**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A F</u>	or the	e 2023 calendar year, or tax year beginning U	<u> ОБ 1, 2023 and</u>	enaing U	UN 30, 2024				
<b>B</b> c	heck if pplicabl	C Name of organization			D Employer identif	ication number			
	Addre chang	ss Now I Lay Me Down to Si	leep						
	Name chang	e Doing business as			77-06563	22			
	]Initial return	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite					
	□Final return	P.O. Box 621669			720-283-				
_	termin ated				G Gross receipts \$	745,408.			
L	Amen return Applic	LICCIECOII, CO 80182-1			H(a) Is this a group r				
	tion pendi	F Name and address of principal officer: ILLS	sy Thomas		for subordinates				
_		same as C above			H(b) Are all subordinates i				
		empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions			
_	Vebsi	-		I. v.	H(c) Group exemption				
	orm of	organization: X Corporation Trust As Summary	ssociation Other	L Year	of formation: 2003	M State of legal domicile: CO			
		Briefly describe the organization's mission or most	significant activities: See	Schedu	1e 0.				
Se	'	bliefly describe the organization's mission of most	significant activities.	Donoaa					
Activities & Governance	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net as	sets.			
ver	3	Number of voting members of the governing body		3	1				
Ğ	4	Number of independent voting members of the government			8				
8	5	Total number of individuals employed in calendar y	rear 2023 (Part V, line 2a)		5	12			
Vitie Vitie	6	Total number of volunteers (estimate if necessary)			6	1134			
<b>Vct</b> i	l	Total unrelated business revenue from Part VIII, co			7a				
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>					
					Prior Year	Current Year			
ne	l	Contributions and grants (Part VIII, line 1h)		726,755.	600,682.				
Revenue	9				235,946.	87,607. 11,474.			
Вè		Investment income (Part VIII, column (A), lines 3, 4			6,064. 36,806.	45,645.			
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c Total revenue - add lines 8 through 11 (must equal			1,005,571.	745,408.			
_		Grants and similar amounts paid (Part IX, column (	· · · · · · · · · · · · · · · · · · ·		0.	0.			
	l	Benefits paid to or for members (Part IX, column (A			0.	0.			
"	45	Salaries, other compensation, employee benefits (I			774,895.	559,822.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.	0.			
per	b	Total fundraising expenses (Part IX, column (D), line		48.					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d	•		467,381.	363,793.			
	18	Total expenses. Add lines 13-17 (must equal Part II	X, column (A), line 25)		1,242,276.				
	19	Revenue less expenses. Subtract line 18 from line	12		-236,705.				
Net Assets or				Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			893,341.	639,487.			
ot Ag	21	Total liabilities (Part X, line 26)			95,143.	19,496.			
Ž:	22 art II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		798,198.	619,991.			
		Ities of perjury, I declare that I have examined this return,	including accompanying echodule	e and etatom	ante and to the heet of m	y knowledge and helief it is			
		it, and complete. Declaration of preparer (other than office				y knowledge and belief, it is			
ti uo,	001100	t, and complete. Declaration of proparor (other than office	or y is based on an information of wi	non proparor	Thas any knowledge.				
Sign	n	Signature of officer			Date				
Her		Missy Thomas, Executive D:	irector						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date Check [	PTIN			
Paid		James D. Hinkle	James D. Hinkle	1	.0/10/24 self-emplo				
	arer		PC	Firm's EIN 27-1494012					
Use	Only	Firm's address 5028 E. 101st Str	eet			0 400 2222			
		Tulsa, OK 74137			Phone no. <b>9</b> 1	.8-492-3388			
May	the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

Га	Check if Schedule O contains a response or n			X
1	Briefly describe the organization's mission:	iote to any line in this Fart iii		
	To introduce remembrance p	hotography to pare	nts experiencing t	he loss
	of a baby with the free gi			
		-		
2	Did the organization undertake any significant progr	am services during the year which w	ere not listed on the	
				Yes X No
	If "Yes," describe these new services on Schedule C			
3	Did the organization cease conducting, or make sign	nificant changes in how it conducts,	any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomp			
	Section 501(c)(3) and 501(c)(4) organizations are rec	quired to report the amount of grants	and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 708, 51	4 - including syems of ©	) (Davanua f	133,252.)
<del>'i</del> a	See Schedule O.	including grants of \$	) (Revenue \$	133,232.
	poor ponodaro or			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
	_			
4c	(Code:) (Expenses \$	including grants of \$	) (Bevenue \$	)
	, (		, , (******************************	· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)			
4 -	(Expenses \$ including gran	708,514.	(Revenue \$	)
4e	Total program service expenses	/ U U , J L T •		Form <b>990</b> (2023)
				FUITH <b>555</b> (2023)

