A For the 2021 calendar year, or tax year beginning

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

Open to Public

R Chark if a			C Name of	organization									D E	mployer i	dentifi	ication nun	ber		
B Check if a		pplicable:	KINDE	ERING CEN	ITER														
	Addre		Doing Bu	siness As									٥	91-081	682	7			
	Name	e change	Number	and street (or F	O. box if mail is	not delivered	to stree	t addres	s)	Roo	m/suite	е	ΕT	elephone	numbe	er			
	Initial	l return	16120	NE 8TH	STREET								(	(425)	747-	-4004			
	Term	inated	City or to	own, state or pr	ovince, country,	and ZIP or for	eign po	stal code	)										
	Amer		BELLE	EVUE, WA	98008-30	37							G	Gross rece	ipts \$	40	, 488	,813.	
		cation		nd address of pr		LISA	GRE	ENWA	LD				H(a)	Is this a gi			Yes	X No	
	_ pena	ıııg	16120	NE 8TH S	TREET, B	ELLEVUE	, WA	980	08-3037				subordinates?					No	
ī	Tax-ex	empt sta	atus: X	501(c)(3)	501(c) (	) <b>《</b> (ir	nsert no	.)	4947(a)(1)	or		527		If "No," att	ach a lis	st. (see instru	ctions)		
J	Websi	ite: ►		INDERING.		, , ,							H(c)	H(c) Group exemption number					
ĸ			ization: X		Trust	Association		Other >	•		L Yea	r of format				e of legal do	micile:	WA	
P	art I	Sur	mmary																
	1	Briefly	describe t	the organizati	on's mission o	or most signi	ficant a	activities	: KINDI	ERII	NG C	ENTER	IS	THE I	LARG	SEST AN	ID MO	OST	
ė				SIVE NEUR		_													
Governance				AL NEEDS											 NS				
/err	2	Check	this box	if the	organization o	discontinued	dits on	eration	s or dispose	ed of	more	than 25%	of its	net asse	 ets.				
9	3			g members of											3			20	
	4	Numb	er of indep	endent voting	members of	the governir	na bod	v (Part '	VI. line 1b)						4			20	
ties	5			individuals en											5			273	
ctivities &	6			volunteers (es											6			165	
Ac	7a	Total	unrelated b	ousiness reven	ue from Part \	/III. column (	(C). line	e 12							7a				
				siness taxable											7b				
							,							or Year		Curr	ent Ye	ear	
4	8	Contri	butions and	grants (Part VIII, line 1h)									15,	835,5	39.	21	,038	,965.	
n a	9			revenue (Part					COP	Y FC				,522,7				,877.	
Revenue	10			me (Part VIII,					PUBLIC II	NSPE	ECTIO	N	270,944.				,712.		
ď	11			Part VIII, colur								<b>-</b>		-34,4				,659.	
	12			add lines 8 thr									19,	594,8		24		,895.	
	13			ar amounts pa						NONE					NONE				
	14			or for member										1	NONE	:		NONE	
G	4.5			ompensation,									16,049,740.				966	,840.	
Expenses	16a			draising fees (									NONE					NONE	
g	b			expenses (Pa									NONE						
ш	17			, . (Part IX, colun									2.	,136,9	41.	2	500	,010.	
	18			Add lines 13-										186,6			466	,850.	
	19			penses. Subtr								_		408,1				,045.	
or														of Current			of Yea		
sets	20	Total a	assets (Par	t X, line 16)									28,	559,5	06.	32	,652	,687.	
Ass J Ba	21		•	Part X, line 26)								•		,938,8				,124.	
Net Assets or Fund Balances	22			nd balances. \$										620,6				,563.	
	rt II	Sig	nature B	lock										•					
Un	der pei			declare that I ha											of my	knowledge	and be	elief, it is	
true	e, corre	ect, and	complete. D	eclaration of pre	eparer (other tha	n officer) is ba	ased on	all infor	mation of wh	ich pi	reparer	has any kr	nowled	dge.					
														11,	/14/	2022			
Sig			Signature o	f officer										Date					
He	re		LISA GF	REENWALD					CEO	О									
			Type or prin	t name and title															
		Print/	Type prepar	er's name		Preparer's s	signatur	е			Date			Check	if	PTIN			
Paid		MAT	THEW F	'RERKER		MATTHE	W F	RERK:	ER		11/1	14/202	2	self-emplo	oyed	P01677	1675		
	parer	Firm's		BDO USA,	LLP									's EIN ▶	1	3-5381			
USE	Only			601 UNIC		SUITE	2300	SEA	TTLE, W	IA S	9810	1		ne no.		206-382		77	
May	the I			eturn with the													es	No	
For	Pape	rwork	Reduction	Act Notice, s	ee the separa	te instructio	ns.											(2021)	

