## EXTENDED TO NOVEMBER 15, 2023

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning and er	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres	s INMOTION			
	Name change			46-41027	70
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 23905 MERCANTILE ROAD	oom/suite	E Telephone number	
_	termin-			G Gross receipts \$	1,279,359.
Г	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code  BEACHWOOD, OH 44122		H(a) Is this a group re	
Е	Application			for subordinates	
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
T	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1	list. See instructions
	Websit			H(c) Group exemption	n number
K	Form of	organization: X Corporation Trust Association Other	L Year o	of formation: 2013 N	State of legal domicile: OH
	art I	Summary			
ø	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{INMOT}}$	ION I	S A NON-PRO	FIT
Governance	'	ORGANIZATION INCORPORATED IN OHIO IN 2013	, WHI	CH IS DEDIC	ATED TO
ern	2	Check this box if the organization discontinued its operations or dispose		1 1	
્રે	3	Number of voting members of the governing body (Part VI, line 1a)			26
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			26
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			11 125
Activities &	6	Total number of volunteers (estimate if necessary)			
Ğ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			-4,741.
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	Current Year
		Contributions and grants (Part VIII line 1h)		1,259,720.	1,038,363.
Revenue	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
š	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,350.	-78 <b>.</b>
æ	111	Other revenue (Part VIII, column (A), lines 5, 44, and 7d)		-19,135.	24,469.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,242,935.	1,062,754.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ç	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		398,122.	664,641.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	. b	Total fundraising expenses (Part IX, column (D), line 25) 238, 21.	3.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		458,776.	542,528.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		856,898.	1,207,169.
	19	Revenue less expenses. Subtract line 18 from line 12		386,037.	-144,415.
Net Assets or	22		Be	ginning of Current Year	End of Year
Sset	<b>20</b>	Total assets (Part X, line 16)		5,084,246.	4,871,705.
H A	21	Total liabilities (Part X, line 26)		1,808,013.	1,739,886.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,276,233.	3,131,819.
	art II	Signature Block			. Imposite days and hallof it is
		lties of perjury, I declare that I have examined this return, including accompanying schedules a t, and complete. Declaration of preparer (other than officer) is based on all information of whic			/ Knowledge and Dellel, it is
uut	5, 001160	t, and complete. Decial ation of preparer (other than officer) is based on an information of which	ii piepaiei	lias ally kilowieuge.	
e:		Signature of officer		I Date	
Sig He		CATHE SCHWARTZ, CHIEF EXECUTIVE OFFICER			
116	16	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	SUSAN D. KRANTZ SUSAN D. KRANTZ	lo	9/27/23 if self-employed	P00233254
		Firm's name ZINNER & CO. LLP		Firm's EIN 3	4-1663731
	e Only	Firm's address 3201 ENTERPRISE PARKWAY, SUITE 410	0		
		CLEVELAND, OH 44122-7329		Phone no. (2	16)831-0733
Ma	ıy the IF				X Yes No

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Pai	Statement of Program Service Accomplishments  Check if Schoolule O contains a vacanage or note to apply line in this Bout III.
1	Check if Schedule O contains a response or note to any line in this Part III
·	INMOTION IS A NON-PROFIT ORGANIZATION INCORPORATED IN OHIO IN 2013,
	WHICH IS DEDICATED TO HELP PEOPLE WITH PARKINSON'S DISEASE FEEL BETTER
	EVERY DAY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 821,019 • including grants of \$) (Revenue \$)
	INMOTION IS A NONPROFIT WELLNESS COMMUNITY FOR PEOPLE WITH PARKINSON'S DISEASE (PD) AND THEIR CARE PARTNERS. OUR UNIQUE APPROACH TO WELLNESS
	OFFERS PD-SPECIFIC PROGRAMS IN EXERCISE, EDUCATION AND SUPPORT THAT
	HAVE BEEN PROVEN TO ENHANCE BOTH MIND AND BODY. WE OFFER OUR PROGRAMS
	IN ONE LOCATION, AND REMOTELY, ALL FREE OF CHARGE.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{O.21} \text{O.10}}\) (Revenue \$\text{\$}}
<u>4e</u>	Total program service expenses 821,019.  Form 990 (2022)
	Form <b>990</b> (2022)

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#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
	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
	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			37
	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		Х
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. See instructions	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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INMOTION

Part IV	Checklist of Required Schedules (continued)
I all IV	Official of Medalied Ochedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		
С		00-		X
00	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			٦,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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INMOTION 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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	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 transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribut				
	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 ser		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	as required			
	to file Form 8282?	ı	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-	_		
•	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		an		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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		
	<b>Note:</b> 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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	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 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	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 books and records CATHE SCHWARTZ - 216-342-4417			
	23905 MERCANTILE ROAD, BEACHWOOD, OH 44122			

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# 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	-			ation	100	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	Η.					Ú	from the	from related organizations	other compensation
	hours for	or director				-		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Inst	Officer	Key	Hig	윤			
(1) CATHE SCHWARTZ	40.00	-		,,				120 404		11 400
CHIEF EXECUTIVE OFFICER	2 00			Х				138,404.	0.	11,428.
(2) ADAM WOLINETZ	2.00	٠,,						_	0	0
DIRECTOR	2 00	Х						0.	0.	0.
(3) GROVER GILMORE	2.00	<b>.</b> ,						0.	0.	0
DIRECTOR	2.00	Х						0.	0.	0.
(4) JOEL SALON	2.00	X						0.	0.	0.
DIRECTOR (5) JIM BICKEL	2.00	^				-		0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(6) TERRY GOLDBERG, JD	2.00	Δ			_			0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(7) ALLISON IVEY	2.00							•	•	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) KAREN HESS	2.00							•	•	
DIRECTOR		x						0.	0.	0.
(9) FRED EISNER	2.00	<del> </del>						•		•
DIRECTOR		Х						0.	0.	0.
(10) EDWARD NEWMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(11) KELLY ALBIN	2.00									
DIRECTOR		Х						0.	0.	0.
(12) KEN LIFFMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) DONALD INSUL	2.00									
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL BENNETT	2.00									
DIRECTOR		Х						0.	0.	0.
(15) DANIEL BURKONS	2.00									
DIRECTOR		Х						0.	0.	0.
(16) PATRICIA INGLIS	2.00									
DIRECTOR		Х						0.	0.	0.
(17) BRUCE GOODMAN	5.00							_		_
PRESIDENT, DIRECTOR		Х		Х				0.	0.	0.

