Form	qqn
Form	330

## \*\* 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.

and ending

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



 
 Department of the Treasury Internal Revenue Service
 ► Go to www.irs

 A For the 2021 calendar year, or tax year beginning

 B Check if

 C Name of organization

B Ch	neck if plicabl	C Name of organization		D Employer identifie	cation number
	Addre				
	Name			75-22208	59
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		noon, outo	817-870-	
L	termin	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,113,713.
	Amen			H(a) Is this a group re	
	Applic 1 Applic			for subordinates	
L	pendir	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	
LT	ax-ex	empt status: X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1)	or 527	1 ` '	list. See instructions
		te: WWW.THEWARMPLACE.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►	L Year		A State of legal domicile: TX
Pa		Summary	1		
	1	Briefly describe the organization's mission or most significant activities: THE	ORGANI	ZATION PROV	IDES GRIEF
Activities & Governance		SUPPORT FOR CHILDREN AND THEIR FAMILIES D			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
Se	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			12
vitie	6	Total number of volunteers (estimate if necessary)		6	299
<b>l</b> cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		1,158,380.	1,554,493.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		46,686.	197,010.
"		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,398.	1,794.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,199,668.	1,753,297.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		750,507.	843,293.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ăX		Total fundraising expenses (Part IX, column (D), line 25)  216,3			460 504
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		355,755.	468,531.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,106,262.	1,311,824.
	19	Revenue less expenses. Subtract line 18 from line 12		93,406.	441,473.
s or			Be	ginning of Current Year	End of Year
Assets L Balanc		Total assets (Part X, line 16)		3,356,324.	3,900,950.
		Total liabilities (Part X, line 26)		21,667.	8,524.
Entre		Net assets or fund balances. Subtract line 21 from line 20		3,334,657.	3,892,426.
		Signature Block			

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

Sign	Signature of officer		Date	
Here	NICK MURRAY, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	ROSALINDA MARIKAR, CPA	ROSALINDA MARIKAR,	C 04/20/22	self-employed P01684134
Preparer	Firm's name 🕒 CLIFTONLARSONALL	EN LLP	Firm's I	EIN ▶ 41-0746749
Use Only	Firm's address 💊 801 CHERRY ST, S	UITE 1400		
	FORT WORTH, TX 7	6102	Phone	no.(817) 877-5000
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2021)

Par	990 (2021) WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page t III Statement of Program Service Accomplishments
1 41	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE WARM PLACE PROVIDES GRIEF SUPPORT FOR CHILDREN AGES 3 1/2 - 18 AND
	THEIR FAMILIES AS WELL AS YOUNG ADULTS 19-25 WHO HAVE EXPERIENCED THE
	DEATH OF A LOVED ONE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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. (Code:) (Expenses \$ 1,011,701. including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$1,011,701. including grants of \$) (Revenue \$)
	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.
	FROM DAY ONE, OUR FOUNDERS AGREED THAT FAMILIES SHOULD NOT HAVE TO BEAR
	THE FINANCIAL BURDEN OF GRIEF SUPPORT TO PARTICIPATE IN OUR PROGRAM.
	THEREFORE SINCE 1989, WE HAVE SERVED OVER 43,000 CHILDREN AND THEIR FAMILIES AND HAVE NEVER ONCE ASKED ANY CLIENTS TO PAY A FEE WHILE
	PARTICIPATING IN THE PROGRAM. THE WARM PLACE IS SUPPORTED SOLELY
	THROUGH PRIVATE DONATIONS AND GRANTS. WE DO NOT RECEIVE STATE OR
	FEDERAL FUNDING, AND WE ARE NOT AN AFFILIATED UNITED WAY PARTNER
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4d 4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ▶ 1,011,701.
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )

Form 990 (				REMEMBERING	ME	CENTER,	INC
Part IV	Checklist	of Required	Schedule	es			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	x	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	18	^	
19		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
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		Х
132003	3 12-09-21	Form	<b>990</b> (	(2021)

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2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

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Form 990 (2021)			REMEMBERING	ME	CENTER,	INC.
Part IV Checklist	t of Required	Schedule	es (continued)			

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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	
b	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21	Form	990	(2021)
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2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

Form 990 (2021)		REMEMBERING M		INC.	75-2220859	P	age <b>5</b>
Part V Statement	s Regarding Other I	RS Filings and Tax Co	ompliance <sub>(co.</sub>	ntinued)			
						Yes	No
2a Enter the number of	employees reported on Fo	rm W-3 Transmittal of Wag	and Tay Stateme	inte			

If "Yes," complete Form 6069.					
	•		17		
	any				
If "Yes," complete Form 4720, Schedule O.					
	t incor	ne?	16		X
If "Yes," see the instructions and file Form 4720, Schedule N.					
			15		x
			14b		
			14a		X
	13c				
	13b				
Enter the amount of reserves the organization is required to maintain by the states in which the					
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
			13a		
Section 501(c)(29) qualified nonprofit health insurance issuers.		-			
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	1041	?	12a		
	11b				
Gross income from other sources. (Do not net amounts due or paid to other sources against					
Gross income from members or shareholders	11a				
Section 501(c)(12) organizations. Enter:					
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	10a				
Section 501(c)(7) organizations. Enter:					
Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
Did the sponsoring organization make any taxable distributions under section 4966?			9a		
Sponsoring organizations maintaining donor advised funds.			-		
<ul> <li>8 Sponsoring organization metaning donor advised funds. Did a donor advised fund maintained by the</li> </ul>					
					X
	•	l ŀ2	70		x
	1		70		
			70		x
			α,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
					<u> </u>
	nuicee n	rovided to the pover?	70	x	
			dø		
		giπs	CL.		
•			6a		X
					- -
			5c		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	ccoun	ts (FBAR).			
If "Yes," enter the name of the foreign country					
financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	ıt)?	4a		X
		ty over, a			
			3b		
	•	•	2b	х	
filed for the calendar year ending with or within the year covered by this return	22	12			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction Did the organization have unrelated business gross income of \$1,000 or more during the year? If 'Yes, 'has if lide a Form 990-170 this year? <i>If 'No's</i> 'has it <i>3b</i> , provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bark account, securities account, or other financial <i>I</i> 'Yes,' enter the name of the foreign country <i>I i</i> . See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization file Form 8886-7? Does the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible contributions under section 170(c). Did the organization network acceleductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization receive a payment in excess of \$75 made party as a contribution on a personal benefit cont if the organization receive a northubution of qualified during the year Did the organization may funds, directly or indirectly, to pay premiums on a personal benefit cont if the organization may funds, directly or indirectly, to pay premiums on a personal benefit cont if the organization received a contribution of qualified during the year? Sponsoring organization make any taxable distributions un	If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-fle</i> . See instructions. Did the organization have unrelated business gross income of 31,000 or more during the yea? If "Xes, i has it filed a Form 990-T for this year? <i>If "Not to line 3b, provide an explanation on Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other financial account If "Ses," enter the name of the foreign country <b>&gt;&gt;</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account Was the organization in equanization the Form 8886-T? Does the organization the organization thereon 8886-T? Does the organization the organization thereon 8886-T? Does the organization include with every solicitation an express statement that such contributions on were not tax deductible? <b>Organizations that may receive deductible contributions</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible? <b>Organization</b> neceive a payment in excess of \$75 made parity as a contribution and parity for goods and services p If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Ges in diversion receive a payment in excess of \$75 made parity as a contribution an parsonal benefit contrac? If the organization receive a payment in excess of \$75 mide parity as a contribution \$6, and the organization free or \$82 If "Ges in class the unsher of Forms 8282 filed during the year If "Ges," indicate the number of Forms 8282 filed during the year? <b>Secton 501(c)(7) organization maintaining door advised funds</b> . Did the organization receive a payment in excess of \$15 made parity set year (Secton 16, 50, 50, 16, 16, 16, 16, 16, 16, 16, 16, 16, 16	If at least one is reported on line 2a, did the organization file all required federal employment tax retures? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e_rfie</i> , See instructions. Did the organization have unrelated business gross income of \$1,000 or more axplanation on Schedule O 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 level, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country level. See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction? If 'Yes' to line 5a or 5b, did the organization that twas or is a party to a prohibited tax shelter transaction? If 'Yes,' to line 5a or 5b, did the organization that twas or is a party to a prohibited tax shelter transaction? If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible Organizations that may receive deductible contributions under secton 170(c). Of the organization neckee a symmit in excess of \$25 made party as a contribution and party for goods and services provided to the payor? If 'Yes,' did the organization netwer by permitting on a personal benefit contract? Did the organization receive any merit indexes of \$25 made party as a contribution of file the payor? If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization receive any any removes, directly to pay permitting on a personal benefit contract? Did the organization receive any any runds, directly to pay permitting on a personal benefit contract? Did the organization receive any any runds, directly to pay permitting on a personal benefit contract? Did the organization receive any anothybus, directly or indirectly, on a pe	if at least one is reported on line 2a, did the organization file all required to <i>a file</i> , See instructions.       2b         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a file</i> , See instructions.       3a         If "Yes," that if filed a Form 990 T for this yea?       3a         And y time during the catendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign county. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       3a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Was the organization appert to a prohibited tax shelter transaction and y time during the tax yea?       5a         Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and y time during organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a         If "Yes," of the reganization notify the donor of the walue of the goods or services provided?       7a         Did the organization include with every solicitation an express statement that such control?       7a         If "Yes," did the organization notify the donor of the walue of the goods or services provided?       7b         Did the organization receive a goottain, during the year.       7d       7d         If "Yes," did the organization notify th	if at least one is reported on line 2a, did the organization file al required federal employment tax returns?       25       X         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a -dia. See instructions.       3a         If Yes, That it filed a Form 990-T for this year? // 'No' to <i>line 3b, provide an explanation on Schedulo</i> 0       3b         Any time during the calendar year, did the organization have an interstein to, or a signature or other authority over, a timanoid accountly fluct has a bank account, securities account, or other financial accountly?       4a         If 'Yes, "in the name of the foreign country but has a bank account, securities account, or other financial accountly?       5a         See instructions for filing requirements for FinCEN Form 114, Peport of Foreign Bank and Financial Accounts (FBAP).       5a         Did any taxable party notify the organization that it was or is a party to a prohibited tax sheter transaction at any committy organization solidit any contributions or grist acount that are normally greater than \$100,000, and did the organization solidit any contributions and party is a contributions?       7a       X         If 'Yes," did the organization indust the donor of the value of the goods or senices provided?       7b       X         If 'Yes," did the organization neity the done of the value of the goods or senices provide?       7b       X         If 'Yes," did the organization neity the done of the value of the goods or senices provide?       7c       X         If 'Yes," did the organization select acountip or d

