person so		5 <u> </u>						
•		or oral agreement with any individual	•	•				
• • •		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			-		Indraiser is to	
compensated at le	•			ayree	ements under which			be
			(iii)	Did		(v)	Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	fundr fundr have c or cor	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)
	laidely		contrib	utions?	lionidoanty	lis	ted in col. (i)	organization
			Yes	No	-			
Total								
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from	registration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form	990 or 990-EZ) 2019
932081 09-11-19								

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Schedule G (Form 990 or 990-EZ) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through COOL NIGHTR2RT col. (c)) (event type) (event type) (total number) Revenue 67,727. 1 Gross receipts 428,664. 496,391. 314,488. 66,152. 380,640. 2 Less: Contributions 114,176. 1,575. 115,751. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 141,957. 160,672. 9 Other direct expenses 18,715. 160,672 10 Direct expense summary. Add lines 4 through 9 in column (d) -44,921 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2019 932082 09-11-19

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Sch	edule G (Form 990 or 990-EZ) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2	222085	Page 3
11	5 5 5	Yes	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	Yes	
13	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
<b>1</b> 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation <b>&gt;</b> \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🖸 Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	ort III, linnon (	0h 10h
Га	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIries e	, 90, 100,
9320	83 09-11-19 Schedule G (For	n 990 or 99	0-EZ) 2019
	33		_

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	WHAT ABOUT	REMEMBERING	ME CENTER,	INC.	75-2220859	Page 4
Part IV Supplemental Info	rmation (continued)					
932084 04-01-19				Sc	hedule G (Form 990 or	· 990-EZ)
		34				

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Dout

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

►

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

2019 **Open to Public** . Inspection

WHAT ABOUT REMEMBERING ME CENTER, INC.

Employer identification number
75-2220859

Fai	run rypes of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermir	•	s
1	Art - Works of art				n, mie rg				
2									
	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (FUNDRAISING S)	X	214	48	,654.	SALES			
26	Other ( KITCHEN SUPPL)	Х	38			REPLACEABLE	CO	ST	
27	Other ( <b>PROGRAM SUPPL</b> )	Х	84			REPLACEABLE		ST	
28	Other ( OFFICE SUPPLI )	X	22			REPLACEABLE			
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828				29			0	
	for which the organization completed form oze	50, i ait iv, i			23			Yes	No
302	During the year, did the organization receive by	<i>c</i> ontributic	n any property re	oorted in Part I. line	as 1 throu	ah 28 that it		163	
<b>3</b> 0a	must hold for at least three years from the date			-					
	-						30a		х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	·					30a		
		aliov that w	any iron the review	of any nonatondar	d contribu	itiono2	04	x	
31	Does the organization have a gift acceptance p						31	- * 1	
32a	Does the organization hire or use third parties of contributions?		•				32a	х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which columr	n (a) is che	cked,			
	describe in Part II.								
	For Department Deduction Act Nation and	the Instruct	tions for Form 00	^		Cohodulo N	A / E	- 0001	0040

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Schedule M (Form 990) 2019

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Schedule M (Form 990) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 2

**Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

#### COLUMN B IS NUMBER OF CONTRIBUTORS

SCHEDULE M, LINE 32B:

3RD PARTY CONTRACTOR WAS USED TO MANAGE MOBILE BIDDING & SALES

PROCESSING FOR THE AUCTION AND RAFFLE AT ANNUAL FUNDRAISING EVENT.

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ) 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 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization WHAT ABOUT REMEMBERING ME CENTER, INC. Employer identification number 75 - 2220859

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EIGHT-WEEK YOUNG ADULT GROUP FOR 19-25 YEARS-OLD. THE YOUNG ADULT

PROGRAM AND PRE-SCHOOL PROGRAMS ARE OFFERED TWO TO THREE TIMES A YEAR

BASED UPON DEMAND.

SUMMARY OF 2019 CLIENT SERVICES PROVIDED

INDIVIDUALS RECEIVING DIRECT GRIEF SUPPORT: 1,858

WE BELIEVE THAT GRIEF CAN BE WORKED THROUGH IN GROUPS THAT OFFER A

NATURAL AND APPROPRIATE APPROACH TO RESOLVING GRIEF ISSUES, RATHER THAN

IN THE OFTEN EXPENSIVE APPROACH OF PRIVATE THERAPY. EARLY INTERVENTION

WITH THESE FAMILIES RESOLVES THEIR GRIEF EXPERIENCES IN A HEALTHY AND

SUPPORTIVE ENVIRONMENT.