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46-4102770 INMOTION Form 990 (2022) Page **8** Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and title	(B) Average			Pos				<b>(D)</b> Reportable	<b>(E)</b> Reportable	l <sub>E</sub>	<b>(F)</b> stimate	d
Tame and the	hours per					than is bo		compensation	compensation		mount o	
	week	offic	cer ar	d a d	directo	or/trus	stee)	from	from related		other	
	(list any	ctor						the	organizations	con	npensat	tion
	hours for	or director				ted		organization	(W-2/1099-MISC/	f	rom the	<b>}</b>
	related	stee (	ruste			suac		(W-2/1099-MISC/	1099-NEC)	1 '	ganizati	
	organizations below	lal tru	onal t		loyee	li o e		1099-NEC)			nd relate	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizatio	ns
(18) SHEILA LEVINE	2.00											
DIRECTOR		Х				_		0.	0.			0.
(19) AMY HANDEL	2.00	x						0.	0.			0.
DIRECTOR	2.00	Δ			-	+	-	0.	0.			<u> </u>
(20) XIN XIN YU DIRECTOR	2.00	Х						0.	0.			0.
(21) KAREN HARNOCZ	2.00				<u> </u>	+	┢	0.	•			<u> </u>
DIRECTOR	2.00	Х						0.	0.			0.
(22) DR. KAREN JAFFE	5.00					T	H					
VICE PRESIDENT, DIRECTOR		х		х				0.	0.			0.
(23) BETH NUSBAUM CURTISS	5.00					†						
IMMEDIATE PAST PRESIDENT		х		x				0.	0.			0.
(24) ANN G. FREIMUTH	5.00											
VICE PRESIDENT, DIRECTOR		Х		Х	<u> </u>	_		0.	0.			0.
(25) GABOR ADLER	5.00	, .		\ \ \				0.	0.			^
TREASURER, DIRECTOR (26) JODY BELL	2.00	Х		Х		+	$\vdash$	0.	0.	1		0.
DIRECTOR	2.00	x						0.	0.			0.
1b Subtotal	ı				<u> </u>	1		138,404.	0.	1	1,42	
c Total from continuation sheets to Part V								0.	0.			0.
d Total (add lines 1b and 1c)								138,404.	0.	1	1,42	28.
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportable	•		
compensation from the organization											11	1
0 5:111											Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-		-		-		•	3		Х
4 For any individual listed on line 1a, is the su										3		
and related organizations greater than \$15										4		Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	ract	ors	that received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or v	/ithi		year.			
(A) Name and business	address	M	INC	7				<b>(B)</b> Description of s	services (		<b>C)</b> ensation	1
Traine and Basiness		11/	7111					Becomplian or a	NOT VIOUS	Jompo		
2 Total number of independent contractors (i	-	ot li	mite	d to		se li 0	ste	d above) who received n	nore than			
\$100,000 of compensation from the organi		ווין	NU Z	AT:			SH	EETS		Form	<b>990</b> (2	2022)

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Form 990 INMOTION 46-4102770

Form 990 INMOTION									46-410	2770
Part VII   Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that		ılv)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SCOTT SIMON DIRECTOR	2.00	Х						0.	0.	0.
(28) MICHAEL CHESNEY DIRECTOR	2.00	х						0.	0.	0.
(29) MICHAEL CRAIG	2.00	х						0.	0.	0.
DIRECTOR (30) ELLEN HALFON	2.00									
DIRECTOR (31) JANE MEYER	5.00	Х						0.	0.	0.
SECRETARY, DIRECTOR		Х		Х				0.	0.	0.
Total to Part VII, Section A, line 1c										

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Form 990 (2022)

