KIRCALDIE RANDALL & MCNAB LLC CERTIFIED PUBLIC ACCOUNTANTS 605 WASHINGTON AVENUE NORTH HAVEN, CONNECTICUT 06473-1187

JULY 1, 2020

ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530

ALL OUR KIN, INC:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020.

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN FILING THE RETURN.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE

PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE USED BY ANY TAXPAYER FOR SUCH PURPOSE.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

KIRCALDIE RANDALL & MCNAB LLC

KIRCALDIE RANDALL & MCNAB LLC CERTIFIED PUBLIC ACCOUNTANTS 605 WASHINGTON AVENUE NORTH HAVEN, CONNECTICUT 06473-1187

JULY 1, 2020

ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530

ALL OUR KIN, INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2019 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

KIRCALDIE RANDALL & MCNAB LLC

Filing Instructions Prepared for: Prepared by: ALL OUR KIN, INC KIRCALDIE RANDALL & MCNAB LLC PO BOX 8477 605 WASHINGTON AVENUE NEW HAVEN, CT 06530 NORTH HAVEN, CT 06473-1187 2019 FORM 990 **ELECTRONIC FILING:** THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending	, 20
, , , , ,	, ,	· —

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number 06-1539280 ALL OUR KIN, INC Name and title of officer PAIGE MACLEAN PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 6 , 8 27 , 7 29 . **1a** Form 990 check here ► X 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b _____ 3a Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) ______ **3b** _____ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here ► **b Balance Due** (Form 8868, line 3c) **5b** 5a Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X | authorize KIRCALDIE RANDALL & MCNAB LLC to enter my PIN ERO firm name as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification 06573612572 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► JOHN F ONOFRIO CPA

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalalaldlamallladlamlalalladlal

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

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and ending

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

Open to Public

OMB No. 1545-0047

Inspection

B	Check if opplicable	C Name of organization		D Employer identific	cation number
	Addres	ALL OUR KIN, INC			
	change Name change			06-15392	8.0
	lnitial return	-	Room/suite	E Telephone number	
	Final return/	PO BOX 8477	1100III/Suito		2-2294
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,827,729.
	Amend			H(a) Is this a group re	
	Applica tion			for subordinates	
	pendin	PO BOX 8477, NEW HAVEN, CT 06530		H(b) Are all subordinates in	—
<u> </u>	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)
		e: ► WWW.ALLOURKIN.ORG		H(c) Group exemption	
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1999 N	State of legal domicile: ${f CT}$
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: $rac{ exttt{TRAIN}}{ exttt{}}$	NING,	SUPPORTING A	AND
Activities & Governance	1	SUSTAINING COMMUNITY CHILD CARE PROVIDERS	S IN O	RDER TO ENS	URE THAT
ern	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	1 1	
Š	8 1	Number of voting members of the governing body (Part VI, line 1a)		3	11
8	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			11
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		- 1	71
Ĭ		Total number of volunteers (estimate if necessary)			30
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	l d	Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)		5,563,367.	6,821,763.
Revenue	1	Program service revenue (Part VIII, line 2g)		84,600.	5,301.
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,001.	665.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 5,650,968.	0. 6,827,729.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0,021,129.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		3,134,312.	4,541,939.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	4,341,939.
oen	loa i	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 111,08	33.	•	0.
$\overline{\mathbf{x}}$		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,514,588.	2,265,050.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,648,900.	6,806,989.
	1	Revenue less expenses. Subtract line 18 from line 12		2,068.	20,740.
ces		10 TO HOLL MIC 12		ginning of Current Year	End of Year
ets	20	otal assets (Part X, line 16)	1	2,722,953.	2,612,637.
Ass	21	Total liabilities (Part X, line 26)		132,656.	1,601.
Net Assets Fund Baland	22 1	Net assets or fund balances. Subtract line 21 from line 20		2,590,297.	2,611,036.
	art II	Signature Block	·		
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	e	PAIGE MACLEAN, PRESIDENT			
		Type or print name and title		Note I	T DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	- +	JOHN F ONOFRIO, CPA JOHN F ONOFRIO,	CPA 0	7/01/20 if self-employe	P00012572
-	-	Firm's name KIRCALDIE RANDALL & MCNAB LLC		Firm's EIN	06-0415530
use	Only	Firm's address 605 WASHINGTON AVENUE		, , , , ,	02\ 220 4470
		NORTH HAVEN, CT 06473-1187		Phone no. (2	
May	/ the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No