Page 2 Form 990 (2021)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KINDERING EMBRACES CHILDREN OF DIVERSE ABILITIES AND THEIR FAMILIES
	BY PROVIDING THE FINEST EDUCATION AND THERAPIES TO NURTURE HOPE,
	COURAGE, AND THE SKILLS TO SOAR.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 13,137,275. including grants of \$ ) (Revenue \$ 1,672,012. )
	SEE SCHEDULE O
	(Code: ) (Expenses \$ 1,005,633. including grants of \$ ) (Revenue \$ 549,800. )
4D	
	EARLY CARE & EDUCATIONAL CONSULTING: THESE PROGRAMS ASSIST
	CHILDREN BIRTH TO 6 YEARS OF AGE, FAMILIES, AND CHILD CARE
	PROVIDERS. CONSULTANTS PROVIDE FREE, ONSITE VISITS TO CHILD CARE
	PROGRAMS IN ORDER TO OBSERVE CHILDREN, CONDUCT DEVELOPMENT
	SCREENINGS, CONSULT WITH CHILD CARE STAFF AND PARENTS, MAKE
	APPROPRIATE REFERRALS AS NEEDED, AND DEVELOP STRATEGIES IN ORDER
	TO ENSURE AND SUPPORT ALL CHILDREN'S SUCCESS IN CHILD CARE.
	WASHINGTON STATE APPROVED TRAINING AND SUPPORT INDIVIDUALIZED TO
	THE UNIQUE NEEDS OF PROVIDERS IS ALSO OFFERED.
4c	(Code:) (Expenses \$ 1,165,116. including grants of \$) (Revenue \$492,751. )
	KIDSCLINIC: KINDERING OFFERS CENTER-BASED THERAPY FOR CHILDREN
	THROUGH AGE 10. CURRENTLY OFFERED COMPREHENSIVE EVALUATIONS AND
	CUSTOMIZED THERAPY INCLUDE SPEECH-LANGUAGE, OCCUPATIONAL, PHYSICAL
	AND FEEDING THERAPIES.
	AND FEEDING THERAFTED.
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
	(Expenses \$ 1,852,285. including grants of \$ ) (Revenue \$ 77,314. )
4.	Total program convice expenses \ 17, 160, 200

**4e** Total program service expenses ►

JSA
1E1020 1.000 17,160,309. Form 990 (2021)
Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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		Х
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, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- · · u	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		21
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	- 1	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • •		
124		12a	Х	
h	Schedule D, Parts XI and XII	124	- 71	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	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,	144		
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	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	13		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
47	-	10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		37
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	37	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	, ,		37
~~	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	,		
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
1E1021				(2021)
	7956TJ YJ4A		5	

Form 990 (2021)

Part IV Checklist of Required Schedules (continued) Page 4

ı aı	Checklist of Required Ochedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
<b>_</b> u	\$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		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 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		
25 a	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?	054		3.7
26	If "Yes," complete Schedule L, Part I	25b		X
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		3.7
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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		Х
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		3.7	
24	sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Х	
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 55	Λ	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5 Form 990 (2021)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 273			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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?	6a		Х
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).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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		
	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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	125		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	The original control of the control	-		
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		21
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	-,5		21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
• •	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes" complete Form 6069			

Form 990 (2021) KINDERING CENTER 91-0816827 Page **6** 

Part VI Governance, Management, and Disclo

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

Sect	ion A. Governing Body and Management					
					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
ıa	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.	l				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	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 el	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	Х	
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					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code.	_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?			12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
·	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			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	r arra	naement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable)		and 990-T	(sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap					
	X Own website Another's website X Upon request Other (explain on So		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of	nents,	conflict of	inter	est p	olicy,
	and financial 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	oooks	and record	s <b>&gt;</b>		
	LISA GREENWALD 16120 NE 8TH STREET BELLEVUE, WA 98008-3037					

4257474004

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

#### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Institutional trustee Or director		(D)  Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E)  Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
					ق				
(1) LISA GREENWALD	40.00								
CEO	NONE			X			199,584.	NONE	13,597.
(2) ALISON MORTON	40.00								
CHIEF ADVANCEMENT OFFICER	NONE				X		126,458.	NONE	5,058.
(3) TIFFANY LYNCH	40.00								
DIRECTOR OF FINANCE/OPS	NONE			Χ			125,065.	NONE	5,614.
(4) KIMBERLY GERDES	40.00								
DIR. OF EARLY SUPPORT & KIDS C	NONE				X		112,935.	NONE	10,131.
(5) WENDY OLSEN	40.00								
SR. BELLEVUE EARLY SUPPORT MAN	NONE				X		112,200.	NONE	10,102.
(6) ENRICA HAMPTON	40.00								
DIR. OF EARLY LEARNING PROGRAM	NONE				X		105,936.	NONE	9,851.
(7) KATHY FORTNER	40.00								
POLICY AND INTERAGENCY ADVISOR	NONE				X		112,301.	NONE	2,898.
(8) PHIL BANTA	1.00								
PRESIDENT	NONE	X		X			NONE	NONE	NONE
(9) JANELLE MILODRAGOVICH	1.00								
VICE PRESIDENT	NONE	X		Χ			NONE	NONE	NONE
(10) BILL PALMER	1.00								
TREASURER	NONE	X		X			NONE	NONE	NONE
(11) ROBIN ROTHE	1.00								
SECRETARY	NONE	X		Χ			NONE	NONE	NONE
(12) GLENN LUX	NONE								
PRESIDENT EMERITUS	NONE	X		Χ			NONE	NONE	NONE
(13) RICHARD 'REB' BANGERT	1.00								
DIRECTOR	NONE	X					NONE	NONE	NONE
(14) GREG BENN	1.00								
DIRECTOR	NONE	X					NONE	NONE	NONE

Part VII Section A. Officers, Directors, Tru	ustees. Ke	ev En	olar	ve	es.	and H	lia	hest Compensat	ed Employees (c	Page <b>8</b> ontinued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	sition more	e than o is both or/trust	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other compensation
	related organizations below dotted line)	Ind or o	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) STACEY GIARD	1.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
16) KEVIN GLEASON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
17) ROME JOHNSON	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
18) NICK JONES	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
19) RICH LAVOICE	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
20) JUDITH PIERCE	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
21) AMY REIERSGAARD	1.00	4								
DIRECTOR	NONE	X						NONE	NONE	NONE
22) JEREMY SILVERNAIL	1.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
23) ROBBY TONKIN	1.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
24) BRETT VANDENBERG	1.00	<b></b> .								
DIRECTOR	NONE	X						NONE	NONE	NONE
25) SUSIE VOWINKEL	1.00	٠								
DIRECTOR	NONE	-						NONE	<u> </u>	NONE
1b Sub-total							<b>&gt;</b>	894,479.	NONE	57,251.
c Total from continuation sheets to Part VII, S								NONE		NONE
d Total (add lines 1b and 1c)	limited to t						o re	894,479. eceived more than		57,251.
reportable compensation from the organizatio	n <b>▶</b>					7				Yes No
3 Did the organization list any former offic	er, directo	or, or	tru	ıste	e.	kev e	emp	olovee, or highes	t compensated	Tes No
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.								4		
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un			5
Section B. Independent Contractors							•			
Complete this table for your five highest componentation from the organization. Report of year.										
							_			