15541010 151129 NOW5010

# Form 990 (2023) Now I Lay Me Down to Sleep Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		<del></del>
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	Schedule D, Part III	8		X
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<del></del> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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	ا مر ا		<sub>v</sub>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form	rt IV   Checklist of Required Schedules (continued)	6322	P	age <b>4</b>
Га	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	NO
	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			1
	Schedule J	23		Х
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			1
	Schedule K. If "No," go to line 25a	24a		Х
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			1
	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		<u> </u>
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			1
	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,			1
	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			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization required the complete schedule N, Part I	31		
32	·	32		X
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	55		
٥.	Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
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	1
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Now I Lay Me Down to Sleep 77-0656322 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N.

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

If "Yes," complete Form 6069.

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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If "Yes," complete Form 4720, Schedule O.

X

77-0656322 Page 6 Now I Lay Me Down to Sleep Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X

Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	one or			
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	ders, or			
	persons other than the governing body?			7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	· ·	_	77	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		V	
40-	Did the averagination have least shorters by another ay officiate.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?	iapters	, annates,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v bofor	o filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y beloi	e ming the form:	IIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment w	th a			
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nization	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedAK , AL , AR , CA , C					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (section 501(c)(3):	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, and	d financ	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	l records			
	The Organization - 720-283-3339					
	P.O. Box 621669, Littleton, CO 80162-1669					

See Schedule O for full list of states

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average hours per	(do box	not c , unle:	Pos heck iss per	ition	than o	one n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) Gina Harris Chief Executive Officer (Former)	40.00	-		Х				101 050	0.	_	
(2) Missy Thomas	40.00			^				121,258.	0.	0.	
Executive Director	40.00	1		х				80,885.	0.	0.	
(3) Cheryl Haggard	2.00			25				00,005.	0.	•	
Co-Founder	2.00	х		х				0.	0.	0.	
(4) Sam Rodriguez	2.00										
Chair		Х		Х				0.	0.	0.	
(5) Nicholas Tootalian	2.00										
Secretary		Х		Х				0.	0.	0.	
(6) Rachel Penn	2.00										
Board Member		Х						0.	0.	0.	
(7) Samson Martinez	2.00										
Board Member		Х						0.	0.	0.	
(8) Jessica Dailey	2.00							_	_	_	
Vice Chair		Х						0.	0.	0.	
(9) Stephanie Kusta	2.00	1						_	_		
Board Member		Х						0.	0.	0.	
(10) Terrell Hatzilias	2.00										
Board Member		Х						0.	0.	0.	
		-				_					
		-									
	I			l			ı	<u> </u>	<u>I</u>	Earm <b>990</b> (2022)	