ı a	Object to the control of the control	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: ALL OUR KIN TRAINS, SUPPORTS AND SUSTAINS COMMUNITY CHILD CARE	
	PROVIDERS TO ENSURE THAT CHILDREN & FAMILIES HAVE THE FOUNDATION	T MUEV
	NEED TO SUCCEED IN SCHOOL AND IN LIFE.	N IUFI
	NEED TO SUCCEED IN SCHOOL AND IN LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		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 ex-	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) o	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 5,616,511. including grants of \$) (Revenue \$	5,301.)
	THROUGH OUR PROGRAMS, CHILD CARE PROFESSIONALS SUCCEED AS BUSINE	
	OWNERS; WORKING PARENTS FIND STABLE, HIGH-QUALITY CARE FOR THEIR	
	CHILDREN, THE WORKFORCE OF TOMORROW, GAINS AN EDUCATIONAL FOUNDA	
	THAT LAYS THE GROUNDWORK FOR ACHIEVEMENT IN SCHOOL AND BEYOND.	111011
	THAT DATS THE GROUNDWORK FOR ACHTEVEMENT IN SCHOOL AND BETOID.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ► 5,616,511.	
		Form 990 (2019)

Form 990 (2019) ALL OUR KIN, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

932003 01-20-20

Form 990 (2019) ALL OUR KIN, INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
Da	Note: All Form 990 filers are required to complete Schedule 0 **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	Щ_
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	терительный при			
	Enter the number of Forms wize included in line 1a. Enter of infocuspicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

932004 01-20-20

Form **990** (2019)

0716___1

Form 990 (2019) ALL OUR KIN, INC Part V 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 71			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
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		X
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			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		222	
		Form	990	(2010)

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

						Λ
Sec	tion A. Governing Body and Management					
		1 1	4 4 5		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		г	5		Х
6	Did the organization have members or stockholders?		Г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
-	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
а		-		8a	Х	
b				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
<u>S</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Fi			9		- 21
000	tion B. Folicies (This Section B requests information about policies not required by the internal h	evenue Code.)			Yes	No
100	Did the expenientian have level chanters branches as affiliates?		Г	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?			IUa		- 21
D	If "Yes," did the organization have written policies and procedures governing the activities of such conditions to an experience and procedures governing the activities of such conditions are consistent with the arganization, average and procedures governing the activities of such conditions are consistent with the arganization, average and procedures governing the activities of such conditions are consistent with the arganization.			40h		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		г	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	before filling the forf	n,	11a	-22	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risk			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			40-	Х	
40	in Schedule O how this was done		Г	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45	v	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Λ	
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's				
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶CT, NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 50 ⁻	1(c)(3):	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest polic	y, and	d finar	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records 🕨 _				
	ALL OUR KIN INC - 203 772-2294					
	PO BOX 8477, NEW HAVEN, CT 06530					

0716___1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A)	(B)	T			C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer ar	ss pe	rson	is bot	th an	compensation from	compensation from related	amount of other
	(list any	-						the	organizations	compensation
	hours for	Individual trustee or director				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	trustee		au	pensa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HELEN BLANK	2.00	Ι-	_		_	1 0	<u> </u>			
DIRECTOR		x						0.	0.	0.
(2) PAIGE MACLEAN	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) DR LYNETTE M FRAGA	2.00							_		_
DIRECTOR		Х						0.	0.	0.
(4) DR WALTER S GILLIAM	2.00	١							0	•
DIRECTOR	2 00	Х						0.	0.	0.
(5) DR MYRA JONES TAYLOR	2.00	X		x				0.	0.	0.
SECRETARY (6) DR C NICOLE MASON	2.00	^		^		-		0.	0.	0.
TREASURER	2.00	X		x				0.	0.	0.
(7) SAMMY POLITZINER	2.00	1						0.	0.	<u> </u>
DIRECTOR	2.00	\mathbf{x}						0.	0.	0.
(8) TENNILLE SMALLS	2.00	 								
DIRECTOR		x						0.	0.	0.
(9) DON KENDALL JR	2.00									
DIRECTOR		Х						0.	0.	0.
(10) REBECCA GONZALEZ	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(11) VINICE DAVIS	2.00	↓								
DIRECTOR	F0 00	Х						0.	0.	0.
(12) JESSICA SAGER	50.00	_			3,			106 604	0	0
CHIEF EXECUTIVE DIRECTOR	50.00	_			Х	_		126,684.	0.	0.
(13) JANNA WAGNER CHIEF KNOWLEDGE AND LEARNI	30.00	-			х			126,684.	0.	0.
CHIEF KNOWLEDGE AND LEARNI					^			120,004.	0.	0.
		1								
		\vdash	\vdash			\vdash	\vdash			
		1								
		1								
										F 000 (2242)