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D)  Reportable compensation from the	(E)  Reportable compensation fror related organizations	(F) Estimated n amount of other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	
26) SHERYL WILLERT	1.00										
DIRECTOR 27) IAN WILSON	1.00	X						NONE	NON	E NON:	
DIRECTOR	NONE	Х						NONE	NON	E NON	
	ļ 	-									
to Total from continuation sheets to Part VII, S     d Total (add lines 1b and 1c)      Total number of individuals (including but not reportable compensation from the organization)	limited to t						re	ceived more than	\$100,000 of		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										Yes No	
4 For any individual listed on line 1a, is the organization and related organizations groups.	eater than	\$15	50,0	00?	. It	"Yes	," (	complete Schedu	le J for such		
<ul><li>individual</li></ul>	accrue co	mpen	sati	on i	fron	n any	uni	related organization	on or individual	4 X	
for services rendered to the organization? If "You Section B. Independent Contractors	es," comple	te Sci	hedu	ıle J	J for	such	per.	son		5   X	
Complete this table for your five highest component compensation from the organization. Report of year.											
(A) Name and business add							(B) Description of se	rvices	(C) Compensation		
							+				
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos		sted above) who	received		
JSA 1E1055 2.000 7956TJ YJ4A										Form <b>990</b> (2021)	

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#### Part VIII Statement of Revenue

	Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-51
<u>ಭ</u> 1a	Federated campaigns 1a	164,682.				
E P	Membership dues 1b					
Ĕ c	Fundraising events 1c	706,400.				
in d	Related organizations 1d					
Ē e	Government grants (contributions) 1e	16,925,290.				
S f	All other contributions, gifts, grants,					
her	and similar amounts not included above . 1f	3,242,593.				
and Other Similar Amounts  a b c d e f g b c	Noncash contributions included in lines 1a-1f 1g	<b>\$</b> 127,177.				
ल h	Total. Add lines 1a-1f	▶	21,038,965.			
		Business Code				
Yevenue C d e f	EARLY INTERVENTION	900099	2,791,877.	2,791,877.		
စ္ b						
o en						
d d						
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f	▶	2,791,877.			
3	Investment income (including dividends	, interest, and				
	other similar amounts)	▶ │	260,349.			260,349
4	Income from investment of tax-exempt bon	d proceeds . ►	NONE			
5	Royalties	▶	NONE			
	(i) Real	(ii) Personal				
6a	Gross rents 6a					
b	Less: rental expenses 6b					
С	Rental income or (loss) 6c NO	NE NONE				
d	Net rental income or (loss)	<u>.</u> ▶	NONE			
7a	Gross amount from (i) Securities	(ii) Other				
	sales of assets					
	other than inventory <b>7a</b> 16,379,793	1.				
ş b	Less: cost or other basis					
b	and sales expenses 7b 16,347,80	0. 19,628.				
	Gain or (loss)	119,628.				
d	Net gain or (loss)	<u>.</u> ▶	12,363.			12,363
d 8a	Gross income from fundraising					
<b>)</b>	events (not including \$ <sup>706,400</sup> .					
	of contributions reported on line					
	1c). See Part IV, line 18 8a	NONE				
b	Less: direct expenses 8b	50,490.				
С	Net income or (loss) from fundraising event	s ▶	-50,490.			-50,490
9a	Gross income from gaming					
	activities. See Part IV, line 19 9a	NONE				
b	Less: direct expenses 9b	NONE				
С	Net income or (loss) from gaming activities	<u>s ▶</u>	NONE			
10a	Gross sales of inventory, less					
	returns and allowances 10a	NONE				
b	Less: cost of goods sold					
С	Net income or (loss) from sales of inventory.	<u></u> ▶	NONE			
		Business Code				
<b>9</b> 11a	MISCELLANEOUS INCOME	900099	17,831.			17,83
р						
Revenue b c						
_ d	All other revenue					
е	Total. Add lines 11a-11d	▶	17,831.			
12	Total revenue. See instructions	▶	24,070,895.	2,791,877.		240,053
<b>12</b> 1051 1.000	Total revenue. See instructions			2,791,877.		Form <b>99</b>

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo			•	
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and	170177			
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	343,860.	319,157.	10,889.	13,814.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
-	persons described in section 4958(c)(3)(B)	NONE 12,935,626.	11,986,420.	422,865.	526,341.
	Other salaries and wages	296,835.	283,211.	4,285.	9,339.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,00,033.	203,211.	4,203.	٠, ٥٥٠.
9	Other employee benefits	1,271,967.	1,213,583.	18,364.	40,020.
10	Payroll taxes	1,118,552.	1,037,832.	31,450.	49,270.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	15,353.	14,339.	461.	553.
С	Accounting	45,304.	42,314.	1,359.	1,631.
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	29,417.	27,475.	883.	1,059.
g	Other. (If line 11g amount exceeds 10% of line 25, column	415 146	200 260	10 000	24 576
	(A), amount, list line 11g expenses on Schedule O.)	415,146.	380,368.	10,202.	24,576.
	Advertising and promotion	NONE 674,959.	627,007.	18,874.	29,078.
13 14	Office expenses	NONE	027,007.	10,074.	29,070.
15	Information technology	NONE			
16	Occupancy	855,241.	793,901.	26,902.	34,438.
17	Travel	45,547.	45,292.	134.	121.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	480.	445.	15.	20.
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	243,018.	224,255.	8,229.	10,534.
23	Insurance	71,395.	66,216.	2,271.	2,908.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
_	EQUIPMENT RENTAL AND MAINTEN	67,889.	62,964.	2,160.	2,765.
	CONTINUING EDUCATION	35,403.	34,734.	356.	313.
	DUES	858.	796.	27.	35.
d			.,,,,		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	18,466,850.	17,160,309.	559,726.	746,815.
	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)				
	J ( /				- 000 (222)