2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

Form 990 (2021)
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123

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other				
-	officer divector tructed or key employee?				2		x
3	Did the organization delegate control over management duties customarily performed by or under the		supervision	····· F	_		
Ŭ			•		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form S		filod?		4		X
	Did the organization make any significant changes to its governing documents since the phone of a significant diversion of the organization's as			·····	5		X
5				····· Γ			X
6	Did the organization have members or stockholders?			······	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				-		x
	more members of the governing body?			······	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?			······  -	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-				
а	The governing body?			L	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 rea						
	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 Re						
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
~		• •			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		a filing the fo	····· Γ	11a	х	
		y Deloit		/////	1 Id		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			····· ⊢	12a	Δ	x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			······  -	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe				
	on Schedule O how this was done			····· ⊢	12c		X
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?			L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			L	15a	Х	
b	Other officers or key employees of the organization			Γ	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a				
	taxable entity during the year?			— E	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			·····  -			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate	•	•				
					164		
Sen	exempt status with respect to such arrangements?				16b		I
17	List the states with which a copy of this Form 990 is required to be filed NONE		<b>T</b> (				- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-	I (section 50	U1(C)(3)s c	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other <i>(explain</i>						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest po	licy, and f	inano	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records	►			
	SHELLEY BETTIS - 817-870-2272						
	809 LIPSCOMB STREET, FORT WORTH, TX 76104						
3200	) 12-09-21				Form	990	(202
	6						,
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04	20 ISIOSS 000 SULLEZ 2021.03031 WIAI ADO	OT L		11/ T 1/G	<u> ت</u> لدي	00	0

Form 990 (2021)	WHAT ABOUT	REMEMBERING M	E CENTER,	INC.	75-2220859	Page 7
Part VII Compensa	tion of Officers, Dire	ctors, Trustees, Key	Employees, H	lighest Co	ompensated	
Employees	, and Independent C	ontractors				
Check if Sche	dule O contains a response	or note to any line in this I	Part VII			
Section A. Officers, Dire	ectors, Trustees, Key Emp	loyees, and Highest Con	pensated Employ	/ees		
1a Complete this table for	all persons required to be	isted. Report compensation	n for the calendar	year ending	with or within the organization's	tax year.
<ul> <li>List all of the organiz</li> </ul>	ation's <b>current</b> officers, di	ectors, trustees (whether i	ndividuals or organ	nizations), reg	gardless of amount of compensa	ation.
Enter -0- in columns (D), (E	, and (F) if no compensatio	n was paid.				
List all of the organiz	ation's ourrent kov omploy	loos if any Soo the instru	tions for definition	of "koy omo	lovoo "	

List all of the organization's current key employees, if any. See the instructions for definition of "key employee.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	3)			(C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	itior		ne	Reportable	Reportable	Estimated			
	hours per	ge Pos (do not check per box, unless pe			rson i	s both	n an	compensation	compensation	amount of			
	week		cer an	dad	irector/trustee)		tee)	from	from related	other			
	(list any	recto						the	organizations	compensation			
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the			
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	lual tr	tional		nploy	st con yee	-	1033-1120)		organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio			
(1) SHELLEY BETTIS	39.00		_										
EXECUTIVE DIRECTOR	1.00			х				97,559.	Ο.	13,071.			
(2) CHRISTI THORNHILL, MSN, RN, CPN	1.00												
PRESIDENT		Х		Х				0.	0.	0.			
(3) NICK MURRAY	1.00												
TREASURER		Х		Х				0.	0.	0.			
(4) JEREMY RAINES	1.00												
VICE PRESIDENT		Х		Х				0.	0.	0.			
(5) KATE CASEY	1.00												
SECRETARY		Х		Х				0.	0.	0.			
(6) SUSAN I. ADAMS	1.00												
DIRECTOR		Х						0.	0.	0.			
(7) GORDON APPLEMAN	1.00												
DIRECTOR	1.00	Х						0.	0.	0.			
(8) PEGGY BOHME	1.00												
DIRECTOR	1.00	Х						0.	0.	0.			
(9) D. RUSS BROWN	1.00												
EX OFFICIO		х						0.	0.	0.			
(10) KIMBERLY BROWN	1.00									_			
DIRECTOR		х						0.	0.	0.			
(11) JOHN FONVIELLE	1.00									_			
EX OFFICIO	1.00	х						0.	0.	0.			
(12) RAJESH GANDHI	1.00									-			
DIRECTOR		Х						0.	0.	0.			
(13) JOE GREENHILL	1.00									-			
DIRECTOR		Х						0.	0.	0.			
(14) BILL HARRELL	1.00									-			
DIRECTOR		Х						0.	0.	0.			
(15) JUSTIN M. LAUDERDALE	1.00									•			
DIRECTOR	1 00	Х						0.	0.	0.			
(16) SHIRLEY BOWEN MONTERO	1.00									<u>^</u>			
DIRECTOR	1.00	Х				<u> </u>		0.	0.	0.			
(17) ROGER NOBER	1.00							_	•	<b>^</b>			
DIRECTOR 132007 12-09-21		Х						0.	0.	0 •			

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Form 990 (2021)