INMOTION

Part VIII Statement of Revenue

Total revenue   Passet of example   Commission   Commis			Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
2 a					l ',	Related or exempt	Unrelated	from tax under
2 a	ıts ts	1 8	Federated campaigns 1a					
2 a	ran							
2 a	Ğ,			435,834.				
2 a	ifts ar A		•					
2 a	ni,G							
2 a	Sir							
2 a	her	'		602 529				
2 a	호를	_	··· <del>  -  </del>					
2 a	n o				1 038 363			
2 a   b   c   c   c   c   c   c   c   c   c	<u> </u>	ı	Total. Add lines 1a-11		1,030,303.			
Total, Add lines 2a-27		•		Business Code				
Total, Add lines 2a-27	je							
Total, Add lines 2a-27	yer ue							
Total, Add lines 2a-27	m S		. —————————————————————————————————————					
Total, Add lines 2a-27	gra Re	•	' <del></del>					
Total, Add lines 2a-27	jo	•	' <del></del>					
3   Investment income (including dividends, interest, and other similar amounts)   5,474.   5,474.   5,474.   6   1,4741.   1,690.   1,6	_		_					
Other similar amounts    1	$\overline{}$							
1   1   2   2   2   2   2   2   2   2		3			5 474			5 171
The state of the		_			3,4/4.			3,4/4.
Page								
Second   S		5						
B   Less: rental expenses   C   Rental income or (loss)   Rec   -4,741.   -4,741.   -4,741.   -4,741.		_		(II) Personal				
C   Rental income or (loss)   Gc   -4,741.								
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 b 104, 692.  C Gain or (loss)  8 a Gross income from fundraising events (not including \$ 435, 834 \cdot of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from gaming activities. See Part IV, line 19  b Less: direct expenses  c Net income or (loss) from gaming activities. See Part IV, line 19  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  and allowances  b Less: cost of goods sold  d All other revenue  e Total. Add lines 11a-11d  1,690.			· <del>    4 244  </del>					
Table   Gross amount from sales of assets other than inventory   Table   Gross according to the sales of assets other than inventory   Securities   (ii) Other   99,140.					1 711		1 711	
assets other than inventory b Less: cost or other basis and sales expenses					-4,/41.		-4,/41·	
b Less: cost or other basis and sales expenses can or loss) and sales expenses can or loss) c Gain or (loss)  8 a Gross income from fundraising events (not including \$ 435,834.of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses contributions reported on line 1c). See Part IV, line 19 c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses contributions reported on line 1c). See Part IV, line 19 b Less: direct expenses contributions reported on line 1c). See Part IV, line 19 c Net income or (loss) from gaming activities contributions reported on line 1c). See Part IV, line 19 c Net income or (loss) from gaming activities contributions reported on line 1c). See Part IV, line 19 c Net income or (loss) from gaming activities contributions reported on line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the income or loss of line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 display to the line 1c). See Part IV, line 19 di		7 a		(II) Other				
and sales expenses 7b 104,692. 7c -5,552.			<del> </del>					
C Gain or (loss) 7c -5,552.  d Net gain or (loss) -5,552.  -7,520.  -7,520.		ŀ						
8 a Gross income from fundraising events (not including \$ 435,834.of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  8 a 73,596. 8b 46,076. 27,520. 27,520.  27,520.  27,520.  27,520.  27,520.  27,520.  27,520.	ň							
8 a Gross income from fundraising events (not including \$ 435,834.of contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  8 a 73,596. 8b 46,076. 27,520. 27,520.  27,520.  27,520.  27,520.  27,520.  27,520.  27,520.	eve				F FF2			F FF2
contributions reported on line 1c). See Part IV, line 18 Ba 73,596. b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  Business Code 624100 1,690.  MISCELLANEOUS REVENUE c d All other revenue e Total. Add lines 11a-11d  1,690.	ř.				-5,552.			-5,55∠.
contributions reported on line 1c). See Part IV, line 18 Ba 73,596. b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  Business Code 624100 1,690.  MISCELLANEOUS REVENUE c d All other revenue e Total. Add lines 11a-11d  1,690.	the	8 8						
Part IV, line 18	0							
b Less: direct expenses c Net income or (loss) from fundraising events 27,520.  9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  11 a MISCELLANEOUS REVENUE  4 All other revenue Total. Add lines 11a-11d  1,690.			· · · · · · · · · · · · · · · · · · ·	72 506				
c Net income or (loss) from fundraising events 27,520.  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  Business Code 624100 1,690.  4 All other revenue  Total. Add lines 11a-11d 1,690.				13,596.				
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  Business Code 624100 1,690.  All other revenue e Total. Add lines 11a-11d  1,690.			· · · · · · · · · · · · · · · · · · ·	46,076.	27 520			27 520
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  Business Code 624100 1,690.  All other revenue e Total. Add lines 11a-11d  1,690.					27,520.			27,520.
b Less: direct expenses		9 a	· · ·					
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  11 a MISCELLANEOUS REVENUE  b C d All other revenue  e Total. Add lines 11a-11d  1,690.		_						
Total. Add lines 11a-11d  Total Add lines 11a-11d								
and allowances								
Business Code		10 a	·					
C   Net income or (loss) from sales of inventory   Business Code								
11 a MISCELLANEOUS REVENUE   624100								
11 a MISCELLANEOUS REVENUE 624100 1,690. 1,690.  b c d All other revenue e Total. Add lines 11a-11d 1,690.	-		The tincome or (1055) from Sales of inventory	Rusiness Codo				
e Total. Add lines 11a-11d	Snc	11 -	MISCELLANEOUS REVENUE		1.690.	1.690.		
e Total. Add lines 11a-11d	ne Jue			322200	=,050.	=,050.		
e Total. Add lines 11a-11d	ella							
e Total. Add lines 11a-11d	<u> </u>							
	2				1,690.			
						1,690.	-4,741.	27,442.

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#### Part IX | Statement of Functional Expenses

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

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 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				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	149,832.	89,899.	17,980.	41,953
_	trustees, and key employees	140,002.	05,055.	17,500.	±1,73
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	457 662	274 500	F 4 010	100 145
7	Other salaries and wages	457,662.	274,598.	54,919.	128,145
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	44 000		4 22	2 4 2 2
9	Other employee benefits	11,390.	6,834.	1,367.	3,189
0	Payroll taxes	45,757.	27,454.	5,491.	12,812
1	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,				
3	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,782.	1,391.	278.	1,113
3	Office expenses	7,532.	294.	6,395.	843
4	Information technology	.,			
15	Royalties				
6	Occupancy	1,421.	840.	134.	447
17	Travel	1,421.	040.	174.	44/
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	FF 776	47 412	F F75	2 700
20	Interest	55,776.	47,413.	5,575.	2,788
21	Payments to affiliates	100 505	100 445	10 050	6 005
22	Depreciation, depletion, and amortization	120,527.	102,447.	12,053.	6,027
:3	Insurance	13,853.	11,775.	1,385.	693
<u>'</u> 4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	100 00-	100 000		
а	PROGRAM COSTS	183,307.	183,023.	71.	213
b	PROFESSIONAL FEES	62,114.	20,232.	34,121.	7,761
С	UTILITIES	23,767.	20,203.	2,376.	1,188
d	MAINTENANCE AND REPAIRS	23,419.	19,907.	2,342.	1,170
е	All other expenses	48,030.	14,709.	3,450.	29,871
5	Total functional expenses. Add lines 1 through 24e	1,207,169.	821,019.	147,937.	238,213
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	(- / )				
	educational campaign and fundraising solicitation.		1	l	

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Part X | Balance Sheet INMOTION