Pai	Section A. Officers, Directors, True	stees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable		Es	timate	: d
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensatio		an	nount (of
		week (list any	\vdash	CCI ai	10 2 0	l	1/11/11/11	1	from	from related			other	
		hours for	irecto						the organization	organization (W-2/1099-MIS			pensa om the	
		related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	50)		anizati	
		organizations	Individual trustee or director	Institutional trustee		ee/	mper		(11 27 1000 111100)			_	d relate	
		below	idual	ution	<u></u>	key employee	est co oyee	er er					anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			-											
		<u> </u>					_	<u> </u>						
			-											
		+					-							
			1											
		+					-							
			-											
		1					-							
			1											
		1												
			1											
		†												
			1											
1b	Subtotal						1		253,368.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)							_	253,368.		0.			0.
2	Total number of individuals (including but								eceived more than \$100	0,000 of reportab	le			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer		-	•		•	-	_		•				
	line 1a? If "Yes," complete Schedule J for	such individual										3		X
4	For any individual listed on line 1a, is the s			-					· ·	the organization				
	and related organizations greater than \$15			•								4		X
5	Did any person listed on line 1a receive or													77
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son .					5		X
	tion B. Independent Contractors									*				
1	Complete this table for your five highest of										npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	enai	ng v	vitn	or w	/itnir		year. T			••	
	(A) Name and busines:	s address	NO	NC	FC				(B) Description of s	services	С)) ompe	') nsatio	n
					_				'			•		
								J						
								\neg						
2	Total number of independent contractors	including but r	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >				(0							
												Form	990 (2	2019)

Form 990 (2019) ALL OUR
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a res	nonse	or note to any li	ne in this Part VIII			
			Officer in Confederation Con	201110	anio a roc	ропос	or riote to driy ii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenuè excluded
									function revenue	business revenue	from tax under sections 512 - 514
(0 (0						1					Sections 512 - 514
nts l			Federated campaigns		1 <u>1</u>	1					
S or	k	b	Membership dues		1t	<u> </u>					
Ar.	c	С	Fundraising events		10	;					
直	c	d	Related organizations		10	t					
Contributions, Gifts, Grants and Other Similar Amounts	e	е	Government grants (contr	ibuti	ons) 16	•					
rior	f	f	All other contributions, gifts,	grant	s, and						
를			similar amounts not included			6,	821,763.				
<u></u>			Noncash contributions included in			\$					
a So	_	_	Total. Add lines 1a-1f					6,821,763.			
<u> </u>		<u>. </u>	Totali / lad iii loo Ta Ti				Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	2 a	_	OTHER INCOME				611710	4,236.	4,236.		
Š			PROGRAM SERVI	CF	<u>c</u>		611710	1,065.	1,065.		
Ser			I KOGKAM DEKVI	<u> </u>	<u> </u>		011710	1,005.	1,005.		_
m Sen	C										
gra Re	C	d .									
Program Service Revenue	e	е.									
۱ ۳	f		All other program service					F 201			
\rightarrow	Ç		Total. Add lines 2a-2f					5,301.			
	3		Investment income (includ	-				665			665
		other similar amounts)						665.			665.
	4		Income from investment of	of tax	-exempt	bond p	roceeds				
	5		Royalties	<u></u>			<u></u>				
					(i) R	eal	(ii) Personal				
	6 a	а	Gross rents	6a							
	k	b	Less: rental expenses	6b							
	c	С	Rental income or (loss)	6с							
	c	d	Net rental income or (loss)				>				
			Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a							
	ŀ		Less: cost or other basis					_			
e l	_		and sales expenses	7b							
eu	,		Gain or (loss)	7c				_			
Revenue			Net gain or (loss)								
her F			Gross income from fundraising								
뒿	0 6		including \$	ig ov	011) 61110	.					
Ŭ			contributions reported on	lino							
			•		,	٥					
			Part IV, line 18					_			
			Less: direct expenses								
			Net income or (loss) from				D				
	9 a		Gross income from gamin	-							
			Part IV, line 19								
			Less: direct expenses								
	C	С	Net income or (loss) from	gam	ing activi	ties	<u></u>				
	10 a	а	Gross sales of inventory, I	ess	returns						
			and allowances			10a					
	k	b	Less: cost of goods sold			10b					
	c	С	Net income or (loss) from	sales	s of inver	ntory	>				
S							Business Code				
og e	11 a	а									
ane	k	b									
e e	c	c .									
Miscellaneous Revenue	c	d ,	All other revenue								
			Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction					6,827,729.	5,301.	0.	665.