Part VII   Section A. Officers, Directors, 1 (A)	(B)	J.0y	<u>-</u>		2 (111) (C)	91163	0	(D)	(E)	$\neg$	(F	=1
` '	Average			Pos	•	1		· · /			(r Estin	
Name and title	hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation		amou	
	week		cer ar					from	from related		oth	
	(list any	tor						the	organizations		compe	
	hours for	direc				- - - - -		organization	(W-2/1099-MISC	;/	from	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		organi	zation
	organizations	trus	nal tri		oyee	om of		1099-NEC)			and re	elated
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organiz	zations
	line)	Ind	lust	Officer	Key	E High	윤			$\dashv$		
		-										
		$\vdash$								$\dashv$		
		1								$\dashv$		
		-										
_										十		
										$\dashv$		
		-										
										$\top$		
		⊢								$\dashv$		
		_										
		$\vdash$								+		
1b Subtotal								202,143.		0.		0.
c Total from continuation sheets to Par	rt VII, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								202,143.	(	0.		0.
2 Total number of individuals (including b	ut not limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Ye	es No
3 Did the organization list any former offi	icer, director, trust	ee, k	cey e	empl	loye	e, or	hig	hest compensated emp	oyee on			
line 1a? If "Yes," complete Schedule J t			•	•	•		_		•		3	х
4 For any individual listed on line 1a, is th												
and related organizations greater than \$										П	4	Х
5 Did any person listed on line 1a receive										·		
rendered to the organization? If "Yes."	complete Schedul	e J f	or su	ıch <u>ı</u>	oers	on .				<u> </u>	5	X
Section B. Independent Contractors  1 Complete this table for your five highes	t compensated inc	—— depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compe	 nsati	on from	
the organization. Report compensation												
<b>(A)</b> Name and busin		NT/	\\TT	,				<b>(B)</b> Description of s	ervices	C	(C) ompensa	tion
realite and busin	1033 2001033	11/	ONE	<u> </u>				Description of s	CIVICCS		эттрстізе	illorr
Total number of independent contracto	rs (including but p	Ot lir	niter	d to	thos	e lie	ted	above) who received mo	ore than			
\$100,000 of compensation from the org					(		_					
										F	orm <b>99</b>	0 (2023)

Now I Lay Me Down to Sleep 77-0656322 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 600,682. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 600,682. h Total. Add lines 1a-1f **Business Code** 900099 87,607. 87,607. 2 a Remembrance Walks Program Service f All other program service revenue ..... 87,607. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 11,474. 11,474. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b Other Revenue c Gain or (loss) \_\_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 31,873. 31,873. 11 a Supplies Sales 900099 900099 13,772. 13,772. b Miscellaneous Revenue d All other revenue 45,645. e Total. Add lines 11a-11d

**12 T**0 332009 12-21-23

Form 990 (2023)

745,408.

Total revenue. See instructions

133,252.

	Check if Schedule O contains a respons				X
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	ants and other assistance to domestic organizations				
and	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	102 154	150 202	0 070	22 002
	ustees, and key employees	193,154.	150,382.	9,970.	32,802.
	empensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
-	rsons described in section 4958(c)(3)(B)	240 624	277 021	17 101	E2 E11
	ther salaries and wages	348,634.	277,931.	17,181.	53,522.
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)	10 460	F 0.61	022	2 666
	her employee benefits	10,460.	5,961.	833.	3,666. 2,378.
	ayroll taxes	7,574.	4,656.	540.	4,3/0.
	ees for services (nonemployees):				
	anagement				
	egal				
	counting				
	bbbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	ther. (If line 11g amount exceeds 10% of line 25,	115 220	07 240	2 020	25 062
	lumn (A), amount, list line 11g expenses on Sch 0.)	115,339.	87,349. 524.	2,928.	25,062.
	dvertising and promotion	291.	199.	57.	2 5
	fice expenses	38,099.	32,011.	1,650.	35. 4,438.
	formation technology	30,033.	32,011.	1,030.	4,430.
	pyalties	3,821.	3,384.	269.	168.
	ccupancy	3,021.	3,304.	209.	100.
	avel				
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	7,474.	3,982.	2,347.	1,145.
	onferences, conventions, and meetings	/,4/4•	3,302.	2,347.	1,143.
	terest				
	ayments to affiliates	76,758.	76,758.		
	epreciation, depletion, and amortization	5,407.	3,616.	1,688.	103.
	surance	3,407.	3,010.	1,000.	103.
abo line	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule 0.)				
	11 Other Expenses	44,729.	9,126.	8,226.	27,377.
	ostage	20,326.	13,324.	379.	6,623.
	emembrance Walk	18,746.	15,523.		3,223.
	rinting and Copying	14,639.	9,503.	109.	5,027.
_	other expenses	16,834.	14,285.	1,570.	979.
	tal functional expenses. Add lines 1 through 24e	923,615.	708,514.	48,553.	166,548.
	int costs. Complete this line only if the organization	.,	,	-,	,
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any l	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			75,030.	1	39,031.
	2	Savings and temporary cash investments			656,138.	2	530,590.
	3	Pledges and grants receivable, net			13,150.	3	1,825.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial cor	tributor, or 35%			
		controlled entity or family member of any of the	nese person	S		5	
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ		6			
ဖွ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
<b>ĕ</b>	9	B			7,480.	9	3,256
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	446,395. 381,610.			
	b	Less: accumulated depreciation	141,543.	10c	64,785		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			893,341.	16	639,487
	17	Accounts payable and accrued expenses			95,143.	17	19,496
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
န္မ	22	Loans and other payables to any current or fo					
₫		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	· ·	· .			
		of Schedule D			05 142	25	10 400
_	26	Total liabilities. Add lines 17 through 25			95,143.	26	19,496.
ړي		Organizations that follow FASB ASC 958, c	neck here	X			
ا <u>د</u>	07	and complete lines 27, 28, 32, and 33.			798,198.	07	619,991.
<u>a</u>	27	Net assets without donor restrictions			130,130.	27	019,991.
9   9	28	Net assets with donor restrictions				28	
<u>.</u>		Organizations that do not follow FASB ASC	, 958, cneci	nere			
è	00	and complete lines 29 through 33.	4.			00	
ets	29	Capital stock or trust principal, or current fund				29	
SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			798,198.	31	619,991.
žΙ	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			893,341.	33	639,487.