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,194,060.	1	10,154,527.
	2	Savings and temporary cash investments	2,370,238.	2	NONE
	3	Pledges and grants receivable, net	2,840,478.	3	3,782,537.
	4	Accounts receivable, net	283,973.	4	327,610.
	5	Loans and other receivables from 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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ř	9	Prepaid expenses and deferred charges	75,060.	9	106,202.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,402,777.			
	b	Less: accumulated depreciation	2,274,863.	10c	2,231,234.
	11	Investments - publicly traded securities	14,151,682.	11	15,629,770.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	369,152.	15	420,807.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,559,506.	16	32,652,687.
	17	Accounts payable and accrued expenses	1,404,301.	17	1,227,079.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	45,156.	19	NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
Ś	22	Loans and other payables to any current or former officer, director,	-		_
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ιġ		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	2,366,192.	24	NONE
	25	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	123,194.	25	198,045.
	26	Total liabilities. Add lines 17 through 25	3,938,843.		1,425,124.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			=,===,===
au	27	Net assets without donor restrictions	19,690,336.	27	24,504,090.
Ba	28	Net assets with donor restrictions.	4,930,327.	28	6,723,473.
pq	20	Organizations that do not follow FASB ASC 958, check here ▶	4,930,327.	20	0,723,473.
Net Assets or Fund Balances		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et '	32	Total net assets or fund balances	24,620,663.	32	31,227,563.
Z	33	Total liabilities and net assets/fund balances	28,559,506.	33	32,652,687.
_					Form <b>990</b> (2021)

Form **990** (2021)

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<b>Part</b>	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					<u>X</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	4,0	70,	<u>895</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	8,4	66,	<u>850</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		5,6	04,	<u>045</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	4,6	20,	<u>663</u>
5	Net unrealized gains (losses) on investments	5		1,1	30,	<u>660</u> .
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		-1	27,	<u>805</u>
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	1,2	27,	<u> 563</u>
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n 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 ove	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountar	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .		3b	X	<u> </u>

Form **990** (2021)

#### **SCHEDULE A** (Form 990)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

KIN	IDEF		CENTER						816827
Pa	ťΙ	Re	ason for Public Cha	arity Status. (All	organizations must	complet	te this p	art.) See instructions	S.
The	orga	anizati	ion is not a private fou	ındation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hos	spital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A me	dical research organi	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospi	ital's name, city, and s	tate:					
5		An o	rganization operated	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		secti	on 170(b)(1)(A)(iv). (	Complete Part II.)					
6		A fed	leral, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An o	rganization that norm	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
			ribed in <b>section 170(b</b>						
8	Щ		mmunity trust describe			-			
9		_	gricultural research or	-			-		
			iversity or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		unive	· -						
10		recei suppo acqui	rganization that norma pts from activities rela ort from gross investr ired by the organization	ated to its exempt finent income and upon after June 30, 1	functions, subject to controlated business tax 1975. See <b>section 509</b> 0	ertain ex able incc (a)(2). (C	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from e Part III.)	n 331/3 % of its
11			rganization organized	•	•	-			
12			•	-	•				ry out the purposes of
				-					ction 509(a)(3). Check
			ox on lines 12a through	=				· ·	<del>-</del>
а			<b>be I.</b> A supporting org	•		-		• , ,	
			supported organization				ajority of	the directors or truste	es of the
<b>L</b>			pporting organization. <b>be II.</b> A supporting org	•	•		with ito	aupported organizati	on(a) by baying
b				-					· · · · -
			ntrol or management of anization(s). <b>You mus</b>	· · · -	=	tile Saili	e persor	is that control of that	lage the supported
С			oe III functionally inte	=		ated in co	onnectio	n with and functiona	lly integrated with
٠			supported organization						ny integrated with,
d			oe III non-functionally		· ·				ted organization(s)
<b>.</b>			t is not functionally int	-					= ::
			uirement (see instruc	-	<del>-</del>	-		· ·	
е			eck this box if the orga	•	-				I. Type III
			ctionally integrated, o						, ,,
f	Ent		e number of supported						
g	Pro	ovide t	the following informati	on about the suppo	orted organization(s).				
	(i) Na	ame of	supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	1	ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	,
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