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Form 990 (202	1) WHAT ABOU	JT REMEM	ÍBE	ERI	NG	М	Έ	CE	ENTER, INC.	75-22	208	359	Page <b>8</b>	
Part VII Se	ction A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c	(C Posi heck r ss per id a di	nore son is	than o s both	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatior from related		Estin amor ot	<b>F)</b> nated unt of her	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fron organ and r	nsation n the ization elated zations	
(18) JOSEPH DIRECTOR	P. REGAN	1.00	x						0.		0.		0.	
(19) LYDIA I DIRECTOR	RICKARD	1.00	x						0.		0.		0.	
(20) RUSSEL	L GREEN	1.00	x						0.		٥.		0.	
(21) PARKS I	BLACKWELL	1.00	x						0.		0.		0.	
(22) LISA B	ROCK	1.00	x						0.		0.		0.	
			-											
			-											
1b Subtotal									97,559.		0.			
d Total (ad	m continuation sheets to Part VI Id lines 1b and 1c)								0. 97,559.		0.	13	0. ,071.	
	nber of individuals (including but neation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	,000 of reportable			0	
<b>3</b> Did the c	rganization list any former officer,	director, trust	ee, k	key e	emple	oye	e, or	hig	hest compensated emp	loyee on	ſ	Y	es No	
	f "Yes," complete Schedule J for sond ndividual listed on line 1a, is the su											3	X	
	ed organizations greater than \$150 person listed on line 1a receive or a	,		•								4	<u> </u>	
rendered	to the organization? If "Yes," com dependent Contractors											5	X	
	e this table for your five highest con nization. Report compensation for t									, , ,	ensat	ion from		
	(A) Name and business			ONE					(B) Description of s		C	(C) ompensa	ation	
	nber of independent contractors (ir ) of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received m	ore than				
<del>\</del> 100,000												Form <b>9</b> 9	<b>90</b> (2021)	

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	n 990 (		ABOUT REI	MEMBERING	ME CENTE	R, INC.	75-2220	859 Page <b>9</b>
Pa	rt VII	Statement of Reve	enue					
		Check if Schedule O cor	ntains a response o	or note to any line				
					(A) Tatal management	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
t t	1 a	Federated campaigns	1a					
un a	b	Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	с	Fundraising events		330,669.				
ifts ar A	d	Related organizations		109,200.				
ية تاني	е	Government grants (contribu		141,000.				
Sig	f	All other contributions, gifts, gra	· · · · · · · · · · · · · · · · · · ·					
ler uti	•	similar amounts not included ab		973,624.				
ĢĒ	g	Noncash contributions included in line		80,601.				
L N N	9 h	Total. Add lines 1a-1f		4	,554,493.			
0.0				Business Code	.,			
	2 a			Ducinice Cour				
/ice	z a b							
Ser	0							
E La	C A							
Program Service Revenue	d							
, roi	e							
	•	All other program service rev						
	g	Total. Add lines 2a-2f						
	3	Investment income (includin			55 555			55,555.
		other similar amounts)			55,555.			55,555.
	4	Income from investment of t						
	5	Royalties	(i) Real					
	-			(ii) Personal				
			ba					
	b	· · · · ·	<u>ôb</u>					
	С		ôc					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
			7a 365,672.					
	b	Less: cost or other basis	004 017					
venue			<u>rь 224,217.</u>					
		. ,	7c141,455.		4 4 4 4 5 5			
å		Net gain or (loss)		🕨	141,455.			141,455.
Other Re	8 a	Gross income from fundraising						
đ		including \$330 ,	669. of					
		contributions reported on lin						
		Part IV, line 18		105,693.				
	b	Less: direct expenses	8b	135,392.				
	С	Net income or (loss) from fur	ndraising events	►	-29,699.			-29,699.
	9 a	Gross income from gaming a						
		Part IV, line 19		14,800.				
		Less: direct expenses		807.				
	с	Net income or (loss) from ga	aming activities	►	13,993.			13,993.
	10 a	Gross sales of inventory, les	s returns					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sa						
				Business Code				
sno	11 a	FDN MANAGEMENT	FEE	900099	17,500.			17,500.
nue	b							
ella	с							
Miscellaneous Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a-11d		▶	17,500.			
	12	Total revenue. See instructions			.,753,297.		0.	198,804.
13200	9 12-09-			F T				Form <b>990</b> (2021)
				•				(====1)

D.	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114,463.	97,294.	5,723.	11,446
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	583,230.	487,939.	2,781.	92,510
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,824.	15,547.	167.	4,110
9	Other employee benefits	72,860.	56,162.	2,452.	<u>4,110</u> 14,246
10	Payroll taxes	52,916.	43,763.	845.	8,308
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	17,551.		17,551.	
	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	18,231.		18,231.	
g	Other. (If line 11g amount exceeds 10% of line 25,			,	
3	column (A), amount, list line 11g expenses on Sch O.)	14,236.	1,179.	12,097.	960
12	Advertising and promotion		,	,	
13	Office expenses	24,217.	5,904.	3,833.	14,480
.e 14	Information technology	46,323.	21,933.	2,658.	21,732
15	Royalties		,	,	
16	Occupancy	198,791.	168,934.	9,982.	19,875
17	Travel	1,625.	1,411.	65.	149
18	Payments of travel or entertainment expenses	_,			
10	for any federal, state, or local public officials				
19					
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	12,902.	10,931.	645.	1,326
22 23		10,494.	9,137.	506.	851
23 24	Other expenses, Itemize expenses not covered	10,1910	5,15,6	500•	001
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	28,280.	23,987.	3,315.	978
a	PROGRAM MATERIALS	28,280.	19,136.	10.	4,570
b	PRINTING		8,727.	147.	
с.		22,577.			<u>13,703</u> 131
d	PUBLIC RELATIONS	14,266.	12,685.	1,450.	
	All other expenses	35,322.	27,032.	1,295.	6,995
25	Total functional expenses. Add lines 1 through 24e	1,311,824.	1,011,701.	83,753.	216,370
26	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)				Form <b>990</b> (20)

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WHAT ABOUT REMEMBERING ME CENTER, INC.

132010 12-09-21

Form 990 (2021)

Part IX Statement of Functional Expenses

#### 12380420 131839 008-501142

Form **990** (2021)

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12380420 131839 008-501142

Assets

Liabilities

Net Assets or Fund Balances

24

25

26

27

28

29

30

31

32

33

WHAT ABOUT REMEMBERING ME CENTER, INC. Form 990 (2021) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 313,534. 514,611. 1 1 Cash - non-interest-bearing 99,422. 119,207. Savings and temporary cash investments 2 2 10,500. 45,000. 3 3 Pledges and grants receivable, net 0. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 8,437. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 373,893. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 264,864. 121,930. 109,029. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 2,802,501. 3,090,941. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 17,500. 15 15 Other assets. See Part IV, line 11 3,900,950. 3,356,324. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 11,667. Accounts payable and accrued expenses 17 17 18 18 Grants payable 10,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D

Organizations that follow FASB ASC 958, check here 🕨 🔀

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

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4,662.

8,524.

8,524.

805.

3,891,621.

24

25

26

27

28

29

30

31

32

33

21,667.

600.

3,334,057.

3,334,657.

3,356,324.

0.

3,900,950. Form 990 (2021)

3,892,426.