932009 01-20-20

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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	253,368.	199,071.	49,407.	4,890
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 222 222		640 454	60.050
7	Other salaries and wages	3,282,829.	2,579,319.	640,151.	63,359
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	452 254	256 625	00 504	0.50
9	Other employee benefits	453,971.	356,685.	88,524.	8,762
10	Payroll taxes	551,771.	433,526.	107,596.	10,649
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6 000	4 460	046	602
	column (A) amount, list line 11g expenses on Sch 0.)	6,099.	4,460.	946.	693
12	Advertising and promotion	59,161.	46,483.	11,536.	1 1/1
13	Office expenses	25,705.	21,849.	2,828.	1,142
14	Information technology	23,703.	21,049.	2,020.	1,020
15	Royalties				
16	Occupancy	102,098.	80,218.	19,910.	1,970
17	Travel	102,090.	00,210.	19,910.	1,970
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	128,314.	109,066.	14,115.	5,133
19	Conferences, conventions, and meetings	120,314.	100,000	17,110	5,155
20	Interest Payments to offiliates			+	
21	Payments to affiliates	19,247.	16,360.	2,117.	770
22	Depreciation, depletion, and amortization	84,630.	65,021.	19,609.	7 7 0
23 24	Other expenses. Itemize expenses not covered	04,030.	03,021.	10,000.	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) CHILD CARE EHS	1,016,213.	1,016,213.	0.	0 .
a b	OUTSIDE SERVICES	287,856.	226,168.	56,132.	5,556
D C	RENT	217,627.	170,990.	42,437.	4,200
d	EDUCATIONAL MATERIALS	120,092.	120,092.	0.	0.
u e		198,008.	170,990.	24,087.	2,931
25 25	Total functional expenses. Add lines 1 through 24e	6,806,989.	5,616,511.	1,079,395.	111,083
<u>25</u> 26	Joint costs. Complete this line only if the organization	-,,,	-,,	=,:::,:::	,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20				Form 990 (2019