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	417,263.	1	153,789.		
	2	Savings and temporary cash investments			402,706.	2	840,303.
	3	Pledges and grants receivable, net			874,757.	3	691,676.
	4	Accounts receivable, net			104,826.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			11,757.	9	18,507
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,599,525.			
	b	Less: accumulated depreciation	10b	436,628.	3,272,937.	10c	3,162,897
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	0.	15	4,533		
	16	Total assets. Add lines 1 through 15 (must eq		<u> </u>	5,084,246.	16	4,871,705
	17	Accounts payable and accrued expenses	90,661.	17	85,892		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th			1 717 250	22	1 (40 410
_	23	Secured mortgages and notes payable to unre			1,717,352.	23	1,649,418
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	. Complete Part X	0		1 576
		of Schedule D			0. 1,808,013.		4,576. 1,739,886.
	26	Total liabilities. Add lines 17 through 25			1,000,013.	26	1,739,000
S		Organizations that follow FASB ASC 958, ch	neck nere				
ğ	07	and complete lines 27, 28, 32, and 33.			3,170,669.	07	3,018,662.
Sala	27	Net assets without donor restrictions			105,564.	27 28	113,157.
βE	28	Net assets with donor restrictions			103,304.	28	113,137
Ξ		Organizations that do not follow FASB ASC	958, cne	ck nere			
ō		and complete lines 29 through 33.	_				
ets	29	Capital stock or trust principal, or current fund				29 30	
4ss	30	Paid-in or capital surplus, or land, building, or e				<del> </del>	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		_	3,276,233.	31	3,131,819.
Z	32	Total liabilities and not specifying halances			5,084,246.	33	4,871,705.
	33	Total liabilities and net assets/fund balances			J, UUI, 440 •	<b>3</b> 3	Form <b>990</b> (2022

46-4102770 Page **12** INMOTION Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,06		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,20		
3	Revenue less expenses. Subtract line 2 from line 1	3	-14		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,27	6,2	<u>33.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,13	1,8	<u> 18.</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			Yes	No
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul		2a		х
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		. Za		
	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:	on a			
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		.   20		
	consolidated basis, or both:	e basis,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit			
Ŭ	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 Sci				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		.		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		.   3b		
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

pen to Public Inspection

Name of the organization

INMOTION Employer identification number 46-4102770

Pa	rt I	Reason for Public (	Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch						
2		A school described in <b>secti</b>						
3		A hospital or a cooperative				(b)(1)(A)(i	ii).	
4		A medical research organiz						the hospital's name
•		city, and state:	анон ороналов и со-	njanionon mini a moopina		00000		and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
5		section 170(b)(1)(A)(iv). (C		inege of drillversity owner	а ог орста	ica by a g	overnmental and desent	JCG    1
6			· · · · · · · · · · · · · · · · · · ·	aantal unit daaarihad in	coetion 17	70/6V/4V/AV	(v)	
6	H	A federal, state, or local gov	_					nublic described in
7		An organization that norma	•	riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co		4\\4\\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-				
8	Н	A community trust describe			-			
9		An agricultural research org				-		-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or
	v	university:						
10	X	An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)							
11	Н	An organization organized a	· ·	•	-			
12		An organization organized a	· ·	•	=		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	-					check the box on
		lines 12a through 12d that	• •			-	· · · · · ·	
а		■ Type I. A supporting orga	· ·			•		
		the supported organization			a majority (	of the dire	ctors or trustees of the s	supporting
		organization. You must o						
b			•					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus						
С		☐ Type III functionally inte					•	ed with,
_		its supported organization		•				
d		☐ Type III non-functionally						• •
		that is not functionally int	-		•		=	iveness
		requirement (see instructi	•	•	•			
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
	F4-	functionally integrated, or	• •	nally integrated support	ing organiz	zation.		
T	Enter the number of supported organizations						,	
g	Provide the following information about the supported organization(s).  (i) Name of supported   (ii) EIN   (iii) Type of organization   (iv) Is the organization listed in your governing document? (described on lines 1.10)							
	organization (described of lifes 1.10) No.   support (see instructions)   support (see instructions)							
	above (see instructions))							
[∩ts								

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Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
	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.						_
-	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(-,,	(-)	(-,	(-,	(-,	(-)
	Gross income from interest,						_
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	nns)			12	
	<b>First 5 years.</b> If the Form 990 is for th	•	,			<u> </u>	
	organization, check this box and <b>stor</b>	•		•		. , . ,	
Sec	tion C. Computation of Publ						
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
_	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	-			-		
-	more, and if the organization meets the	-					:
	organization meets the facts-and-circle						
18	Private foundation. If the organization						
			,	, , ,,	,		(Form 000) 2022

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

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

Sec	etion A. Public Support	,					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	. ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	385,019.	2,123,774.	1,619,338.	1,259,720.	1,038,363.	6,426,214.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	20.	2,095.	106.	, ,	, ,	
_	organization's tax-exempt purpose	20.	4,095.	100.			2,221.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	385,039.	2,125,869.	1,619,444.	1,259,720.	1,038,363.	6,428,435.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						6,428,435.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	385,039.	2,125,869.	1,619,444.	1,259,720.	1,038,363.	6,428,435.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,689.	8,532.	16,712.	66,779.	5,474.	106,186.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_		8,689.	8,532.	16,712.	66,779.	5 474	106,186.
	Add lines 10a and 10b	0,0031	0,3321	10,712	00,773.	3,2,4.	100,1001
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,215.	1,690.	2,905.
13	Total support. (Add lines 9, 10c, 11, and 12.)	393,728.	2,134,401.	1,636,156.	1,327,714.	1,045,527.	6,537,526.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,
	check this box and <b>stop here</b>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>		
Sec	tion C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	98.33 %
16	Public support percentage from 2021	Schedule A, Part I	III, line 15			16	98.09 %
Sec	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	<b>22</b> (line 10c, colum	nn (f), divided by lin	e 13, column (f))		17	1.62 %
18	Investment income percentage from 2	<b>2021</b> Schedule A, F	Part III, line 17			18	1.75 %
19a	33 1/3% support tests - 2022. If the	organization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 $1/3\%$ , check this box as	nd <b>stop here.</b> The d	organization qualifi	es as a publicly su	upported organiza	tion	X
b	33 1/3% support tests - 2021. If the	•				·	
	line 18 is not more than 33 1/3%, che	ck this box and <b>sto</b>	<b>p nere.</b> The organ	uzation qualifies as	s a publicly suppo	rted organization	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
5b 5c		
3C		
6		
7		
8		
9a		
9b		
9с		
10a		
10h		
10b	000	

Pa	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	Ь
360	tion b. All Type III Supporting Organizations		· ·	
	Did the consideration and ideas and of the constant and an article to the last deviction of the CON constant at the		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	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	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 governmental entity (see ins	truction	ns).	
2	Activities Test. Answer lines 2a and 2b 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		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