Form	1990 (2021) WHAT ABOUT REMEMBERING ME CENTER, INC.	75-22	20859	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,753		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,311		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,334	<u> </u>	
5	Net unrealized gains (losses) on investments	5	116	5,2	96.
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	3,892	2,4	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000	

Form **990** (2021)

132012 12-09-21

SCHEDULE A	Public Cha	rity Status and	l Pub	lic Su	Ipport		OMB No. 1545-0047			
(Form 990)		nization is a section 501(					2021			
Department of the Treasury		47(a)(1) nonexempt chari Attach to Form 990 or Fo					Open to Public			
Internal Revenue Service	-	v/Form990 for instruction			formation.		Inspection			
Name of the organizati	on					Employer	identification number			
	WHAT ABOUT REM						5-2220859			
Part I Reason	for Public Charity Status.	(All organizations must co	mplete th	is part.) Se	ee instructior	IS.				
The organization is not a	private foundation because it is: (	(For lines 1 through 12, che	eck only o	one box.)						
	nvention of churches, or association			n 170(b)(1	l)(A)(i).					
	cribed in section 170(b)(1)(A)(ii).									
	a cooperative hospital service org				-					
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). E									
	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit desc									
	(b)(1)(A)(iv). (Complete Part II.)	nege of university owned t	operate	eu by a go	veninentaru					
	te, or local government or governr	mental unit described in <b>s</b> e	ection 17	'0(b)(1)(A)(	(v).					
[ <b>.</b> .	on that normally receives a substa				. ,	ne general p	oublic described in			
	b)(1)(A)(vi). (Complete Part II.)		5			5				
·	trust described in section 170(b)	(1)(A)(vi). (Complete Part I	I.)							
9 An agricultura	al research organization described	l in section 170(b)(1)(A)(ix	) operate	ed in conju	inction with a	land-grant	college			
or university of	or a non-land-grant college of agric	culture (see instructions). E	nter the r	name, city,	, and state of	the college	or			
university:										
	on that normally receives (1) more				-	•	•			
	ted to its exempt functions, subject	-					-			
	Inrelated business taxable income	e (less section 511 tax) from	1 busines	ses acquir	red by the ore	anization a	fter June 30, 1975.			
	509(a)(2). (Complete Part III.)				O(-)(4)					
	on organized and operated exclus	•	•			rn out tha	purpass of ana ar			
	on organized and operated exclus supported organizations describe	•				•				
	ough 12d that describes the type of									
	upporting organization operated, s		-			-	aivina			
	ted organization(s) the power to re			-						
organizatio	n. You must complete Part IV, Se	ections A and B.								
b 🗌 Type II. A s	supporting organization supervised	d or controlled in connectio	n with its	s supporte	d organizatio	n(s), by hav	ing			
control or n	nanagement of the supporting org	anization vested in the san	ne persor	ns that cor	ntrol or mana	ge the supp	orted			
organizatio	n(s). You must complete Part IV,	Sections A and C.								
	nctionally integrated. A supportin	0 0 1		,		ly integrate	d with,			
	ed organization(s) (see instructions									
	n-functionally integrated. A supp				• •	° °	. ,			
	unctionally integrated. The organized	<b>e</b> ,				an attentiv	reness			
	t (see instructions). You must con box if the organization received a	-								
	integrated, or Type III non-functio				турет, туре	n, rype m				
-			-							
	Provide the following information about the supported organization(s).									
(i) Name of supp	orted (ii) EIN	(iiii) Type of organization	(iv) Is the orga n your governir		(v) Amount o	-	(vi) Amount of other			
organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
		<u> </u>								

Total

#### Schedule A (Form 990) 2021 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)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			-							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1133712.	1234093.	1259262.	1158380.	1554493.	6339940.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1133712.	1234093.	1259262.	1158380.	1554493.	6339940.				
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)						260,018.				
	Public support. Subtract line 5 from line 4.						6079922.				
Sec	ction B. Total Support		<b></b>	I	1	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4	1133712.	1234093.	1259262.	1158380.	1554493.	6339940.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources $\dots$	36,996.	51,799.	61,904.	57,261.	55,555.	263,515.				
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.)	3,554.			23.	17,500.					
11	Total support. Add lines 7 through 10						6624532.				
12	, ,	,	,			12	427,151.				
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3)					
0	organization, check this box and <b>stop</b>										
	ction C. Computation of Publi						01 70				
	Public support percentage for 2021 (I					14	91.78 %				
	Public support percentage from 2020					15	93.40 %				
16a	33 1/3% support test - 2021. If the o										
	stop here. The organization qualifies		-								
D	33 1/3% support test - 2020. If the c										
47-	and <b>stop here.</b> The organization qual										
1/a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,										
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
		•	•		•	Za and line 15 is :					
D	10% -facts-and-circumstances test	-					1070 01				
	more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization		•								
10	The organization in the organization			a, 100, 17a, 01 170			(Form 990) 2021				

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	(Form 990) 2021			REMEMBERING			INC.	75-2220859	Page 3
Part III	Support Sch	edule for Organ	izations I	Described in Section	on 50	)9(a)(2)			

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from a						<u>%</u>
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar	-	•				►
b	<b>33 1/3% support tests - 2020.</b> If the	-					
00	line 18 is not more than 33 1/3%, che						ion
	Private foundation. If the organizatio	n dia not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
13202	3 01-04-22		15			Schedi	ule A (Form 990) 2021

2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

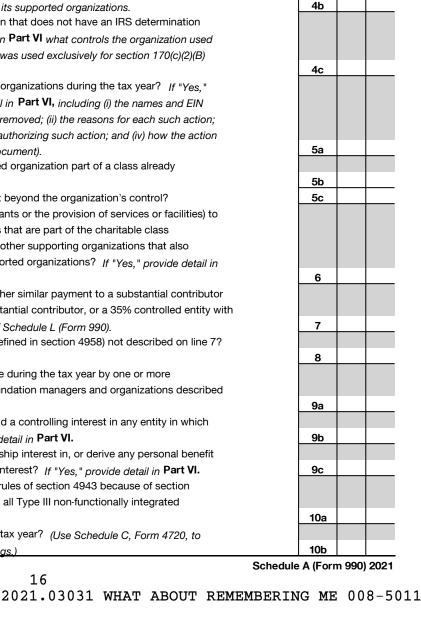
#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

16



Yes No

1

2

3a

3b

3c

4a

Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859 Page 5 Part IV Supporting Organizations (continued)

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

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

supervisea	. or controlled the supporting	organization.
Section C. Ty	pe II Supporting Orga	nižations

 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
 Image: Control of the organization of the support of the suport of the support of the

Section 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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	instructions)	tions)
---	---------------	--------

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

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
	 	Describe in a second you supported a governmental entity (see instruction <u>s).</u>

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

Yes No 2a 2a 2b 2b 2b 3a 3a 3b 3b 5chedule A (Form 990) 2021

No

2

132025 01-04-22

17

_	dule A (Form 990) 2021 WHAT ABOUT REMEMBERING M			75-2220859 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2021

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WHAT	ABOUT	REMEMBERING	ME	CENTER,	INC.	75-2220859	Pa
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	dule A (Form 990) 2021 WHAT ABOUT REI	MEMBERING ME C	ENTER, INC.	7	5-2220859 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
<u>    i    </u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021	WHAT	ABOUT	REME	BERING	G ME	CENTER	, INC.	75-2220859 <sub>Page</sub>
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a	D, lines 2 and	3; Part IV, 3	Section E,	lines IC, 2a,	, 2D, 3a,	and 30; Pan	v, line 1, Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V, tional information.
	(See instructions.)								
132028 01-04-;	22				20				Schedule A (Form 990) 20

12380420 131839 008-501142

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

# 2021

Employer identification number

WHAT	ABOUT	REMEMBERING	ME	CENTER,	INC.	
Organization type (check one):						

75-2220859

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

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

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

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

Schedule B (Form 990) (2021)

Schedule B	(Form	990)	(2021)	

Name of organization

WHAT ABOUT REMEMBERING ME CENTER, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 34,522. 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 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 155,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 109,200. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 141,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

23

123452 11-11-21

12380420 131839 008-501142

Employer identification number

75-2220859

IAT ABOU	T REMEMBERING ME CENTER, INC.	7	5-2220859
art II Nor	ncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. rom vart I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		   \$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

12380420 131839 008-501142

2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

24

	B (Form 990) (2021)			Page <b>4</b>				
Name of or	rganization			Employer identification number				
	ABOUT REMEMBERING ME CEI			75-2220859				
Part III	from any one contributor. Complete columns (a	) through (e) and the following line entr	v For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le space is needed.	ess for the year. (Enter this into. or	nce.) 🕨 🔍				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I		(0) 000 01 girl						
-	(e) Transfer of gift							
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(-) N-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
123454 11-11	-21			Schedule B (Form 990) (2021)				
		25		. ,				

2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

SCHEDULE D	)
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## 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.