Form 990 (2019) Part X Balance Sheet

Pa	ιλ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			150,055.	1	1,429,599.
	2	Savings and temporary cash investments			875,611.	2	503,291.
	3	Pledges and grants receivable, net			0.0,0220	3	300,222
	4	Accounts receivable, net			1,551,049.	4	452,858.
	5	Loans and other receivables from any currer			_,,,	_	
		trustee, key employee, creator or founder, so					
		controlled entity or family member of any of			5		
	6	Loans and other receivables from other disq					
	•	under section 4958(f)(1)), and persons descr			6		
ι	7	Notes and loans receivable, net			43,963.	7	57,000.
Assets	8	Inventories for sale or use			·	8	,
As	9	Prepaid expenses and deferred charges			13,638.	9	60,824.
	l	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		159,475.			
	b	Less: accumulated depreciation		86,082.	57,022.	10c	73,393.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			31,615.	15	35,672.
	16	Total assets. Add lines 1 through 15 (must e			2,722,953.	16	2,612,637.
	17	Accounts payable and accrued expenses		92,656.	17	1,601.	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or	former office	er, director,			
≝		trustee, key employee, creator or founder, su	ubstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of	these perso	ns		22	
_	23	Secured mortgages and notes payable to ur	related thir	d parties		23	
	24	Unsecured notes and loans payable to unrel		_		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24).	Complete Part X	40 000		
		of Schedule D			40,000.		0.
	26	Total liabilities. Add lines 17 through 25			132,656.	26	1,601.
S		Organizations that follow FASB ASC 958,	check here				
ğ		and complete lines 27, 28, 32, and 33.			1,952,208.		2 275 052
ala	27				638,089.	27	2,275,052. 335,984.
<u>a</u>	28	Net assets with donor restrictions			030,009.	28	333,304.
표		Organizations that do not follow FASB AS	C 958, cne	CK nere ▶ □			
<u>6</u>		and complete lines 29 through 33.				-00	
ets	29	Capital stock or trust principal, or current fur				29	
1SS.	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate			2,590,297.	31	2,611,036.
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances			2,722,953.	32	2,612,637.
	33	TOTAL HADHILLES AND HEL ASSETS/TUND DAIANCES			2,,22,,,,,	აა	Z, O12, O37.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		,82		
2	Total expenses (must equal Part IX, column (A), line 25)		,80	<u>0,9</u>	<u> </u>
3	Revenue less expenses. Subtract line 2 from line 1	3		0,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		,59	0,2	9/.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u>-1.</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 2	,61	1,0	<u> 36.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization ALL OUR KIN, INC 06-1539280 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,150,471.	3,410,403.	4,948,289.	4,921,645.	6,821,763.	22,252,571.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,150,471.	3,410,403.	4,948,289.	4,921,645.	6,821,763.	22,252,571.
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.						22,252,571.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,150,471.	3,410,403.	4,948,289.	4,921,645.	6,821,763.	22,252,571.
8	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,092.	988.	2,004.	3,001.	665.	7,750.
9	Net income from unrelated business	,		,	, , , ,		,
Ū	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							22,260,321.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	99,007.
13	First five years. If the Form 990 is for			fourth or fifth ta	x vear as a sectio		
.0	organization, check this box and stor				-	11 00 1(0)(0)	
Se	ction C. Computation of Publ						
14	Public support percentage for 2019 (line 6. column (f) di	vided by line 11. co	olumn (f))		14	99.97 %
15	Public support percentage from 2018					15	99.95 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	•		•		•	▶ X
b	33 1/3% support test - 2018. If the o						
_	and stop here. The organization qual	-					
17:	10% -facts-and-circumstances tes						
170	and if the organization meets the "fac	ū					•
	meets the "facts-and-circumstances"			-	-	-	
Ĺ	 10% -facts-and-circumstances tes more, and if the organization meets the 	-					10/0 01
	organization meets the "facts-and-circ		·				
12	· ·			•	,		
10	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-F7) 2019						

932022 09-25-19

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	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
~	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	/a) 001 F	/h) 0010	/-\ 0017	(4) 0010	(=) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	zation,
							<u></u>
Sec	Section C. Computation of Public Support Percentage						
15	Public support percentage for 2019 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	119 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	uon 21 1 jpo 1 oupportung organizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	, , ,			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst.	ructions	3).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Filers of:	Section:
Form 990 or 990-EZ	X 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
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
~	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from outor, 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; -EZ, line 1. Complete Parts I and II.
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ruelty to children or animals. Complete Parts I, II, and III.
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ons exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively table, etc., contributions totaling \$5,000 or more during the year \bigsim \frac{\bigsim}{\bigsim} \frac{\bigsim}{\
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