Schedule A (Form 990) 2021 Page **2** 

# 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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	Sec	tion A. Public Support			·	•	·	
membership fees received. (Do not include any 'unusual grants')	Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
organization'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  51,467. 50,973. 50,449. 49,394. 49,395.  4 Total. Add lines 1 through 3. 9,195,781. 12,770,839. 15,132,220. 15,895,433. 21,088,271. 74.  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). 6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) 74.  3 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  159,036. 207,268. 244,185. 255,970. 360,349. 1, 275, 381, 381, 382, 381, 383, 381, 384, 384, 384, 384, 384, 384, 384, 384	1	membership fees received. (Do not	9,144,314.	12,719,866.	15,081,771.	15,835,539.	21,038,965.	73,820,455.
turnished by a governmental unit to the organization without charge	2	organization's benefit and either paid to						NONE
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).  8 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in) ►  74.  8 Gross income from line 4	3	furnished by a governmental unit to the organization without charge						252,089.
Section B. Total Support  Calendar year (or fiscal year beginning in)      (a) 2017		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	9,195,781.	12,770,839.	15,132,220.	15,885,433.	21,088,271.	74,072,544.
Section B. Total Support  Calendar year (or fiscal year beginning in)  (a) 2017  Amounts from line 4  9,195,781  12,770,839  15,132,220  15,885,433  21,088,271  74,  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10.  22 Gross receipts from related activities, etc. (see instructions)  12 17,  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(c) organization, check this box and stop here.  15 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain 15 is 10% or	6	· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `						NONE
Calendar year (or fiscal year beginning in)  Amounts from line 4  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalites, and income from similar sources  159,036  Possible from the read of the business activities, whether or not the business is regularly carried on  100 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(forganization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))  15 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test - 2021. If the organization meets the facts-and-circumstances test, check this box and stop here. Explain Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies	_	• • • • • • • • • • • • • • • • • • • •						74,072,544.
7 Amounts from line 4			(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	_	, , , , , ,		` ′	• •			74,072,544.
activities, whether or not the business is regularly carried on	8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	159,036.	207,268.	244,185.	255,970.	260,349.	1,126,808.
loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business						NONE
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets						NONE
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(c) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	11	Total support. Add lines 7 through 10						75,199,352.
Section C. Computation of Public Support Percentage  14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	ee instructions) .				12	17,684,574.
Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))		organization, check this box and stop here						
Public support percentage from 2020 Schedule A, Part II, line 14					44(5)		44	98.50 <b>%</b>
<ul> <li>331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check the box and stop here. The organization qualifies as a publicly supported organization.</li> <li>b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.</li> <li>17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and set the private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and set the private foundation.</li> </ul>				•				98.36 %
box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain a Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and set organization.			•	•				
<ul> <li>17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and set</li> </ul>		box and <b>stop here.</b> The organization qu 331/3% support test - 2020. If the org	ualifies as a pub anization did n	olicly supported of the check a box of the check a	organization In line 13 or 16	a, and line 15 i	s 331/3 % or mor	e, check
<ul> <li>b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and lin 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Expla in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supporte organization.</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and set</li> </ul>	17a	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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
Instructions		10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization Part VI how the organization meets organization	2020. If the orgation meets the sthe facts-and not check	ganization did no e facts-and-circo -circumstances to  k a box on line	ot check a box umstances test, est. The organia 13, 16a, 16b,	on line 13, 16 check this box zation qualifies	a, 16b, or 17a, c and stop here. as a publicly su check this box	and line Explain  upported and see

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

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

Sec	tion A. Public Support						
Caler	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 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						
	organization'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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		I	T			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	<del></del>					▶ 🔃
Sec	tion C. Computation of Public Supp	port Percenta	ige				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2021 (lin	ne 10c, column (	(f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	s box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation 🕨 🔙
b	331/3% support tests - 2020. If the orga	anization did no	t check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check						. $\square$
20	Private foundation. If the organization of	did not check	a box on line 1	4 19a or 19h	check this ho	x and see instru	ictions •

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#### 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

- 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.**
- 10 a 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 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

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Part l	V 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		
	,	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Cootie	provide detail in Part VI.	11c		
Secur	on B. Type I Supporting Organizations		Yes	No
			162	140
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
Ocotic	71 D. All Type III Oupporting Organizations		Yes	Nο
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 00	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Casti		3		
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ono)	
1 a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	uucu	OHS).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (se	e instr	uctions	s).
		1	Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	the supported organization(s) to which the organization was responsive: If the first vindentity those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
I-	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

KINDERING CENTER 91-0816827

Schedule A (Form 990) 2021 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5					
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 organ	nizations n	nust complete Sectio	ns A through E.				
Se	ection 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						
Se	ection 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):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 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						
Se	ction 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						
	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-functiona	lly integra	ted Type III supporting	g organization				
	(see instructions).			<del>-</del> -				

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes	1					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in <b>Part VI</b> ). See instructions.						
9	9 Distributable amount for 2021 from Section C, line 6 9						
10	Line 8 amount divided by line 9 amount	10					

Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	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:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

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### Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF.

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

**Employer identification number** Name of the organization KINDERING CENTER 91-0816827 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not 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** 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 

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).

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

Schedule B (Form 990) (2021)

Name of organization

KINDERING CENTER

Employer identification number
91-0816827

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is no	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE D (Form 990)

## Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

► 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.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

KII	DERING CENTER		91-0816827
Pa	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the	<del>-</del>	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answere	d "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (for examp	le, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic 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
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	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, tr	ansferred, released, extinguished, or term	ninated by the organization during the
	tax year		
4	Number of states where property subject to cons		
5	Does the organization have a written policy re-	egarding the periodic monitoring, inspec	tion, handling of
	violations, and enforcement of the conservation e		
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing o	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		Yes □ No
9	In Part XIII, describe how the organization reports		· ·
	balance sheet, and include, if applicable, the text		cial statements that describes the
Da	organization's accounting for conservation easem rt III Organizations Maintaining Collection		ar Similar Assats
Гσ	Complete if the organization answere		ei Siiilidi Assets.
1a	If the organization elected, as permitted under F of art, historical treasures, or other similar ass	ASB ASC 958, not to report in its revenues held for public exhibition, education.	ue statement and balance sheet works or research in furtherance of public
	service, provide in Part XIII the text of the footnote	e to its financial statements that describes t	hese items.
b	If the organization elected, as permitted under		
	art, historical treasures, or other similar assets h		search in furtherance of public service,
	provide the following amounts relating to these ite		<b>b</b> ¢
	(i) Revenue included on Form 990, Part VIII, line	1	Φ
2	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		assets for illiancial gain, provide the
_	following amounts required to be reported under		<b>b</b> ¢
a b	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		\$