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

12380420 131839 008-501142

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

WHAT ABOUT REMEMBERING ME CENTER, 75-2220859 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Yes No \_\_\_\_\_ [ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 ▶ \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021 132051 10-28-21 26

2021.03031 WHAT ABOUT REMEMBERING ME 008-5011

PartIIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets			OUT REMEMBE					75-22 lar Assets			<sub>age</sub> 2
collection lemis (check all that apply):       a       b       Scholarly research       c       Other									(contil	nuea)	
a       Public exhibition       d       □ can or exchange program         b       Scholarly research       e       Other	3		n, and other records	s, check any of th	le following that	t make s	ignincar	it use of its			
b       Scholarly research       e       Other	_										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they three rite organization's exempt purpose in Part XIII.         5       During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets         to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1b       Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1c       Id         1d       Information of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1b       Brodynamic Busines         1c       Id         1d       Information of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         1c       Id         1d       Information of the organization solution as were tree or form 990, Part X line 10.         1d       Information busine organization soluton in Form 990, Part X line			a								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     5 During the year, did the organization solicit or receive donalitons of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     PartIV ExCrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     C Beginning balance     C Beginning balance     It I     Distributions during the year     It I     Distributions during the year     It I     Distributions during the year     It I     It I     Distributions during the year     It I			e	Uther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No.         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	_										
tops sold to raise funds: rather than to be maintained as part of the organization aclosection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 9.       No.         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Id         c       Beginning balance       Id       Id       Id         d       Additions during the year       Id       Id       Id         d       Distributions during the year       Id       Id       Id       Id         d       Distributions during the year       Id								pose in Part	XIII.		
Part W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 4).       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       Image: Complete intermediary in the explanation has been provided on Part XII       No         b       If "Yes," explain the arrangement in Part XII. Check here if the explanation table on Part XII       Image: Complete intermediary in the explanation answered "Yes" on Form 990, Part IV, line 10.       Image: Complete intermediary in the explanation answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete intermediary in the explanation answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       Go (Di 12, 471, 111, 750, 112, 922, 10, 002, 1022, 102, 1022, 102, 1022, 102, 10	5								_	_	-
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         2       Additions during the year       1d         1a       1d       1d         2       Didt the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 0.       (e) Current Yers, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 0.       (e) Four years back (e) Four years back (e) Four years back (e) Four years back is a complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year (b) Phor year (b) Prov years back is and programs and programs in the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back is and programs in the arrangement in Part XIII. Check here if the explanator (b) Phor year (b) Provers back is and programs in tables is and programs in table in the organization in the possession of the organization and programs in the interventions (b) Phor year (b) Phor yen	<b>D</b> -										_ No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         2a       Additions during the year       Image: Complete the following table:       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount       Image: Complete the complete the following table:       Amount       Image: Complete the complete the following table:       Amount       Image: Complete the completet the complete the complete the completethe completethe completet	Par			ete if the organiza	tion answered	"Yes" or	Form 9	90, Part IV,	line 9, or		
on Form 990, Part X2	19			any for contributi	ons or other as	sets not	include	4			
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	ia								Ves		
c       Beginning balance       Image: Constraining the year         d       Additions during the year       Image: Constraining the year         e       Distributions during the year       Image: Constraining the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Constructions       Im	h							····· ∟			
c       Beginning balance       1c         d       Additions during the year       1d         d       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XII. Check here if the explanation has been growided on Part XII       Part V       Endowment Funds. Complete if the explanation has been growided on Part XII         Part V       Endowment Funds. Complete if the explanation has been growided on Part XII       11, 252, 10, 0.022, 10, 0.022, 10, 0.022, 10, 0.022, 10, 0.223, 10, 0.023, 11, 871, 11, 150, 12, 2329, 10, 0.023, 10, 0.223, 10, 0.023, 10, 0.223, 10, 0.023, 10, 0.223, 10, 0.023, 10, 0.223, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.223, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.223, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 10, 0.023, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 11, 871, 11, 150, 12, 329, 10, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 11, 9, 0.023, 12, 9, 0.023, 12, 9, 0.023, 12, 9, 0.023, 12, 9, 0.03, 12, 9, 0.03, 12, 9, 0.03, 12	U			owing table.					Amoun	+	
d Additions during the year       1d         e Distributions during the year       1e         1       1e         1       1d         2       Distributions during the year         1       Ending balance         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation nas wered 'Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Foru years back         1       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Foru years back         1       Grants or scholarships       22.9.11, 871.       11, 150.       12, 329.       15,000.         1       Administrative expenses       305.       600.       12, 471.       11, 750.       12, 929.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a) held as:       as designated or quasi-endowment (p)       %6         3       Are there endowment (p)       10.0 %       %       Yes No       3a(1)       Xa(1)<	-	Designing belongs							/ Inioun		
e       Distributions during the year       1e         f       Ending balance       1f         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2n       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior years back       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       205.       11, 871.       11, 150.       12, 929.       10, 029.         b       Contributions       205.       11, 871.       11, 150.       12, 329.       15, 000.         c       Mean structures for facilities       11, 871.       11, 150.       12, 329.       12, 929.         g       End of year balance											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       600.       12, 471.       11, 750.       12, 929.       10, 029.         c       Not investment earnings, gains, and losses       205.       11, 871.       11, 11, 150.       17, 900.         c       Net investment set or scholarships       11, 871.       11, 11, 150.       12, 329.       15, 000.         c       Other expenditures for facilities       11, 871.       11, 11, 150.       12, 329.       15, 000.         g       End of year balance       805.       600.       12, 471.       11, 750.       12, 929.         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶	-										
b       If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Contributions       12, 471,       11, 750,       12, 929,       10, 029,         b       Contributions       205.       11, 871,       11, 150,       17, 900.         c       Net investment earnings, gains, and losses       11, 871,       11, 150,       12, 329,       15, 000.         c       Other expenditures for facilities       11, 871,       11, 150,       12, 329,       15, 000.         c       Administrative expenses       805,       600,       12, 471,       11, 750,       12, 929.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment (b)       %         6       Term endowment (c)       100, %       The percentages on lines 2a, 2b, and 2c should equal 100%.       Sa       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)									٦.,		<b></b>
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       600.       12,471.       11,750.       12,929.       10,029.         b       Contributions       205.       111,671.       11,150.       17,900.         c       Net investment earnings, gains, and losses       10,029.       10,029.       10,029.         c       Net investment earnings, gains, and losses       11,871.       11,150.       12,329.       15,000.         c       Other expenditures for facilities       11,871.       11,150.       12,329.       15,000.         g End of year balance       805.       600.       12,471.       11,750.       12,929.         g End of year balance		-					lity?	L	_ Yes		_ <b>NO</b>
(a) Current year       (b) Prior year       (c) Two years back       (c) food year											
1a       Beginning of year balance       600.       12,471.       11,750.       12,929.       10,029.         b       Contributions       205.       11,871.       11,150.       17,900.         c       Net investment earnings, gains, and losses	Fai							a vaara baak		, vooro	book
b Contributions       205.       11,871.       11,150.       17,900.         c Net investment earnings, gains, and losses       1       1,871.       11,150.       17,900.         c Net investment earnings, gains, and losses       1       1,871.       11,150.       17,900.         c Other expenditures for facilities       11,871.       11,150.       12,329.       15,000.         f Administrative expenses       805.       600.       12,471.       11,750.       12,929.         g End of year balance       805.       600.       12,471.       11,750.       12,929.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80ard designated or quasiendowment ▶				., ,	., ,		(a) me		(e) rou	,	
■       Overtivestment earnings, gains, and losses				12,47		,		,			
d Grants or scholarships			205.		1	1,871.		11,150.		17,	900.
e       Other expenditures for facilities and programs       11,871.       11,150.       12,329.       15,000.         f       Administrative expenses       9       600.       12,471.       11,750.       12,929.         g       End of year balance       805.       600.       12,471.       11,750.       12,929.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         b       Permanent endowment ▶      %      %       Term endowment ▶      %         c       Term endowment ▶      %      %											
and programs       11,871.       11,150.       12,329.       15,000.         f Administrative expenses       805.       600.       12,471.       11,750.       12,929.         g End of year balance       805.       600.       12,471.       11,750.       12,929.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %      %      %      %         c Term endowment ▶      %      %      %      %         i Unrelated organizations      %      %      %      %         (i) Unrelated organizations      %      %      %      %         4 Describe in Part XIII the intended uses of the organization's endowment funds.	d	Grants or scholarships									
f       Administrative expenses       805.       600.       12,471.       11,750.       12,929.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶      %         b       Permanent endowment ▶      %      %         c       Term endowment ▶      %         medowment ▶      %      %         c       Term endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations         (i)       Unrelated organizations	е	Other expenditures for facilities									
g End of year balance       805.       600.       12,471.       11,750.       12,929.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %      %      %         c Term endowment ▶      %      %         c Term endowment ▶      %      %         a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:      %         (i) Unrelated organizations      %         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?      %         4 Describe in Part XIII the intended uses of the organization's endowment funds.		and programs		11,87	1. 1	1,150.		12,329.		15,	000.
2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Term endowment ▶%         d       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations	f	Administrative expenses									
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         d Description sa(ii), are the related organizations isted as required on Schedule R?         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)         b Buildings	g	End of year balance	805.	60	0. 1	2,471.		11,750.		12,	929.
b       Permanent endowment ▶      %         c       Term endowment ▶      %         c       Term endowment ▶      %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column	(a)) held as:						
c       Term endowment ▶       100 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>3a(i) X</li> <li>3a(ii) X</li> <li>3a(ii) X</li> <li>3a(ii) X</li> <li>3a(ii) X</li> <li>3b</li> </ul> 4         Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)         (c) Accumulated depreciation depreciation           1a         Land         Land         b         Buildings           c         Leasehold improvements         225, 949.         118, 431.         107, 518.           d         Equipment         147, 944.         146, 433.         1, 511.	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organization</li> <li>(iii) Related organization</li> <li>(iii) Related organization</li> <li>(iii) Related organization</li> <li>(iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) B</li></ul>	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) Unrelated organizations       3a(i)       X         (ii) Related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings       225, 949.       118, 431.       107, 518.         d Equipment       147, 944.       146, 433.       1, 511.	с	Term endowment  100 g	6								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (c) Book value (c) Book value (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c)		The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
(i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       225,949.       118,431.       107,518.         c       Leasehold improvements       225,949.       118,433.       1,511.         e       Other       0ther       0ther       0ther       0ther	3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held	and administe	red for th	ne orgar	nization			
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       1a Land       107, 518.         c Leasehold improvements       147, 944.       146, 433.       1, 511.         e Other       Other       147, 944.       146, 433.       1, 511.		by:								Yes	No
(ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3b         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings       11a       Land       107, 518.         c       Leasehold improvements       147, 944.       146, 433.       1,511.         e       Other       0ther       0ther       0ther       0ther		(i) Unrelated organizations							3a(i)		X
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       1a       225,949.       118,431.       107,518.         d       Equipment       147,944.       146,433.       1,511.									3a(ii)		Х
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule F	}?				3b		
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land											
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par										
Image: basis (investment)         basis (other)         depreciation           1a Land		Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a	. See Form 990	), Part X,	line 10.				
1a Land		Description of property	(a) Cost or of	• • •		1			(d) Boo	k valu	e
b Buildings         225,949.         118,431.         107,518.           c Leasehold improvements         147,944.         146,433.         1,511.           e Other			basis (investm	nent) bas	sis (other)	de	preciati	on			
c Leasehold improvements       225,949.       118,431.       107,518.         d Equipment       147,944.       146,433.       1,511.         e Other											
d Equipment 147,944. 146,433. 1,511. e Other						-	110	121	4.0		10
e Other											
				1	.47,944.		146,	433.		1,5	11.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
	Total	. Add lines 1a through 1e. (Column (d) must ec	qual Form 990, Part )	<u>X, column (B), line</u>	<u>ə 10c.)</u>			🕨	10	9,0	29.