ALL OUR KIN, INC

JOYCE & TRVING GOLDMAN FAMILY FOUNDATION 417 5TH AVENUE, 4TH FLOOR NEW YORK, NY 10016 NEW YORK, NY 10016 C) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Type of contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions No. Name, address, and ZIP + 4 Total contributions Type of contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions NEW HAVEN, CT 06413-0545 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Total contributions Total contributions Total contributions Total contributions Total contributions Name, address, and ZIP + 4 Total contributions Total contri		Contributors (see instructions). Use duplicate copies of Part I if additional	onal space is needed.	
JOYCE & TRVING GOLDMAN FAMILY FOUNDATION 417 5TH AVENUE, 4TH FLOOR NEW YORK, NY 10016 NEW YORK, NY 10016 C) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Type of contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions No. Name, address, and ZIP + 4 Total contributions Type of contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions NEW HAVEN, CT 06413-0545 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part noncash contributions Name, address, and ZIP + 4 Total contributions Total contributions Total contributions Total contributions Total contributions Total contributions Name, address, and ZIP + 4 Total contributions Total contri				
FOUNDATION	No.		Total contributions	Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of con	1	FOUNDATION 417 5TH AVENUE, 4TH FLOOR		Payroll
Table State Stat				(d) Type of contribution
NORTHFORD	2		- \$ 15,000.	Payroll
No. Name, address, and ZIP + 4 Total contributions Type of contributions Person Payroll Noncash contributions Type of contributions Type of contributions Type of contributions Person Payroll Type of contributions Person Payroll Noncash (Complete Part noncash contributions NEW HAVEN		NORTHFORD, CT 06472	I I	(Complete Part II for noncash contributions.)
3 UNITED WAY OF GREATER NEW HAVEN EHS 370 JAMES STREET, SUITE 403 \$ 1,341,200. Noncash (Complete Part noncash contril)				(d) Type of contribution
No. Name, address, and ZIP + 4 WILLIAM GRAUSTEIN 250 DYER STREET NEW HAVEN, CT 06511 (a) (b) (c) (d) Total contributions (b) No. Name, address, and ZIP + 4 Total contributions Type of contributions Type of contributions Person Payroll Noncash (Complete Part noncash contributions) (c) (d) Total contributions Type of contributions		UNITED WAY OF GREATER NEW HAVEN EHS 370 JAMES STREET, SUITE 403	- \$\\\$\\1,341,200.	Person X Payroll
4 WILLIAM GRAUSTEIN 250 DYER STREET S 25,000. NEW HAVEN, CT 06511 (a) (b) (c) (d) Total contributions (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contributions		1		` '
No. Name, address, and ZIP + 4 Total contributions Type of con		WILLIAM GRAUSTEIN	_	Person X
E WILLIAM GLODED CDANGERIN MINODIAL TUND		NEW HAVEN, CT 06511	_	
2319 WHITNEY AVE SUITE 2B \$ 75,000. Payroll Noncash (Complete Part		(b)	(c)	Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of con-		(b) Name, address, and ZIP + 4 WILLIAM CASPER GRAUSTEIN MEMORIAL FUND 2319 WHITNEY AVE SUITE 2B	(c) Total contributions 75,000.	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
6 LONE PINE FOUNDATION INC 2 GREENWICH PLAZA GREENWICH, CT 06830 S 10tal contributions Person Payroll Noncash (Complete Part noncash contri	No. 5	(b) Name, address, and ZIP + 4 WILLIAM CASPER GRAUSTEIN MEMORIAL FUND 2319 WHITNEY AVE SUITE 2B HAMDEN, CT 06518 (b)	(c) Total contributions 75,000.	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 TK FOUNDATION C/O ORANGE COUNTY	Total contributions	Type of contribution
7	COMMUNITY FOUNDATION 4041 MACARTHUR BLVD NEWPORT BEACH, CA 92660	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DALIO FAMILY FOUNDATION 1 GLENDINNING PL WESTPORT, CT 06851	\$659,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 GROSSMAN FAMILY FOUNDATION 133 RIVER ROAD COS COB, CT 06807	\$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	CONNECTICUT OFFICE OF EARLY CHILDHOOD 165 CAPITAL AVE HARTFORD, CT 06106	\$ 34,185.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THE NEW WORLD FOUNDATION 666 WEST END AVE NEW YORK, NY 10025	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MS FOUNDATION FOR WOMEN, INC 12 METRO TECH CENTER BROOKLYN, NY 11201	\$ 22,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THE GOODNOW FUND 9 OLD KINGS HIGHWAY SOUTH DARIEN, CT 06113	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	UNITED WAY OF GREATER NEW HAVEN 370 JAMES STREET SUITE 403 NEW HAVEN, CT 06513	\$6,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	BROTHERS BROOK FOUNDATION 201 BROAD STREET, 14TH FLOOR STAMFORD, CT 06901	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	STELLA & CHARLES GUTTMAN FOUNDATION 122 EAST 42ND STREET, SUITE 2010 NEW YORK, NY 10168	\$ 114,584.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	PRITCHARD FOUNDATION PO BOX 950 ESSEX, CT 06426	\$51,810.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	COMMUNITY FOUNDATION FOR GREATER NEW HAVEN'S FUND FOR WOMEN AND GIRLS 70 AUDUBON STREET NEW HAVEN, CT 06510	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ESTHER A & JOSEPH KLINGENSTEIN FUND 80 8TH AVENUE SUITE 1400 NEW YORK, NY 10011	\$146,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	HARTFORD FOUNDATION 10 COLUMBUS BLVD HARTFORD, CT 06106	\$ 99,669.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	UNITED WAY OF WESTERN CT 301 MAIN STREET DANBURY, CT 06810	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	NEAR & FAR AID PO BOX 717 SOUTHPORT, CT 06890	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	STONESTHROW FUND 333 CEDAR ST NEW HAVEN, CT 06510	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	ARBOR BROTHERS INC 349 5TH AVE 4TH FL NEW YORK, NY 10016	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	BUFFETT EARLY CHILDHOOD FUND 808 CONAGRA DR STE 200 OMAHA, NE 68102	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	IRVING HARRIS FOUNDATION 191 NORTH WACKER DRIVE, SUITE 1500 CHICAGO, IL 60606	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	THE BURKE FOUNDATION 320 E. BUFFALO ST., SUITE 600 MILWAUKEE, WI 53202	\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 THE NEW YORK CITY DEPTARTMENT OF EDUCATION 52 CHAMBERS STREET NEW YORK, NY 10007	Total contributions \$ 399,853.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	THE OMIDYAR NETWORK 1991 BROADWAY STE 200 REDWOOD CITY, CA 94063	\$ 750,003.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	OVERDECK FAMILY FOUNDATION 100 AVE OF THE AMER FL 16 NEW YORK, NY 10013	\$	Person X Payroll