LOIII	1990 (2023) NOW I Hay Me DOWN to breep	, ,	0030322	Pag	ge •
Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	745		
2	Total expenses (must equal Part IX, column (A), line 25)	2	923		
3	Revenue less expenses. Subtract line 2 from line 1	3	-178		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	798	,1	<u>98.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	619	99	<u>91.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	202	
			Form 9	990 (	(2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Now I Lay Me Down to Sleep

Employer identification number 77 – 0656322

		NOW	т пау ме по	own to preeb			,	7-0030322
Pa	ırt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only	one box.)		
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	, n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·				(	
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
_		section 170(b)(1)(A)(iv). (C		,	•	, 0		
6		A federal, state, or local gov	•	nental unit described in	section 17	'0(b)(1)(A)	(v).	
	X	An organization that normal	· ·				• •	nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	immema	unit of from the general p	public described in
8		A community trust describe		1VAVvi) (Complete Bar	F II \			
		•			•	nd in coni	unation with a land grant	collogo
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Of
40		university:	U	there 00 1 /00/ of its accord				
10		An organization that normal						
		activities related to its exem		•				-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	$\square$	An organization organized a	•		•			
12	Ш	An organization organized a	•	•	-		•	•
		more publicly supported org	~					Check the box on
		lines 12a through 12d that o	• • • • • • • • • • • • • • • • • • • •				, ,	
а			anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
	_	organization. You must c	complete Part IV, Se	ctions A and B.				
b	· L	Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	: L	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	bution rec	uirement and an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o						
g		ride the following information	about the supporte	d organization(s).				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	-1							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	732,088.	941,501.	1022996.	726,755.	600,682.	4024022.
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	732,088.	941,501.	1022996.	726,755.	600,682.	4024022.
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)						119,584.
6	Public support. Subtract line 5 from line 4.						3904438.
Sec	ction B. Total Support						00011001
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	732,088.	941,501.	1022996.	726,755.	600,682.	4024022.
	Gross income from interest,	702,000	J / C C _ C		,		
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		24.	50.	6,064.	11,474.	17,612.
۵	Net income from unrelated business		24.	30.	0,004.	11,11.	17,012.
9							
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	· ·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						4041634.
	<b>Total support.</b> Add lines 7 through 10		>			12	<u> </u>
	Gross receipts from related activities,	-					
13	First 5 years. If the Form 990 is for the						
Sac	organization, check this box and storetion C. Computation of Publi						·····
	Public support percentage for 2023 (I			aluma (f)		14	96.61 %
	Public support percentage from 2022					15	96.61 %
	33 1/3% support test - 2023. If the o						
102							
	stop here. The organization qualifies						
L	33 1/3% support test - 2022. If the c	•		•		•	
47.	and <b>stop here.</b> The organization qual						
1/2	10% -facts-and-circumstances test	ū					•
	and if the organization meets the fact			=			
	meets the facts-and-circumstances te	-		*	-	7	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023

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

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

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)===	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4,) = 0.10	(2) 2020	(0) = 0 = 1	(4) = 5 = 2	(0) = 0 = 0	(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
						+	
	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						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		*	•		· —
<u></u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T I	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuman (f)\		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					-4:	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Т..