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D	(Form 990) 2021			REMEMBERING	ME	CENTER,	INC.	75-2220859	Page <b>3</b>
Part VII	Investments - C	Other Sec	urities.						
	Complete if the orga	inization ans	wered "Yes'	on Form 990, Part IV,	line 1	1b. See Form 990	0, Part X, line 12		
(a) Descrip	otion of security or catego	Dry (including na	ame of security)	(b) Book value		(c) Method of	f valuation: Cost	or end-of-year market v	value
(1) Financia	al derivatives								
(2) Closely	held equity interests								
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
	<u>b) must equal Form 990,</u>								
Part VIII	Investments - P	-							
			wered "Yes'	on Form 990, Part IV,	line 1				
	(a) Description of i	nvestment		(b) Book value		(c) Method of	f valuation: Cost	or end-of-year market v	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	b) must equal Form 990,	Part X, col. (I	B) line 13.) 🕨						
Part IX	Other Assets.								
	Complete if the orga	inization ans		on Form 990, Part IV,	line 1	1d. See Form 990	0, Part X, line 15		
			(a	Description				(b) Book va	alue
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu	<u>ımn (b) must equal For</u>	m 990, Part	X, col. (B) lin	e 15.)				🕨	
Part X	Other Liabilities								
				on Form 990, Part IV,	line 1	1e or 11f. See Fo	rm 990, Part X, I		
1.	(a) Des	scription of	liability					(b) Book va	alue
(1) Fec	leral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	ımn (b) must equal For							🕨	
2. Liability	for uncertain tax posi	tions. In Par	t XIII, provid	e the text of the footnot	te to t	he organization's	financial statem	nents that reports the een provided in Part XIII	X

Schedule D (Form 990) 2021

_	dule D (Form 990) 2021 WHAT ABOUT REMEMBERING ME				2220859 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,857,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	116,296.		
b	Donated services and use of facilities	2b	6,528.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	122,824.
3	Subtract line 2e from line 1			3	1,735,066.
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	18,231.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	18,231.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,753,297.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
Pa	tt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F		n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per F	Retur	n.
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ents With	Expenses per F	Retur	n.
1 2	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2a	Expenses per F	Retur	n.
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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	2a2	Expenses per F	Retur	n.
1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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	2a2 2b2	Expenses per F	Retur	n.
1 2 a b c d	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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.)	2a 2b 2c 2d	Expenses per F	Retur	n. <u>1,300,121.</u> 6,528.
1 2 a b c d	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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 2a through 2d	2a 2b 2c 2d	Expenses per F	1	n. <u>1,300,121.</u>
1 2 b c d e	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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.)	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,300,121.</u> 6,528.
1 2 b c d 3	<b>t XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,300,121.</u> 6,528.
1 2 a b c d e 3 4	<b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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 2a through 2d         Subtract line 2e from line 1         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	2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>1,300,121.</u> <u>6,528.</u> <u>1,293,593.</u>
1 2 3 4 3 4	<b>XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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 2a through 2d         Subtract line 2e from line 1         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	2a 2b 2c 2d 2d  2d  2d  2d	Expenses per F 6,528. 18,231.	1 2e	n. <u>1,300,121.</u> <u>6,528.</u> <u>1,293,593.</u> 18,231.
1 2 d e 3 4 b c 5	<b>XII Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         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 2a through 2d         Subtract line 2e from line 1         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.)	2a 2b 2c 2d 2d 4a 4b	Expenses per F 6,528. 18,231.	1 2e 3	n. <u>1,300,121.</u> <u>6,528.</u> <u>1,293,593.</u>

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 AND FUNDRAISING EVENTS.