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historic	al Treasures, o	or Other Similar	Assets (cor	ntinued)	
3	Using the organization's acquisition	n, accession, and	other records,	check any of the	ne following that i	make signific	cant use	of its
	collection items (check all that app	ly):						
а	Public exhibition		d	Loan or exchang	je program			
b	Scholarly research		е 🗍	Other				
С	Preservation for future gene	rations						
4	Provide a description of the organ		s and explain	how they further	er the organization	n's exempt p	urpose in	Part
	XIII.			, , ,	<b>.</b>			
5	During the year, did the organization	on solicit or receive	donations of a	t. historical treas	sures, or other simi	ilar		
-	assets to be sold to raise funds rath						Yes	No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza 990, Part X, line 21.	•	es" on Form 9	990, Part IV, lin	e 9, or reported a	an amount o	on Form	
1a	Is the organization an agent, trus	tee, custodian or	other intermed	iary for contribu	utions or other ass	sets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the follow	ing table:				
	, ,		•			Amount		
С	Beginning balance			10	2			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am					ability?	Yes	No
	If "Yes," explain the arrangement in						· —	- 110
$\overline{}$	rt V Endowment Funds.				<u> </u>			
	Complete if the organiza	ation answered "Y	es" on Form	990. Part IV. lin	e 10.			
		(a) Current year	(b) Prior yea	1		years back (e	e) Four years	back
4.	De signing of ween helenes	14,151,682.	12,656,1			180,325.	8,910,	
1a	Beginning of year balance	85,529.				200,000.		678.
b	Contributions	05,529.	39,	507.	,305. 1,2	00,000.	10,	0/0.
С	Net investment earnings, gains,	1 202 550	1 455 4		370	116 043	1 050	100
	and losses	1,392,559.	1,455,6	569. 1,687	,3/94	116,943.	1,253,	109.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	15,629,770.	14,151,6			963,382.	10,180,	325.
2	Provide the estimated percentage	of the current year	end balance (li	ne 1g, column (a	)) held as:			
а	Board designated or quasi-endown		0_%					
b	Permanent endowment ► 13.7	<u>900</u> %						
С	Term endowment $\blacktriangleright$ 7.1600							
	The percentages on lines 2a, 2b, a	•						
3a	Are there endowment funds not in	the possession of t	the organization	n that are held a	nd administered for	r the		
	organization by:					_	Yes	No
	(i) Unrelated organizations					[3	3a(i)	X
	(ii) Related organizations					<u> </u>	Ba(ii)	X
b	If "Yes" on line 3a(ii), are the relate	ed organizations list	ed as required o	on Schedule R?.		[	3b	
4	Describe in Part XIII the intended u							
Pa	rt VI Land, Buildings, and Equ Complete if the organization	uipment.	/" <b>-</b>	000 D IV II:-		- 000 Dt	V 15 40	
	Description of property				(c) Accumulated		A, IINE TO Book value	). 
	Description of property	(a) Cost o	stment)	Cost or other basis (other)	depreciation	(a) B	JOOK Value	
1a	Land							
b	Buildings							
С	Leasehold improvements			5,938,663.	3,877,170.		2,061,4	93.
d	Equipment			464,114.			169,7	
е	Other			,			· · · · · · · · · · · · · · · · · · ·	
Tota	I. Add lines 1a through 1e. (Column		m 990. Part X.	column (B), line	10c.)		2.231.2	34

Schedule D (Form 990) 2021

JSA 1E1269 1.000

Part VII	Investments - Other Securities.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)		-		
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
rait viii	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	on:
(4)			Oost of end-of-year mark	ct value
(1)				
(2)				
(3)				
<u>(4)</u> <u>(5)</u>				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	uma (h) must agual Farm 000 Part V agu (P)	lina 1E \		
	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities.	irie 15.)		
Part X	Complete if the organization answered	l "Yes" on Form 990	Part IV line 11e or 11f See Form	m 990 Part X
	line 25.		, ratery, into the or this deet of	
1.		tion of liability		(b) Book value
	ral income taxes			
	RED RENT LIABILITY			198,045.
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u>				
(7) (8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<b>&gt;</b>	198,045.
	or uncertain tax positions. In Part XIII, provide 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 .

Schedule D (Form 990) 2021 JSA 1E1270 1.000

Part	Complete if the organization answered "Yes" on Form 990, Part IV			n.	
1	Total revenue, gains, and other support per audited financial statements			1	25,234,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,130,660.		
b	Donated services and use of facilities		62,301.		
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,192,961.
3	Subtract line 2e from line 1			3	24,041,478.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	29,417.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		29,417.	1	
b c	Other (Describe in Part XIII.)			4c	29,417.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				24,070,895.
Part					
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	18,627,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ı	1		
а	Donated services and use of facilities	2a	62,301.		
b	Prior year adjustments				
С	Other losses			-	
d	Other (Describe in Part XIII.)		127,805.		
е	Add lines 2a through 2d			2e	190,106.
3	Subtract line 2e from line 1	i		3	18,437,433.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	29,417.		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		29,417.	-	
b c	Add lines <b>4a</b> and <b>4b</b>			4c	29,417.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				18,466,850.
Part	XIII Supplemental Information.				, ,
2; Pari	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; IXI, lines 2d and 4b; Also complete this part to pro	Part IV	7, lines 1b and 2b; F any additional inforn	rart v, nation	iline 4; Part X, line
SEE	SUPPLEMENTAL PAGE				