13246-01

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990) 2022

INMOTION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•	•	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
	(i) (ii)				(iii)		
Secti	ection E - Distribution Allocations (see instructions)  Excess Distributions  Underdistributions  Pre-2022			S	Distributable Amount for 2022		
_1_	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i_	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
a	Excess from 2018						
b	Excess from 2019						
c	Excess from 2020						
d	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2022

INMOTION 46-4102770 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization **Employer identification number** 46-4102770 INMOTION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor 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 Inspection

Name of the organization

INMOTION

Employer identification number 46-4102770

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 2 51161 4411054 141145	(2) - 2.1.20 2.1.2 2.1.0.
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	L	sed funds
•	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization 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 in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
•	balance sheet, and include, if applicable, the text of the foot		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
			•
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INMOTION 46-4102770 Page 2

Part III Organizations Maintaining Collections of Art Historical Treasures or Other Similar Assets/continued)

Pai	t III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures, o	or Other	Similar As	ssets(continue	d)
3	Using the organization's acquisition, accession	n, and other record	ds, checl	k any of the	following tha	t make sig	nificant use c	f its	
	collection items (check all that apply):								
а	Public exhibition	c	ı 🗌	Loan or exc	hange progra	am			
b	Scholarly research	e	,	Other					
С	Preservation for future generations								_
4	Provide a description of the organization's co	llections and explai	in how th	ney further t	he organizati	on's exem	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's c	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Compl	ete if the	organizatio	n answered	"Yes" on F	orm 990, Par	: IV, line 9, or	
	reported an amount on Form 990, Part	: X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing 1	table:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	/?	└ Yes L	No
	If "Yes," explain the arrangement in Part XIII.							L	
Pai	t V Endowment Funds. Complete if								
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d	<b>)</b> Three years b	ack (e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	6							
	The percentages on lines 2a, 2b, and 2c should	•							
3а	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ınd administe	ered for the	}	lac.	
	organization by:							Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat							3b	
4	Describe in Part XIII the intended uses of the		owment	funds.					
Pai	t VI Land, Buildings, and Equipme		0 D-+ 1	/ 15 alak - /	) F 000	D-4V B	- 40		
	Complete if the organization answered								
	Description of property	(a) Cost or o			or other	٠,	umulated	(d) Book va	alue
		basis (investr	nent)		(other)	aepr	eciation	250	000
	Land					2 /	7 004		000.
b	Buildings			3,05	3,607.	31	7,804.	2,745,	003.
С.	Leasehold improvements			1.0	E 010	1 4	28,824.	67	094.
d	Equipment			19	5,918.		40,044.	0/,	074.
	Other			(D) "	10-)			3,162,	807
ıota	. Add lines 1a through 1e. (Column (d) must eq	juai ⊦orm 990, Part	X, colun	nn (B), line 1	IUC.)			J,⊥0⊿,	071.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 INMOTION		4	6-4102770 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Part V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-vear market value
	(b) Book value	(c) Wethod of Valdation. Gost of ci	id of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 990 Part IV line	11d Soo Form 990 Part V line 15	
	Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
	Description		(b) Dook value
(1)			+
(2)			+
(3)			+
(4)			
(5)			+
(6)			
(7)			+
(8)			+
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lir	20.15.)		
Part X Other Liabilities.	ie 13.)		
Complete if the organization answered "Yes	on Form 990 Part IV line	110 or 11f Soo Form 000 Part V line 1	05
(-) Describition of Balance	OITTOITH 990, Part IV, line	The of Thi. See Form 990, Part A, line 2	(b) Book value
			(b) Book value
(1) Federal income taxes			
T DAGE T TABLE TON			1 576
(2) LEASE LIABILITY			4,576
(2) LEASE LIABILITY (3)			4,576
(2) LEASE LIABILITY			4,576

4,576. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

(7) (8)

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,128,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		65,837.		
е	Add lines 2a through 2d			2e	65,837.
3	Subtract line 2e from line 1			3	1,062,755.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,062,755.
Par	t XII Reconciliation of Expenses per Audited Financial Stater		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,273,006.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	65,837.		4- 44-
е	Add lines 2a through 2d			2e	65,837.
3	Subtract line 2e from line 1			3	1,207,169.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,207,169.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III,			1; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforn	nation.		
DAE	RT X, LINE 2:				
LAI	XI A, DINE Z.				
MAN	NAGEMENT DOES NOT CONSIDER ANY OF THE ACT	TVTTTES	OF THE OR	GAN'	TZATTON TO
	(AIOZIIZI(I 2012) I(OI 001(BIZZI( II(I 01 IIIZ II0I		01 1112 011		
BE	CONSIDERED UNRELATED BUSINESS INCOME THAT	r COULD	RESULT IN	IN	COME TAX.
FOF	R THE YEARS DECEMBER 31, 2022 AND 2021, THE	HERE AR	E NO TAX I	NTE	REST OR
PEN	NALTIES REFLECTED IN THE STATEMENT OF ACT	IVITIES	OR IN THE	ST	ATEMENT OF
F.TI	NANCIAL POSITION.				
DAE	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
LAI	XI XI, DINE 2D - OTHER ADOUGHENTS:				
REN	TAL EXPENSES NETTED WITH REVENUE				65,837.
	, , , , , , , , , , , , , , , , , , ,				0070070
PAF	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
	,				
REN	TAL EXPENSES NETTED WITH REVENUE				65,837.
	4 09-01-22			Sched	lule D (Form 990) 2022

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Schedule D (Form 990) 2022 INMOTION	46-4102770 Page 5
Schedule D (Form 990) 2022 INMOTION  Part XIII Supplemental Information (continued)	<u> </u>

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
INMOTIO						46-4102	
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	'es" oı	n Form 990, Part IV, I	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual tart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				s or has been notified	d it is	exempt from re	egistration
				-			