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
Sa		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
OF		
9b		
9с		
10a		
10b		<u> </u>

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	^		
Sect	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000		o. Type if supporting organizations		Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	nization'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			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signif	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	H	The organization satisfied the Activities Test. Complete line 2 below.			
b c	H	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance).		-1	
	Δctivi	tities Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
		upported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		

Schedule A (Form 990) 2023

instructions).

T V   Type III Non-Functionally integrated 509	(a)(s) Supporting Orga	nizations (continue	<u>d)</u>	
on D - Distributions				Current Year
Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
Amounts paid to perform activity that directly furthers exempt purposes of supported				
organizations, in excess of income from activity		2		
Administrative expenses paid to accomplish exempt purpose	S	3		
Amounts paid to acquire exempt-use assets		4		
Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
· · · · · · · · · · · · · · · · · · ·			6	
Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to which the	ne organization is responsive			
5		8		
7			9	
•			10	
,	(i)	(ii)		(iii)
on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023		Distributable Amount for 2023
Distributable amount for 2023 from Section C, line 6				
Underdistributions, if any, for years prior to 2023 (reason-				
able cause required - explain in Part VI). See instructions.				
Excess distributions carryover, if any, to 2023				
From 2018				
From 2019				
From 2020				
From 2021				
From 2022				
Total of lines 3a through 3e				
Applied to underdistributions of prior years				
Applied to 2023 distributable amount				
Carryover from 2018 not applied (see instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
-				
·				
S .				
<i>,</i>				
-				
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemplorganizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required - proceed of the distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6.  Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6  Line 8 amount divided by line 9 amount  on E - Distribution Allocations (see instructions)  Distributable amount for 2023 from Section C, line 6  Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023  From 2018  From 2019  From 2020  From 2021  From 2022  Total of lines 3a through 3e  Applied to underdistributions of prior years  Applied to underdistributions of prior years  Applied to 2023 distributable amount  Carryover from 2018 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  Distributions for 2023 from Section D,	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Coualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (prior IRS approval required - provide details in Part VI) Other distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount  (i) Excess Distributions  Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 4. Remaining underdistributions for prosers prior to 2023, if any. Subtract lines 3g and 4a from line 4. Remaining underdistributions for prosers prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess flom line 7: Excess from 2021	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions.  Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  In the amount divided by line 9 amount  (i) Excess Distributions  (ii) Underdistributions  (iii) Underdistributions Pre-2023  Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reason-able cause required - papalai in Part VI). See instructions.  Excess distributions carryover, if any, to 2023 From 2019 From 2020 From 2020 Trom 2021 Trom 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3l from line 3f. Distributions for 2023 from Section D, line 7:  \$ Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remainder. Subtract lines 4a and 4b from line 2. For result greater than zero, explain in Part VI. See instructions.  Remainder Subtract lines 4a and 4b from line 2. For result greater than zero, explain in Part VI. See instructions.  Excess from 2023 from Section D, line 7: Excess from 2024 Excess from 2020	Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exemptives assets 4 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exemptives assets 4 Qualified set aside amounts (prior IRS approval required - provide details in Part VI) 5 Cither distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions (provide details in Part VI). See instructions.  Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reason-able cause required - explain in Part VI). See instructions.  Excess distributable amount for 2023 from Section D, line 7:

Schedule A (Form 990) 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Now I Lay Me Down to Sleep

**Employer identification number** 77-0656322

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
A Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
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	163 100
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	100 110
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education)	portant land area
Protection of natural habitat Preservation of a certified historic	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	ld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during	ing the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easemen	—
Count and voluntion floure devoted to morntoning, inspecting, flamating of violations, and officioning contest valid floure	The dailing the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements du	luring the year
	,
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	ssets.
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	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	lic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	hedule D (Form 990) 2023

## 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	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		446,395.	381,610.	64,785.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 64,785.				