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#### Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR THE MAINTENANCE AND OPERATIONS OF THE KINDERING CENTER.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSSES ON UNCOLLECTIBLE PLEDGES: -127,805

#### SCHEDULE G (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization KINDERING CENTER Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.

		gross receipts greater than we, eet	J.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			AUCTION	SALUTE TO COURA	NONE	(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	501,447.	204,953.		706,400.
8	2	Less: Contributions	501,447.	204,953.		706,400.
	3	Gross income (line 1 minus line 2)	3017117.	2017555.		7007100.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	21,125.			21,125.
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	22,842.	6,523.		29,365.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3. colu	mn (d)		50,490. -50,490.
Pa	rt l	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
<b>Direct</b>	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a b	ì	Enter the state(s) in which the orgals the organization licensed to confit "No," explain:		in each of these state	es?	Yes No
10a b		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp		ıring the tax year?	Yes No

Schedule G (Form 990) 2021

Sched	edule G (Form 990 or 990-EZ) 2021 KINDERING CENTER 93	-0816827	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	. Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а			%
b	· · · · · · · · · · · · · · · · · · ·		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	a Does the organization have a contract with a third party from whom the organization receives gamin		
	revenue?	. Yes	No
b	<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the second the second three seconds.	ne	
	amount of gaming revenue retained by the third party ▶ \$		
С	c If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а		s to	
	retain the state gaming license?		No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in (see instructions).		

32

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization KINDERING CENTER

Department of the Treasury Internal Revenue Service

Employer identification number

91-0816827

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
_	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			_
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

Schedule J (Form 990) 2021 KINDERING CENTER 91-0816827 Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
LISA GREENWALD	(i)	181,764.	17,820.		7,983.	5,614.	213,181.	
_ 1 CEO	(ii)							
	(i)							
_ 2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2021 KINDERING CENTER 91-0816827 Page 3

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS WAS PAID TO THE CEO BASED ON ANNUAL PERFORMANCE REVIEW BY BOARD OF

DIRECTORS.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

► 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.

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization

KINDERING CENTER

Department of the Treasury Internal Revenue Service

Employer identification number

91-0816827

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
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		12	53,363.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
4.4	structures							
14	Qualified conservation							
15	contribution - Other							
15 16	Real estate - Residential							
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 ►( SUPPLIES )	X	1	73,814.	FMV			
26	Other ►()			·				
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the orga	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat			•	•			
	28, that it must hold for at least the	•			•			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	Х	
32a	Does the organization hire or use	•	•	•		20-		37
	contributions?					32a		X
	If "Yes," describe in Part II.	amaiint !== -	olumn (a) for a firm a of the	north for miliah a structure (-)	\ io obsol===!			
33	If the organization didn't report an describe in Part II	amount in C	olullin (c) for a type of pro	perty for which column (a)	) is checked,			

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

91-0816827

Department of the Treasury Internal Revenue Service

Name of the organization

KINDERING CENTER

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

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

IN BELLEVUE, BOTHELL, REDMOND AND RENTON, KINDERING HELPED MORE THAN 6500 CHILDREN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EARLY CARE & EDUCATION CONSULTATION - DELIVERS DEVELOPMENTAL SCREENINGS IN THE COMMUNITY, AS WELL AS, ON-SITE VISITS TO CHILD CARE PROGRAMS TO OBSERVE CHILDREN, CONSULT WITH CHILD CARE STAFF AND PARENTS, MAKE APPROPRIATE REFERRALS, AND DEVELOP STRATEGIES. FATHERS NETWORK -PROVIDES MALE PEER SUPPORT, RESOURCES AND EDUCATION, AND FAMILY SOCIAL OCCASIONS TO HELP FATHERS OF CHILDREN WITH SPECIAL NEEDS. INTEGRATED SPANISH PROGRAMS - OFFERS SPANISH LANGUAGE DEVELOPMENTAL ASSESSMENTS, EARLY INTERVENTION THERAPIES, SPECIAL EDUCATION, PRESCHOOL CLASSES, RESOURCE COORDINATION, AND PARENT EDUCATION AND SUPPORT GROUPS. PARENT CHILD HOME PROGRAM - PROVIDES HOME VISITS IN THEIR NATIVE LANGUAGE TO CHILDREN WHO EXPERIENCE ONE OR MULTIPLE EDUCATIONAL AND/OR ECONOMIC BARRIERS TO EARLY SCHOOL SUCCESS. PARENTING PLUS - PROVIDES FREE. MULTI-LINGUAL PARENTING EDUCATION COURSES FOR FAMILIES WHO MAY BE EXPERIENCING DIFFICULTIES. MONTHLY SUPPORT GROUPS ARE OFFERED TO PROGRAM GRADUATES. SIBLING SUPPORT PROJECT & SIBSHOPS - SUPPORTS SIBLINGS OF CHILDREN WITH SPECIAL NEEDS. THROUGH ACTIVITIES, ARTS, GAMES AND DISCUSSION, CHILDREN SHARE THEIR EXPERIENCES AND LEARN THAT THEY ARE NOT ALONE IN FACING THE CHALLENGES OF BEING A BROTHER OR SISTER OF A CHILD WITH SPECIAL NEEDS.

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

THE FORM 990 IS DISTRIBUTED ELECTRONICALLY WITH TIME FOR

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

REVIEW/QUESTIONS. BOARD MEMBERS CONFIRM VIA EMAIL THAT THEY HAVE RECEIVED AND REVIEWED THE DOCUMENT AND THAT ANY QUESTIONS HAVE BEEN ANSWERED.