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 PRITZKER CHILDREN'S INITIATIVE 111 S WACKER DR STE 4000 CHICAGO, IL 60606	\$ 400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	THE ROBIN HOOD FOUNDATION 826 BROADWAY, 9TH FLOOR NEW YORK, NY 10003	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	THE ASPEN INSTITUTE 2300 N ST. NW SUITE 700 WASHINGTON, DC 20037	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	NEW HAVEN INVESTMENT FUND RISC 140 OGDEN STREET NEW HAVEN, CT 06511	\$\$38,172.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	TURRELL FUND 21 VAN VLECK ST MONTCLAIR, NJ 07042	\$\$2,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	AT & T 936 CHAPEL STREET NEW HAVEN, CT 06510	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ARENA FOUNDATION 119 5TH AVE 8TH FL NEW YORK, NY 10003	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	NEBRASKA EARLY CHILDHOOD COLLABORATIVE 3200 N 30TH STREET SUITE 200 OMAHA, NE 68111	\$ <u>165,436</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	ZOOM FOUNDATION PO BOX 2505 GREENWICH, CT 06836	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	SEA COVE FOUNDATION 606 POST ROAD EAST #574 WESTPORT, CT 06880	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	THE HENRY AND MARILYN TAUB FOUNDATION 300 FRANK W BURR BLVD #7 TEANECK, NJ 07666	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	ZERO TO THREE NATIONAL CENTER FOR INFANTS 1255 23RD STREET NW SUITE 350 WASHINGTON, DC 20037	\$ 42,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALL OUR KIN, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	HERBERT & NEIL SINGER FOUNDATION 31 PRATT ST STE 420 HARTFORD, CT 06103	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	WITMER FAMILY FUND 16 FORT HILLS LANE GREENWICH, CT 06831	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(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
		\$	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.)

ALL OUR KIN, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		. \$			

Name of or	ganization			Employer identification number
ALL OU	JR KIN, INC			06-1539280
Part III) through (e) and the following line charitable, etc., contributions of \$1,000	entry For organizations) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
	-	(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALL OUR KIN, INC