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

Schedule G (Form 990) 2022

INMOTION

Pa	rt I					
		of fundraising event contributions and gro				ots greater than \$5,000.
			(a) Event #1 PALS IN MOTION	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	509,430.			509,430.
	2	Less: Contributions	435,834.			435,834.
	3	Gross income (line 1 minus line 2)	73,596.			73,596.
	4	Cash prizes				
es	5	Noncash prizes				
pens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	1,292.			1,292.
	8	Entertainment				
	9	Other direct expenses				44,784.
		Direct expense summary. Add lines 4 through				46,076. 27,520.
Pa		Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		990 Part IV line 19 or		21,320.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mile 10, or	reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
=xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	er the state(s) in which the organization condu- he organization licensed to conduct gaming at No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
23208	32 10	0-27-22			Sche	dule G (Form 990) 2022

Scł	nedule G (Form 990) 2022	INMOTION 46-4	4102	770	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	☐ No
		ficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming				
	The organization's facility		13a		%
			13b		%
		e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
15	a Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?	🗆	Yes	☐ No
ı		ng revenue received by the organization \$ and the amount			
	of gaming revenue retained by the				
•	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Garmig manager compensation	<u> </u>			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
		state law to make charitable distributions from the gaming proceeds to			
				Yes	☐ No
ı		equired under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activiti	es during the tax year \$			
Pá		<b>nation.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Paapplicable. Also provide any additional information. See instructions.	art III, li	nes 9,	9b, 10b,
		· · · ·			

Schedule G	(Form 990) INMOTION	46-4102770 Page 4
Part IV	(Form 990) INMOTION Supplemental Information (continued)	_

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047
2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

INMOTION

Employer identification number 46-4102770

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

HELP PEOPLE WITH PARKINSON'S DISEASE FEEL BETTER EVERY DAY.

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

TERRY GOLDBERG AND JODY BELL WHO ARE BOTH DIRECTORS HAVE A FAMILY RELATIONSHIP.

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

THE AUDIT COMMITTEE REVIEWS THE 990 PRIOR TO FILING. COMPLETE COPIES OF THE 2022 FORM 990 WERE THEN SENT TO ALL MEMBERS OF THE BOARD, FOR THEIR INFORMATION, PRIOR TO FILING WITH THE IRS.

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

OUR BOARD ANNUALLY REVIEWS THE CONFLICT OF INTEREST POLICY AND SIGNS A

STATEMENT ACKNOWLEDGING THEY HAVE REVIEWED IT. BOARD MEMBERS ARE REQUIRED

TO DISCLOSE THE EXISTENCE OF A FINANCIAL INTEREST TO THE BOARD OF

DIRECTORS. BOARD MEMBERS WITH A CONFLICT OF INTEREST MAY NOT DISCUSS OR

VOTE ON THE SUBJECT OF THE CONFLICT OF INTEREST. THE BOARD SHALL TAKE

APPROPRIATE AND CORRECTIVE ACTION IF A CONFLICT OF INTEREST IS NOT

DISCLOSED BY ONE OF ITS MEMBERS.

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

THE BOARD MEMBERS OF INMOTION DETERMINE COMPENSATION BY REVIEWING

COMPARABLE DATA AND THEN DISCUSSING IT AMONG THE MEMBERS. THE SALARY OF THE

EXECUTIVE DIRECTOR WAS DETERMINED BY USING THIS METHOD.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization INMOTION 46-4102770 FORM 990, PART VI, SECTION C, LINE 19: INMOTION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST. IT DOES NOT MAKE ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY WAS ADOPTED ON JANUARY 14, 2014. FORM 990, PART XII, LINE 2C THE 990 REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

#### UNRELATED BUSINESS INCOME

## **CARRYOVER DATA TO 2023**

Name INMOTION	Employer Identification Number 46-4102770
Based on the information provided with this return, the following are possible carryover amounts to next year.	•
FEDERAL POST-2017 NET OPERATING LOSS - SECTOR 53: RE	INTAL 16,479.

vne and	d Entity: secт	OR 53. RENTA	L POST-2017 NO	I. FED	DETAIL C	ARRYOVER SCH	FDIII F				
ection 382	Annual Limitation	JK JJ; KENIA	Section 382 Carryover		DETAIL O	AIIII OVEII SOII	LDOLL				
⁄ear Drigi- ated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amoui Used f
2020 2021	5,175. 6,563.										
2022	4,741.										
etail S ype B C	Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amou Used

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	INMOTION 23905 MERCANTILE ROAD BEACHWOOD, OH 44122
Prepared by	ZINNER & CO. LLP 3201 ENTERPRISE PARKWAY, SUITE 410 CLEVELAND, OH 44122-7329
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	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-TE 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.

#### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending
or caloridar year 2022, or needs year beginning	, LULL, und chang

2022

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer INMOTION 46-4102770 CATHE SCHWARTZ Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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** Form 990 check here ...... 1a Form 990-EZ check here ... **b Total revenue,** if any (Form 990-EZ, line 9) 2a 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here ..... 6a Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 tay preparation entry for payment of the federal tayon and a this action and the entry to the financial institution account indicated in the tax preparation software for payment of the 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 electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize ZINNER & CO. LLP <u>02</u>770 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 34418712419 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 2022 electronically filed return 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. SUSAN D. KRANTZ 09/27/23 ERO's signature Date

Do Not Submit This Form to the IRS Unless Requested To Do So

**ERO Must Retain This Form - See Instructions** 

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 46-4102770 INMOTION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 23905 MERCANTILE ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BEACHWOOD, OH 44122 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 CATHE SCHWARTZ • The books are in the care of ▶ 23905 MERCANTILE ROAD - BEACHWOOD, OH 44122 Telephone No. ► 216-342-4417 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this \_\_l. If it is for part of the group, check this box ▶ \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: L Change in accounting period

estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Form 8868 (Rev. 1-2022)

За

3b

instructions.

any nonrefundable credits. See instructions.