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

DIRECTORS AND EMPLOYEES REVIEW THE POLICY ANNUALLY. IF ANY CONFLICTS ARE REPORTED OR DISCOVERED, THE APPROPRIATE PERSONNEL ARE NOTIFIED AND THE NATURE OF THE CONFLICT AND ANY NECESSARY ACTION IS DISCUSSED. THE NUMBER OF TRANSACTIONS IS SMALL ENOUGH THAT INDIVIDUAL REVIEW IS APPROPRIATE.

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

THE BOARD EXECUTIVE COMMITTEE DETERMINES THE CEO SALARY ON AN ANNUAL BASIS. THIS DECISION IS MADE WITH THE ASSISTANCE OF OUTSIDE CONSULTING, AND ANNUAL REVIEW AND/OR ANY OTHER INFORMATION THAT MAY HELP THE BOARD MAKE A DECISION. OTHER HIGH LEVEL POSITIONS, SUCH AS DIRECTOR OF OPERATIONS, PROGRAMS OR FINANCE, ARE DETERMINED BY THE CEO, ALSO BASED ON PERFORMANCE AND SALARY RESEARCH. THIS PROCESS WAS LAST USED IN YEAR 2019 FOR THE POSITION OF THE DIRECTOR OF FINANCE.

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE ALSO INCLUDED IN THE ANNUAL REPORT. GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. THE INDEPENDENT AUDITOR'S REPORT IS AVAILABLE THROUGH THE FEDERAL AUDIT CLEARINGHOUSE.

#### FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSSES ON UNCOLLECTIBLE PLEDGES: -127,805

Name of the organization

KINDERING CENTER

91-0816827

FORM 990, PART III - PROGRAM SERVICE

#### LINE 4A, PROGRAM SERVICE

\_\_\_\_\_\_

EARLY INTERVENTION: FOR CHILDREN WITH SPECIAL NEEDS, 0-3 YEARS OF AGE; SPEECH, OCCUPATIONAL, AND PHYSICAL THERAPIES; SPECIAL EDUCATION CLASSROOMS; PARENT EDUCATION; FAMILY RESOURCE COORDINATION; AND COUNSELING. KINDERING'S COMPREHENSIVE DEVELOPMENTAL ASSESSMENTS EVALUATE EACH CHILD'S INDIVIDUAL ABILITIES AND SPECIAL HEALTHCARE NEEDS. MEDICAL EVALUATIONS OFFER ON-SITE NEURODEVELOPMENTAL EVALUATIONS PROVIDED BY KINDERING'S MEDICAL DIRECTOR TO EXPEDITE DIAGNOSIS AFTER DETECTION OF AUTISM. FAMILY RESOURCES COORDINATION LINKS FAMILIES WITH APPROPRIATE COMMUNITY RESOURCES, HELPS WITH FUNDING AND ELIGIBILITY REQUIREMENTS, AND COORDINATES SERVICES. FAMILY THERAPY SUPPORTS FAMILIES FACING THE EMOTIONAL IMPACT OF PARENTING A CHILD WITH SPECIAL NEEDS.

Name of the organization

77,314.

=========

Employer identification number

1,852,285.

KINDERING CENTER		91-0816	827
FORM 990, PART III, LINE 4D - OTHER PR	ROGRAM SERVICES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
EARLY CARE & EDUCATION CONSULTATION		1,852,285.	77,314.

TOTALS

#### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### **Related Organizations and Unrelated Partnerships**

 $\blacktriangleright$  Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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KINDERING CENTER

Employer identification number 91-0816827

Name, address, and EIN	(a) (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1) LIONS ROAR PROPERTY HOLD:	INGS, LLC					
601 UNION ST, STE 4100	SEATTLE, WA 98101	REAL PROPERTY	WA	NONE	NONE	KINDERING C
_(2)						
(3)						
(4)						
(5)						
(6)						

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	g) 512(b)(13) rolled iity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
					<u> </u>		20) 2004

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

Schedule R (Form 990) 2021

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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.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	ing Predòminant Sha income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	year assets		Disprop	Disprop	Dispro	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General of managing partner?		General of managin partner?		General or managing partner?		(k) Percentage ownership																						
		Country)					Yes	No		Yes	No																																		
	]																																												
	_																																												
	Name, address, and EIN of	Name, address, and EIN of Primary activity	Name, address, and EIN of Primary activity Legal domicile (state or	Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign	Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign Direct controlling entity excluded from tax under	loreign tax under	loreign tax under	country) tax under sections 512 - 514)	country) sections 512 - 514) (Form 1065)																																				

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.

				<u> </u>			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

b	Gift, grant, or capital contribution to related organization(s)	1b	
	Gift, grant, or capital contribution from related organization(s)	1c	
	Loans or loan guarantees to or for related organization(s)	1d	
	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
	Sale of assets to related organization(s)	1g	
_	Purchase of assets from related organization(s)	1h	
	Exchange of assets with related organization(s).	1i	
	Lease of facilities, equipment, or other assets to related organization(s).	1j	
,	2000 0. 100miles, equipment, et alice augunzation (e), i i i i i i i i i i i i i i i i i i i		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
ï	Performance of services or membership or fundraising solicitations for related organization(s)	11	
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
	Sharing of paid employees with related organization(s)	10	
р	Reimbursement paid to related organization(s) for expenses	1p	
	Reimbursement paid by related organization(s) for expenses	1q	
r	Other transfer of cash or property to related organization(s)	1r	
S	Other transfer of cash or property from related organization(s)	1s	
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 three	sholds.	
	(a) (b) (c)  Name of related organization Transaction Amount involved Method	<b>(d)</b> of determin	nina
		nt involved	
1)			
۵۱			
2)			
۵۱			
3)			
۸۱			
4)			
5)			
5)			
6)			
٠,	Schedule R (I	orm 990	) 2021
٠.			

Yes No

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#### 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) (c) Primary activity Legal dom (state or fo	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		total income end-of	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	( ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													