Employer identification number 06-1539280

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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 advisors in	writing that the assets held in do	nor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	s can be used	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confe	rring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	rm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in	the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminat	ed by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		 _	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enfor	cing conservati	on easements during the year
-	Associated for the control of the co			and a second and a second and a second
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing of	conservation ea	asements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	ve estimate the requirements of sec	otion 170/b)/4)/[DV:)
8				
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		•	
	organization's accounting for conservation easements.	note to the organization 3 intancia	ar staternerits ti	lat describes the
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasure	s. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		,	
	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue sta	tement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	·		
	service, provide in Part XIII the text of the footnote to its fina	·		·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	•		•
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		,	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, c	or Othe	r Similar A	ssets(continued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following tha	t make si	gnificant use c	of its	
	collection items (check all that apply):								
а	Public exhibition	d	. 🖳	Loan or exc	hange progra	ım			
b	Scholarly research	е	• 🔲	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets		_
	to be sold to raise funds rather than to be m							Yes	No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on F	Form 990, Par	t IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod								,
	on Form 990, Part X?							Yes L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:					
								Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on F						y?	Yes	. No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete				·				h I -
	5	(a) Current year	(b) ⊦	rior year	(c) Two year	s dack (a) inree years b	ack (e) Four years	раск
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
_	End of year balance Provide the estimated percentage of the cur	ront year and balance	l o (lino 1	a column (// hold oo:				
2	Board designated or quasi-endowment	rent year end baland	% (IIIIe 1	g, coluitii (a	a)) Helu as.				
	Permanent endowment	<u></u> %							
·	The percentages on lines 2a, 2b, and 2c sho	· -							
32	Are there endowment funds not in the posse	•	ation the	at are held a	nd administe	red for th	e organization		
ou	by:	boolon of the organiz	ation the	at are freid a	iria aarriiriioto	100 101 111	o organization	Yes	No
	(i) Unrelated organizations							3a(i)	-110
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	See Form 990	, Part X, I	ne 10.		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated	(d) Book value	
		basis (investr			(other)		reciation		
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment			15	9,475.		86,082.	73,39	93.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	10c.)			73,39	93.
							Soho	dule D (Form 990)	2010

Schedule D (Form 990) 2019

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
	F 000 Devt IV line	11. Cas Farm 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	and-of-vear market value
	(b) DOOK Value	(c) Method of Valuation. Cost of e	end-or-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
1 (0 1 (1) 1 1 1 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1			
art IX Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" (a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a)	Description		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Description		25.
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		25.
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	e 15.)	11e or 11f. See Form 990, Part X, line	25.
Complete if the organization answered "Yes" (a) [1] [2] [3] [4] [5] [6] [7] [8] [9] [al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability [1] [1] [1] [2] [3] [4] [5] [6] [6] [7] [8] [8] [8] [9] [9] [1] [1] [1] [2] [2] [3] [4] [5] [6] [6] [7] [6] [6] [7] [8]	Pescription 15.) Don Form 990, Part IV, line 25.)	11e or 11f. See Form 990, Part X, line	25. (b) Book value

932053 10-02-19

	edule D (Form 990) 2019 ALL OUR KIN, INC		06-1	L539280 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S		ue per Return	i -
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		C 007 700
1	Total revenue, gains, and other support per audited financial statements		1	6,827,729
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			0
	• • • • • • • • • • • • • • • • • • • •			6,827,729
3	Subtract line 2e from line 1		3	0,041,149
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	•	4.	0
_	Add lines 4a and 4b			6,827,729
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial			
Fai	Complete if the organization answered "Yes" on Form 990, Part IV		ises per netu	
1	Total expenses and losses per audited financial statements		1	6,806,989
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			.,,
– a	Donated services and use of facilities	2a		
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	<u>'</u>	2e	0.
3	Subtract line 2e from line 1			6,806,989
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			, ,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
	Add lines 4a and 4b		4c	0.
5				6,806,989
	rt XIII Supplemental Information.			· ·
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV. lines 1b and 2b: F	Part V. line 4: Part	X. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	· · · · · · · · · · · · · · · · · · ·	,	· ·, ····- —, · · -·· ·,
		,		

Schedule D (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Name of the organization

Employer identification number

ALL OUR KIN, INC	06-1539280
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
CHILDREN AND FAMILIES HAVE THE FOUNDATION THEY NEED TO SU	CCEED IN
SCHOOL AND IN LIFE	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS SUBMITTED TO THE MANAGEMENT AND	BOARD FOR REVIEW
COMMENTS AND FINAL APPROVAL BEFORE FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ORGANIZATION IS MONITORING AND ENFORCING ITS CONFLICT OF	INTEREST POLICY
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUAL REVIEW OF EMPLOYEES DONE, WITH SALARIES BEING REVI	EWED.
FORM 990, PART VI, SECTION C, LINE 18:	
UPON REQUEST	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FORM 990 IS POSTED ON THE ALL OUR KIN WEBSITE AND TH	E GIVEGREATER AND
GUIDESTAR WEBSITES, AND IS ALSO AVAILABLE UPON REQUEST	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ROUNDING	-1.

PART XI, LINE 2C

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

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