#### EXTENDED TO NOVEMBER 15, 2023

Form <b>990-T</b>	Exempt Organization Business Income Tax Return	n	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		2022
	For calendar year 2022 or other tax year beginning, and ending	I	2022
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization ( Check box if name changed and see instructions.)	DEmpl	oyer identification number
<b>B</b> Exempt under section	Print INMOTION	4	6-4102770
X 501(c)(3) 408(e) 220(e)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. 23905 MERCANTILE ROAD		o exemption number nstructions)
408A 530(a) 529A	City or town, state or province, country, and ZIP or foreign postal code BEACHWOOD, OH 44122	F 🗆	Check box if
	C Book value of all assets at end of year		an amended return.
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H Check if filing only to	Claim credit from Form 8941 Claim a refund shown on Form 2439		
l Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u>
	attached Schedules A (Form 990-T)		1
•	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	ame and identifying number of the parent corporation.		
L The books are in ca	· · · · · · · · · · · · · · · · · · ·	216-	342-4417
Part I   Total Uni	related Business Taxable Income		
	business taxable income computed from all unrelated trades or businesses (see	1	0.
		2	
3 Add lines 1 and 2		3	
4 Charitable contrib	utions (see instructions for limitation rules)	4	0.
5 Total unrelated but	siness taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net	operating loss. See instructions	6	
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	m line 5	7	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
	99A deduction. See instructions	9	
	. Add lines 8 and 9	10	1,000.
11 Unrelated busine	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
		11	0.
Part II Tax Com			
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	, , , , , , , , , , , , , , , , , , , ,	2	
3 Proxy tax. See ins	structions	3	
	s. See instructions	4	
	um tax (trusts only)	5	
•	liant facility income. See instructions	6	
	through 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork I	Reduction Act Notice, see instructions.		Form <b>990-T</b> (2022)