OUR PROCESS:

A. ASSESSMENT OF EACH FAMILY MEMBER INCLUDING THE CHILDREN AT THE TIME

OF THE INITIAL INTAKE.

B. ALL ATTENDANCE IS CHARTED TO DETERMINE IF A FAMILY IS CONSISTENTLY

ATTENDING GROUP SESSIONS.

C. ON-GOING INDIVIDUAL ASSESSMENT IS DONE AT THE COMPLETION OF EACH

SESSION BY THE MONITOR, STAFF MEMBER, AND FACILITATORS.

D. THE STAFF PERSON COMPLETES FOLLOW-UP FOR EACH FAMILY AFTER THE GROUP

SESSION BY TELEPHONE OR E-MAIL.

E. REFERRALS ARE MADE FOR COMPLICATED ISSUES AND BEHAVIORS THAT ARE

BEYOND THE MISSION OF THE WARM PLACE.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE BOARD. THE

PRESIDENT SHALL BE THE PRESIDENT OF THE EXECUTIVE COMMITTEE.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

 Schedule O (Form 990 or 990-EZ) (2019)
 Page 2

 Name of the organization
 WHAT ABOUT REMEMBERING ME CENTER, INC.
 Employer identification number 75-2220859

 IT MAY MEET UPON NOTICE TO ALL OF ITS MEMBERS BY THE PRESIDENT OR BY ANY

TWO OF ITS MEMBERS.

THE FULL BOARD MAY DELEGATE TO THIS COMMITTEE THE AUTHORITY TO EXERCISE ALL

POWERS OF THE BOARD OF DIRECTORS, EXCEPT AS PROVIDED BY LAW.

ALL BUSINESS TRANSACTED BY THE EXECUTIVE COMMITTEE MUST BE SUBMITTED TO,

AND RATIFIED BY, THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2:

KATHERINE GIULIANI AND PARKS BLACKWELL HAVE A FAMILY RELATIONSHIP.

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

THE BOARD EXECUTIVE COMMITTEE WILL REVIEW THE WARM PLACE 990 PRIOR TO

FILING. THE BOARD OF DIRECTORS MUST APPROVE ANY CHANGES TO OR DEVIATIONS FROM THIS POLICY.

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

AT THE BEGINNING OF A MEMBER'S TERM EACH BOARD MEMBER IS PROVIDED A COPY OF OUR CONFLICT OF INTEREST POLICY AND IS REQUIRED TO SIGN A CONFIRMATION THAT THEY HAVE RECEIVED, UNDERSTAND AND WILL ABIDE BY THE POLICY. EACH BOARD MEMBER SERVES A THREE YEAR TERM AND CAN SERVE TWO CONSECUTIVE TERMS. GENERALLY ALL OF THE MEMBERS OF THE BOARD ARE AWARE OF ANY CONFLICTS OF INTEREST THAT MAY ARISE WITH ITS MEMBERS OF SALARIED OFFICERS OF THE ORGANIZATION. THESE INDIVIDUALS DO NOT TAKE PART IN DISCUSSIONS OR VOTES RELATING TO TRANSACTIONS WHERE THEY ARE NOT INDEPENDENT.

FORM 990, PART VI, SECTION B, LINE 15: THE CHAIR OF THE PERSONNEL COMMITTEE RECOMMENDS THE SALARY FOR THE EXECUTIVE DIRECTOR AND THE ENTIRE BOARD VOTES TO APPROVE THE COMPENSATION. 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) 38 10430416 795089 008-50114200 2019.03032 WHAT ABOUT REMEMBERING ME C 008-5KK1

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization WHAT ABOUT REMEMBERING ME CENTER, INC.	Employer identification number 75-2220859
INFORMATION ON SALARIES IN OUR AREA (TARRANT COUNTY, TEXA	S) IS AVAILABLE
ANNUALLY THROUGH A SURVEY CONDUCTED BY THE COMMUNITY COUN	CIL OF GREATER
DALLAS. THIS INFORMATION IS USED AS A BASIS FOR SALARY RE	COMMENDATIONS. THE
EXECUTIVE DIRECTOR RECOMMENDS THE SALARY FOR THE PROGRAM	DIRECTOR TO THE
CHAIR OF THE PERSONNEL COMMITTEE. THIS RECOMMENDATION IS	BASED UPON
COMPARABLE SALARIES FOR SIMILAR POSITIONS IN OUR AREA. TH	E LAST TIME THAT
THE BOARD REVIEWED EXECUTIVE COMPENSATION WAS IN OCTOBER	2019.
FORM 990, PART VI, SECTION C, LINE 19:	
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	

Schedule O (Form 990 or 990-EZ) (2019)

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SCH	EDUL	ΕR

#### (Form 990)

#### Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WHAT ABOUT REMEMBERING ME CENTER, INC.