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

29

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

BUSINESS FOR THE YEAR ENDED DECEMBER 31,2021.

132054 10-28-21

Schedule D (Form 990) 2021 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, 2021, 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) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r 19,	or if the	2021
	C	organization entered more than \$15 ► Attach to Form 990			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization			<b>6 - 1</b>					entification number
Part I Fundrais		OUT REMEMBERING ME					75-2220	
	complete this part	Complete if the organization answe t.	red "Y	es" or	1 Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa		tion of tion of fundra (incluc rofessi	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le								
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is e	exempt from r	egistration
	advatice Act N		00	000 -	7		Osto - P	
	eduction ACT NOti	ce, see the Instructions for Form 9	ອບ or	990-F	۷.		Schedu	le G (Form 990) 2021

132081 10-21-21

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 NONE	(d) Total events (add col. (a) through
			A COOL NIGHT		(total number)	col. (c))
e			(event type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts	345,339.	90,818.		436,157
	2	Less: Contributions	254,349.	76,115.		330,464
	3	Gross income (line 1 minus line 2)	90,990.	14,703.		105,693
	4	Cash prizes				
	5	Noncash prizes		1,400.		1,400
pense	6	Rent/facility costs	4,500.			4,500
Ulrect Expenses	7	Food and beverages	23,106.	2,369.		25,475
Ē	8	Entertainment	550.	9,991.		10 541
	9	Other direct expenses		12,910.		<u>10,541</u> 93,476
	-	Direct expense summary. Add lines 4 throug		,	•	135,392
		Net income summary. Subtract line 10 from	.,			-29,699
21						
Hevenue	1	Gross revenue	(a) Bingo	bingo/progressive bingo	<b>(c)</b> Other gaming	col. <b>(a)</b> through col. <b>(c</b>
	<u>1</u> 2	Gross revenue		bingo/progressive bingo		col. (a) through col. (c
				bingo/progressive bingo		col. (a) through col. (c
	3	Cash prizes		bingo/progressive bingo		col. (a) through col. (c
DIRECT EXPENSES REVEN	3 4	Cash prizes		bingo/progressive bingo		col. (a) through col. (c
	3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	Yes %	col. (a) through col. (a
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes%	%	☐ Yes%	col. (a) through col. (a
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	%	Yes% No	col. (a) through col. (a
DIRECT EXPENSES	3 4 5 7 8	Cash prizes	Yes%     No     S in column (d)     from line 1, column (d)	%	Yes% No	col. (a) through col. (c
Direct Expenses	3 4 5 6 7 8 Ent	Cash prizes	Yes%           No           7 from line 1, column (d)           7 gaming activities:	Yes%	Yes% No	
	3 4 5 6 7 8 Ent	Cash prizes	Yes%         No         h 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these in	Yes% No states?	Yes% No	
	3 4 5 6 7 8 Entt Is t If "I	Cash prizes	Yes%         No         1 5 in column (d)         7 from line 1, column (d)         ucts gaming activities:         ctivities in each of these set	%%% states?	Yes% No	Yes N

132082 10-21-21

Schedule G (Form 990) 2021

Schedu	le G (Form 990) 2021	WHAT ABC	UT REMEI	MBERING ME	CENTER,	INC. 75-	2220859	Page <b>3</b>
	bes the organization conduct gathe organization a grantor, ben						Yes	No
	administer charitable gaming?						Yes	No No
	dicate the percentage of gamin						13a	%
	e organization's facility							<u>%</u>
	ter the name and address of th							
Na	ame 🕨							
Ad	Idress 🕨							
<b>15a</b> Do	bes the organization have a cor	ntract with a third p	party from who	m the organization r	receives gaming	revenue?	Yes	No No
	'Yes," enter the amount of gam					_ and the amount		
	gaming revenue retained by th							
<b>C</b> IT "	'Yes," enter name and address	of the third party:						
Na	ame 🕨							
Ad	Idress 🕨							
<b>16</b> Ga	aming manager information:							
Na	ame 🕨							
Ga	aming manager compensation	▶ \$						
De	escription of services provided	▶						
_								
 1	Director/officer	Employee		] Independent con	tractor			
L								
	andatory distributions: the organization required unde	r stato low to mak	o charitablo dic	tributions from the	asming procood	s to		
	ain the state gaming license?						Yes	No No
	ter the amount of distributions	required under sta	ate law to be di					
org Part I	ganization's own exempt activi Supplemental Infor			ons required by Par	t L line 2b. colum	nns (iii) and (v): and P	art III lines 9 0	)h 10h
	15b, 15c, 16, and 17b, a						art III, III 03 0, 0	, 100,
_		_	_		_			
100000	2.01.01					Oak-	dule G (Form	000) 0004
132083 10	U-2 I-2 I			33		Sche		330j 202 I

Schedule G	(Form 990)	WHAT	ABOUT	REMEMBERING	ME	CENTER,	INC.	75-2220859	Page 4
Part IV	Supplemental In	formation <sub>(c</sub>	continued)						
								Schedule G (F	orm 990)

132084 11-18-21

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

2021 **Open to Public** Inspection

Employer identification number

WHAT ABOUT REMEMBERING ME CENTER, INC.

	WHAT ABOUT R	EMEMBE	RING ME CI	ENTER, INC	•	75-2	220	859	
Par	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contri amounts repor Form 990, Part VI	ted on	<b>(d)</b> Method of de noncash contribu		•	3
1	Art - Works of art								
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	Х	1	9	,887.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
14	Historic structures Qualified conservation contribution - Other								
1 <del>4</del> 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	119	41	.652.	SALES			
26	Other (KITCHEN SUPPL)	X	31	15	.711.	REPLACEABLE	COS	ST	
27	Other ( PROGRAM SUPPL )	X	68	11	,223.	REPLACEABLE	COS	ST	
28	Other ( OFFICE SUPPLI )	X	32			REPLACEABLE			
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement	29			0	
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't require	ed to be us	sed for			
	exempt purposes for the entire holding period?	, 					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard	l contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell	noncash			Ī	-
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column	(a) is cheo	ked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule M	l (Forn	n 990)	2021

				REMEMBERING					Page 2
Part II	Supplementa	l Informa	ation. Pro	vide the information req	uired b	by Part I, lines 30	0b, 32b, ai	nd 33, and whether the organizati	on

**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 (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



WHAT ABOUT REMEMBERING ME CENTER, INC. 75-2220859

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

AGENCY. THE BOARD OF DIRECTORS, STAFF, AND COMMUNITY SUPPORTERS ARE

DEDICATED TO PURSUING THE NECESSARY FUNDS TO SUSTAIN OUR PROGRAM AS IT

FILLS A CRITICAL NEED IN THE COMMUNITY.

IN 2021 WE SERVED 1,825 INDIVIDUALS.

THE CORE OF THE WARM PLACE PROGRAM IS OUR BI-WEEKLY PEER SUPPORT GROUPS FOR GRIEVING CHILDREN (GRADES K-12) AND THEIR FAMILIES. IN ADDITION TO THE GROUPS, FAMILIES CAN ALSO PARTICIPATE IN OUR FAMILY NIGHTS, AS WELL AS OUR FAMILY CAMP IN THE FALL, "CAMP REMEMBER ME." OUR STAFF ALSO OFFERS VALUABLE RESOURCES AND TRAININGS TO THE COMMUNITY THROUGHOUT THE YEAR. BELOW IS A LIST OF OUR ONGOING SERVICES:

BI-WEEKLY EVENING SUPPORT GROUPS: EIGHT ONGOING GROUPS FOR CHILDREN (K-12) AND THEIR PARENTS AND GUARDIANS WHO MEET EVERY OTHER WEEK. EACH WEEKNIGHT IS DESIGNATED FOR A DIFFERENT GROUP BASED UPON THE TYPE OF RELATIONSHIP LOSS: SIBLING, PARENT, OR GRANDPARENT/EXTENDED FAMILY OR FRIEND.