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 Now I Lay I Part VII Investments - Other Securities	Me Down to Slee	p 77	-0656322 Page
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)	1		
(D)			
(E)			
(F)			
(G)			
(H)	+		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990 Part IV line 1	1c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
·	(b) Book value	(c) Welliod of Valuation. Cost of Cite	d or year market value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a	) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	. ( (D))		
Total. (Column (b) must equal Form 990, Part X, line 15, c  Part X Other Liabilities			<u> </u>
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			

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

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

Schedule D (Form 990) 2023

(9)

Sche	edule D (Form 990) 2023 Now I Lay Me Down to Sleep			77-0	0656322	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,052,	628.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	0 000 000	-		
	Donated services and use of facilities		2,307,220.	-		
С	Recoveries of prior year grants			-		
d	, , , , , , , , , , , , , , , , , , , ,	2d		-	0 207	222
_	Add lines 2a through 2d			2e	2,307,	
3	Subtract line 2e from line 1			3	/45,	408.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b			-		
	Other (Describe in Part XIII.)	_		-		0
_	Add lines 4a and 4b			4c	745,	408
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  Int XII   Reconciliation of Expenses per Audited Financial Statemen	nts W	th Expenses per F	5 Return		400.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		uii Experioco per i	ictarr	•	
1	Total expenses and losses per audited financial statements			1	3,230,	835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	3,230,	033.
	Donated services and use of facilities	2a	2,307,220.			
	Prior year adjustments		2,307,2200	-		
	Other losses			1		
	Other (Describe in Part XIII.)			-		
	Add lines 2a through 2d			2e	2,307,	220.
3	Subtract line 2e from line 1			3		615.
4	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	4a				
	Other (Describe in Part XIII.)					
	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5				5	923,	615.
Pa	rt XIII Supplemental Information					
Prov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	IV, lines	1b and 2b; Part V, line 4	; Part X	(, line 2; Part XI	,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inf	ormation.			
Pa:	rt X, Line 2:					
<b>1</b> I.	LMDTS follows FASB ASC 740 Income Taxes, wh	ich	requires ent	<u>itie</u>	es to	
de	termine whether a tax position is more like	ly t	<u>han not to b</u>	e si	ıstained	
		_		_	_	_
up	on examination by the applicable taxing aut	hori	ty. NILMDTS	<u>has</u>	<u>evaluat</u>	ed
ta:	x positions taken related to its tax-exempt	sta	tus, and non	<u>.e ar</u>	<u> </u>	
	1					
CO	nsidered to be uncertain. Therefore, no amo	unts	have been r	ecog	<u>jnized a</u>	.s
_	T 20 0002					
<u>ic</u>	June 30, 2023.					

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Now I Lay Me Down to Sleep

Employer identification number 77-0656322

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

To introduce remembrance photography to parents experiencing the loss

of a baby with the free gift of professional portraiture.

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

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

in their pregnancy or infant loss journey.

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** 77-0656322 Now I Lay Me Down to Sleep Form 990, Part VI, Section B, line 11b: Form 990 is prepared by an independent accounting firm and then provided to the executive director and bookkeeper for their review. Additionally, prior to the Form 990 being filed with the IRS, it is provided to the Board of Directors for their review. Form 990, Part VI, Section B, Line 12c: Conflicts of interest are disclosed annually. Form 990, Part VI, Section B, Line 15a: The executive committee of the Board of Directors sets and approves the salary of the CEO. Form 990, Part VI, Line 17, List of States receiving copy of Form 990: AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, NM, NY, NC, ND, OH, OR, PA, SC, TN, UT, VI, WA WV, WI, MS, MD, MA, MN, MI, NH, NJ Form 990, Part VI, Section C, Line 19: The organization allows access to the audited financial statements on the website, and other forms are available on request. Form 990, Part IX, Line 11g, Other Fees: Contract Services: Program service expenses 80,875. 2,309. Management and general expenses Fundraising expenses 24,675. 107,859. Total expenses Schedule O (Form 990) 2023

Name of the organization  Now I Lay Me Down to Sleep	Employer identification number 77-0656322
Bank Charges:	
Program service expenses	6,474.
Management and general expenses	619.
Fundraising expenses	387.
Total expenses	7,480.
Total Other Fees on Form 990, Part IX, line 11g, Col A	115,339.
Form 990, Part XII, Line 2c	
The organization did not change its oversight or selection	process for
the audit of its financial statements during the tax year.	