Employer identification number 75 - 2220859

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

## Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
WARM FOUNDATION, INC 75-2753822					WHAT ABOUT		
809 LIPSCOMB STREET				PUBLIC	REMEMBERING ME		
FORT WORTH, TX 76104	HOLDS AND INVESTS ASSETS	TEXAS	501(C)(3)	CHARITY	CENTER, INC.	X	
	-						

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

Schedule R (Form 990) 2019

75-2220859 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizations treated as a pa		-	(-1)		(-)		(4)				-)	(1)		(3)	0.	<u>,</u>						
(a)	(b)	(c)	(d) Direct controlling		(e) nant income		(f)	(g) Share of			h)	(i) Code V-UB		(j)	(k	-						
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	entity	(related,	unrelated, om tax under 512-514)	Share of total income		income		end-of-year assets		end-of-year		end-of-year		-year allocati		amount in bo 20 of Schedu K-1 (Form 100		anaging artner?	Percer owner	rship
		foreign country)		sections	s 512-514)			as	SelS	Yes	No	K-1 (Form 10	65) <b>Y</b> e	es No								
	-																					
	-																					
	-																					
	-																					
	-																					
														_								
	-																					
	-																					
Part IV Identification of Related Or organizations treated as a co	ganizations Taxable a	as a Corpo	<b>pration or Trust.</b> C year.	omplete if t	he organizat	ion ans	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it h	ad one	e or m	ore rela	ated						
(a)			(b)	(c)	(d)		(e)	)	(f)	)		(g)	(h	ı)	(i)	)						
Name, address, and E	EIN	Prim	ary activity	Legal domicile	Direct con	trolling	Type of	entity	Share c			Share of	Perce	ntage	(i) Sect 512(b contro	ion )(13)						
of related organizatio	n			(state or foreign country)	entit	У	(C corp, s or tru	s corp, ist)	inco	me		end-of-year assets	owne	rsnip	entit	ty?						
				country)							_				Yes	No						
											_											

### Schedule R (Form 990) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC.

Part V Transactions	s With Related Organizations. Complete if the organization answere	d "Yes" on Form 990, Part IV, line 34, 35b, or 36.
---------------------	--------------------------------------------------------------------	----------------------------------------------------

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction:	s with one or more re	lated organizations listed i	n Parts ILIV/2		163	
' '	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		U		1a		Х
					1b		X
0	Gift, grant, or capital contribution to related organization(s)				10 1c	х	
	Gift, grant, or capital contribution from related organization(s)				1d	- 23	х
	Loans or loan guarantees to or for related organization(s)						X
е	Loans or loan guarantees by related organization(s)				1e		
f	Dividends from related organization(s)				1f		Х
' a	Dividends from related organization(s) Sale of assets to related organization(s)				1g		X
					1h		X
							X
	i Exchange of assets with related organization(s)						X
1	j Lease of facilities, equipment, or other assets to related organization(s)						
1.	k Lease of facilities, equipment, or other assets from related organization(s)						
к	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	x
I	Performance of services or membership or fundraising solicitations for related orga				11		X
	Performance of services or membership or fundraising solicitations by related orga				1m	37	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizati	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	r Other transfer of cash or property to related organization(s)						Х
s Other transfer of cash or property from related organization(s)							Х
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) WARM FOUNDATION, INC.	С	109,200.	FUNDS RECEIVED
(2) WARM FOUNDATION, INC.	К	109,200.	FUNDS PAID
(3)			
(5)			
_(6)	4.2		

#### Schedule R (Form 990) 2019 WHAT ABOUT REMEMBERING ME CENTER, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	)      (3) .? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	n) opor- nate tions? No	(j) General o managin partner? Yes NC	(k) Percentage ownership

Schedule R (Form 990) 2019

Schedule R (	(Form 990	2019

Part VII Supplemental Information	on or responses to questions on Schedule R. See instruction	
932165 09-10-19	4.4	Schedule R (Form 990) 2019