VIRTUAL EVENING SUPPORT GROUPS: SUPPORT GROUPS OFFERED ON A VIRTUAL PLATFORM FOR CHILDREN (K-12) AND THEIR PARENTS/GUARDIANS. GROUPS MEET ONLINE EVERY OTHER WEEK AND ARE DIVIDED BASED ON THE APPROPRIATE AGE GROUP. CURRENTLY, VIRTUAL GROUP SESSIONS OCCUR TWO NIGHTS PER WEEK, WITH SIX DIFFERENT AGE GROUPS PARTICIPATING ON EACH NIGHT.

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization WHAT ABOUT REMEMBERING ME CENTER, INC.	Employer identification number 75-2220859
FAMILY NIGHTS: FAMILY FUN EVENTS FOR PAST, PRESENT, AND FU	TURE WARM
PLACE FAMILIES. THESE EVENTS ARE OFFERED SIX TIMES PER YEA	R AND ARE
DESIGNED TO FOCUS ON MAKING NEW MEMORIES, TOGETHER AS A FA	MILY,
FOLLOWING A DEATH. EACH FAMILY NIGHT IS FREE TO ATTEND AND	FEATURES A
DIFFERENT THEME WITH VARIOUS ACTIVITIES.	

EACH FALL, WARM PLACE FAMILIES ARE INVITED TO PARTICIPATE, AT NO COST, IN OUR ANNUAL FAMILY CAMP WEEKEND, CAMP REMEMBER ME. WITH THE SUPPORT OF THE WARM PLACE STAFF AND TRAINED VOLUNTEERS, CAMP PROVIDES A UNIQUE OPPORTUNITY FOR FAMILIES TO GROW TOGETHER IN THEIR GRIEF JOURNEY AS THEY EXPERIENCE HEALING, HAVE FUN, ENJOY WARM PLACE COMMUNITY, AND CREATE NEW MEMORIES WHILE REMEMBERING THEIR LOVED ONES.

ASSESSMENTS, REFERRALS, AND CRISIS COUNSELING: THE WARM PLACE HAS THREE FULL-TIME LICENSED COUNSELORS AND ONE FULL-TIME LICENSED SOCIAL WORKER WHO SERVE AS "GROUP DIRECTORS" AND SPEND A LARGE AMOUNT OF THEIR TIME DURING THE DAY PROVIDING ASSESSMENTS, REFERRALS TO OUTSIDE RESOURCES, AND CRISIS COUNSELING TO CLIENTS. WHETHER IT IS A FAMILY WHO HAS COME FOR AN APPOINTMENT, OR AN INDIVIDUAL WHO CALLED SEEKING HELP, OUR PROGRAM STAFF IS AVAILABLE TO PROVIDE THAT IMMEDIATE SUPPORT AND COUNSEL.

COMMUNITY OUTREACH: THE WARM PLACE STAFF PARTICIPATES IN COMMUNITY AWARENESS FAIRS YEAR-ROUND AND PROVIDES SPEAKERS FOR SPECIAL EVENTS AND MEETINGS UPON REQUEST. IN ADDITION, OUR STAFF ALSO HOSTS TOURS AND QUESTION-AND-ANSWER SESSIONS WITH LOCAL SCHOOL PROFESSIONALS AND COMMUNITY MEMBERS.

132212 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization WHAT ABOUT REMEMBERING ME CENTER, INC.	Employer identification number 75-2220859
BEREAVEMENT TRAININGS AND WORKSHOPS: THE WARM PLACE CONDUC	TS NUMEROUS
TRAININGS AND WORKSHOPS THROUGHOUT THE YEAR FOCUSED ON STR	ATEGIES AND
TOOLS TO SUPPORT GRIEVING CHILDREN. MOST OF THESE TRAINING	S ARE
DESIGNED TO EDUCATE LOCAL SCHOOLS AND OTHER ORGANIZATIONS	SO THEY CAN
BETTER SUPPORT THEIR STUDENTS AND CLIENTS WHO HAVE EXPERIE	NCED A DEATH
LOSS. FOR 2021, THE WARM PLACE HAS BEEN CHOSEN TO PRESENT	AT THE
NATIONAL ALLIANCE FOR GRIEVING CHILDREN'S ANNUAL SYMPOSIUM	. THE
PRESENTATION IS ENTITLED: "INCORPORATING FUN FAMILY PROGRA	MMING INTO
YOUR GRIEF SUPPORT PROGRAM." IN ADDITION, THE WARM PLACE P	ROGRAM STAFF
IS CONDUCTING TWO MORE "GRIEF TALK" VIRTUAL WEBINARS, WHIC	H ARE
HOUR-LONG PRESENTATIONS DESIGNED FOR SCHOOL PROFESSIONALS	WHO WANT TO
LEARN HOW TO SUPPORT GRIEVING CHILDREN.	

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

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

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FROM THIS POLICY.

132212 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization WHAT ABOUT REMEMBERING ME CENTER, INC.	Employer identification number 75-2220859
WHAT ABOUT REMEMBERING ME CENTER, INC.	15-2220059
FORM 990, PART VI, SECTION B, LINE 12:	
AT THE BEGINNING OF A MEMBER'S TERM EACH BOARD MEMBER IS P	ROVIDED 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 POLIC	Y. EACH BOARD
MEMBER SERVES A THREE YEAR TERM AND CAN SERVE TWO CONSECUT	IVE TERMS.
GENERALLY ALL OF THE MEMBERS OF THE BOARD ARE AWARE OF ANY	CONFLICTS OF
INTEREST THAT MAY ARISE WITH ITS MEMBERS OF SALARIED OFFIC	ERS OF THE
ORGANIZATION. THESE INDIVIDUALS DO NOT TAKE PART IN DISCUS	SIONS 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.

INFORMATION ON SALARIES IN OUR AREA (TARRANT COUNTY, TEXAS) IS AVAILABLE

ANNUALLY THROUGH A SURVEY CONDUCTED BY THE COMMUNITY COUNCIL OF GREATER

DALLAS. THIS INFORMATION IS USED AS A BASIS FOR SALARY RECOMMENDATIONS. THE

LAST TIME THAT THE BOARD REVIEWED EXECUTIVE COMPENSATION WAS IN 2021.

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.

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

132212 11-11-21

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

132161 11-17-21 LHA

### **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.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
En	nployer identification number
WHAT ABOUT REMEMBERING ME CENTER, INC.	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
	-				

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 Part II organizations during the tax year.

(a)	(b)	(c)	(d)	(e)	Direct controlling	(	<b>g)</b> 512(b)(13)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity			rolled	
of related organization		foreign country)	section	status (if section		ent	entity?	
				501(c)(3))		Yes	No	
WARM FOUNDATION, INC 75-2753822					WHAT ABOUT			
809 LIPSCOMB STREET					REMEMBERING ME			
FORT WORTH, TX 76104	HOLDS AND INVESTS ASSETS	TEXAS	501(C)(3)	LINE 12A, I	CENTER, INC.	Х		

Schedule R (Form 990) 2021

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OMB	No	1545-0047

Open to Public

#### Schedule R (Form 990) 2021 WHAT ABOUT REMEMBERING ME CENTER, INC.

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.

	r an	, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	<sup>ll or</sup> Percentage <sup>jing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
											<u> </u>
	1										
	1	1	1			1		I	1		

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	centage 512(b)		
		country)					Yes		No	

#### Schedule R (Form 990) 2021 WHAT ABOUT REMEMBERING ME CENTER, INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c	X		
	Loans or loan guarantees to or for related organization(s)	1d		X	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g		1g		X	
h	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X		
o	Sharing of paid employees with related organization(s)	10	X		
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) 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)			
<u>(4)</u>			
(5)			
(6)			

#### Schedule R (Form 990) 2021 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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati	) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2021

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21