Dort	111   -	Tax and Payments					1 (	
		<u>-</u>						
1a	•	gn tax credit (corporations attach Form 11				-		
b	Other	credits (see instructions)		1b		-		
С		ral business credit. Attach Form 3800 (se				-		
d		t for prior year minimum tax (attach Form						
е		credits. Add lines 1a through 1d				1e		
2		act line 1e from Part II, line 7				2		0.
3	Other	amounts due. Check if from: Form 4						
			(attach statement)			3		
4		tax. Add lines 2 and 3 (see instructions).	·	-				^
						4		0.
5		nt net 965 tax liability paid from Form 965		1 1		5		0.
6a		ents: A 2021 overpayment credited to 20						
b		estimated tax payments. Check if section	n 643(g) election appliesL					
С								
d		gn organizations: Tax paid or withheld at s						
е		up withholding (see instructions)						
f		t for small employer health insurance prer		6f				
g		credits, adjustments, and payments:		_				
			Other Tot					
7		payments. Add lines 6a through 6g				7		
8		ated tax penalty (see instructions). Check				8		
9		ue. If line 7 is smaller than the total of line				9		
10		payment. If line 7 is larger than the total o		erpaid		10		
11 David		the amount of line 10 you want: Credited		_4:	Refunded	11		
		Statements Regarding Certain						
1		y time during the 2022 calendar year, did		-	•		Yes	No
		a financial account (bank, securities, or ot	· · · · · · · · · · · · · · · · · · ·	-	•			
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter	the name of the	foreign country			
	here							<u>X</u>
2		g the tax year, did the organization receiv	· · · · · · · · · · · · · · · · · · ·					
		n trust?						<u>X</u>
		s," see instructions for other forms the or						
3		the amount of tax-exempt interest receive						
4		available pre-2018 NOL carryovers here	\$ Do no					
		n on Schedule A (Form 990-T). Don't redu	•		=	. I I I		
5		2017 NOL carryovers. Enter the Business	Activity Code and available post-20	17 NOL carryov	are Don't reduc	rt i, iine 6.		
	the ar		-			e		
		nounts shown below by any NOL claimed	d on any Schedule A, Part II, line 17			e		
		Business Activit	d on any Schedule A, Part II, line 17	for the tax year.		ee S. carryover	-	
			d on any Schedule A, Part II, line 17	for the tax year.  Available	See instructions	ee S.		
		Business Activit	d on any Schedule A, Part II, line 17	for the tax year Available	See instructions	ee S. carryover		
6a	Did th	Business Activit	d on any Schedule A, Part II, line 17 ly Code 110	for the tax year.  Available	See instructions	carryover	-	х
6a b		Business Activit 531	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions)	for the tax year Available \$	See instructions post-2017 NOL c	carryover		X
b	If 6a is explai	Business Activit 531  be organization change its method of according to the second sec	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions)	for the tax year Available \$ \$ 0-PF, or Form 1	See instructions post-2017 NOL c	carryover		X
	If 6a is explai	Business Activit 531  e organization change its method of accors "Yes," has the organization described the second	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions) he change on Form 990, 990-EZ, 99	for the tax year Available \$ \$ 0-PF, or Form 1	See instructions post-2017 NOL c	carryover		X
b Part	If 6a is explai	Business Activit 531  be organization change its method of according to the second sec	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions) he change on Form 990, 990-EZ, 99	for the tax year Available \$ \$  O-PF, or Form 1	See instructions post-2017 NOL o	carryover		X
b Part	If 6a is explai	Business Activit 531  be organization change its method of according to the organization described the simple mental in Part V  Supplemental Information	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions) he change on Form 990, 990-EZ, 99	for the tax year Available \$ \$  O-PF, or Form 1	See instructions post-2017 NOL o	carryover		X
b Part	If 6a is explained by State of the explained by State of the explain to the explain the ex	Business Activit 531  The organization change its method of accounts and accounts are selected to the selected	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions) he change on Form 990, 990-EZ, 990 so, provide any other additional infor	for the tax year Available \$ \$  O-PF, or Form 1  mation. See ins	See instructions post-2017 NOL const-2017 NOL constructions.	se s. carryover 11,738.		X
<b>Part</b> Provide	If 6a is explained by the explained by the explained by the explained by the explain the e	Business Activit 531  be organization change its method of according its method of according its method of according in part V  Supplemental Information  Explanation required by Part IV, line 6b. Also	d on any Schedule A, Part II, line 17 by Code 110  ounting? (see instructions) he change on Form 990, 990-EZ, 99  so, provide any other additional infor	for the tax year Available \$ \$  O-PF, or Form 1	See instructions post-2017 NOL const-2017 NOL const-2017 NOL constructions.	se s. carryover 11,738.	s true,	X
Part Provide	If 6a is explained by the explained by the explained by the explained by the explain the e	Business Activit 531  The organization change its method of accounts and accounts are selected to the selected	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) he change on Form 990, 990-EZ, 990  so, provide any other additional information of which providers in taxpayer) is based on all information of which providers.	Available  Available  S  O-PF, or Form 1  The mation. See insert and statements, and reparer has any know EXECUTI	See instructions post-2017 NOL of the best of my know pledge.	se s. carryover 11,738.		
<b>Part</b> Provide	If 6a is explained by the explained by t	Business Activit 531  be organization change its method of according a second s	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) he change on Form 990, 990-EZ, 99  so, provide any other additional information of which pounting is based on all information	Available  Available  S  O-PF, or Form 1  The mation. See insert and statements, and reparer has any know EXECUTI	See instructions post-2017 NOL const-2017 NOL constructions.  128? If "No,"  tructions.  to the best of my knowledge.  VE	se s	s return w	vith
Part Provide	If 6a is explained by the explained by t	Business Activit 531  be organization change its method of according to the organization described the part V  Supplemental Information  Explanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than a gnature of officer	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) he change on Form 990, 990-EZ, 990  so, provide any other additional infort this return, including accompanying schedules at taxpayer) is based on all information of which p  CHIEF  OFFIC  Date  Title	for the tax year Available \$ \$  0-PF, or Form 1  mation. See insert the same statements, and repairer has any know EXECUTIER	See instructions post-2017 NOL of the best of my knowledge.	wledge and belief, it is ay the IRS discuss this e preparer shown belostructions)? X	s return w	
Part Provide	If 6a is explained by the explained by t	Business Activit 531  be organization change its method of according a second s	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) he change on Form 990, 990-EZ, 99  so, provide any other additional information of which pounting is based on all information	Available  Available  S  O-PF, or Form 1  The mation. See insert and statements, and reparer has any know EXECUTI	See instructions post-2017 NOL of the best of my knowledge.  Check if	wledge and belief, it is ay the IRS discuss this e preparer shown belostructions)? X Yes	s return w	vith
Part Provide	If 6a is explained by the explained by t	Business Activit 531  The organization change its method of accounts and accounts are accounts as "Yes," has the organization described the interpretal in part V  Supplemental Information  Explanation required by Part IV, line 6b. Also and account and accounts are accounted by Part IV, line 6b. Also and accounts are accounted by Part IV, line 6b. Also and accounts are accounted by Part IV, line 6b. Also and accounts are accounted by Part IV, line 6b. Also accounts are accounted by Part IV, line 6b. Also accounts are accounted by Part IV, line 6b. Also account accounted by Part IV, line 6b. Also account acco	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) the change on Form 990, 990-EZ, 990  so, provide any other additional information of which provided in the search of t	for the tax year Available \$ \$  0-PF, or Form 1  mation. See insert the same that any know EXECUTIER  Date	See instructions post-2017 NOL of post-2	wledge and belief, it is ay the IRS discuss this e preparer shown belostructions)? X Yo	s return w ow (see	vith
Part Provide Sign Here	If 6a is explai	Business Activit 531  The organization change its method of accounts and accounts are accounts as "Yes," has the organization described the interpretable of the interpretable of the interpretable of the interpretable of perjury, I declare that I have examined arrect, and complete. Declaration of preparer (other than a gnature of officer  Print/Type preparer's name  SUSAN D. KRANTZ	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) the change on Form 990, 990-EZ, 990  so, provide any other additional information of which provide in taxpayer) is based on all information of which provide in the companying schedules.  This previous companying schedules is taxpayer) is based on all information of which provide in the companying schedules.  This previous companying schedules.  The companying schedules.  The companying schedules.  This previous companying schedules.  The companying schedules.	for the tax year Available \$ \$  0-PF, or Form 1  mation. See insert the same statements, and repairer has any know EXECUTIER	See instructions post-2017 NOL of post-2	wledge and belief, it is any the IRS discuss this errections)? X You Poll of PTIN P00233	s return wow (see	rith
Part Provide Sign Here Paid Prepa	If 6a is explained by the explained by t	Business Activit 531  The organization change its method of accounts and accounts are accounted to the second series of the second seco	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions)  the change on Form 990, 990-EZ, 990  so, provide any other additional information of which pour characteristics of the company of the change on all information of which pour characteristics of the company of the company of the change on all information of which pour characteristics of the company of the company of the change of the company of	for the tax year Available \$ \$  0-PF, or Form 1  mation. See insert the service of the service o	See instructions post-2017 NOL of post-2	wledge and belief, it is ay the IRS discuss this e preparer shown belostructions)? X Yo	s return wow (see	rith
Part Provide Sign Here	If 6a is explained by the explained by t	Business Activit 531:  The organization change its method of according in the organization described the interpolar in part V.  Supplemental Information  Replanation required by Part IV, line 6b. Also ander penalties of perjury, I declare that I have examined errect, and complete. Declaration of preparer (other than grature of officer  Print/Type preparer's name  SUSAN D. KRANTZ  Firm's name  ZINNER & CO.  3201 ENTER:	d on any Schedule A, Part II, line 17 by Code 110  counting? (see instructions) the change on Form 990, 990-EZ, 990  so, provide any other additional information of which provide in taxpayer) is based on all information of which provide in the companying schedules.  This previous companying schedules is taxpayer) is based on all information of which provide in the companying schedules.  This previous companying schedules.  The companying schedules.  The companying schedules.  This previous companying schedules.  The companying schedules.	for the tax year Available \$ \$  0-PF, or Form 1  mation. See insert the service of the service o	See instructions post-2017 NOL constructions  128? If "No,"  tructions.  to the best of my knowledge.  VE  Mathematical Ma	wledge and belief, it is any the IRS discuss this errections)? X You Poll of PTIN P00233	s return wow (see es 254	vith

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

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	I Revenue Service Do not enter SSN numbers on this form as it	may be	made public if your	organizatio	on is a 501(c)(	3).	501(c)(3) Organizations Only
<b>A</b>	lame of the organization INMOTION				B Employer 46-41		cation number 70
<u>с</u> ।	Unrelated business activity code (see instructions) 53111	.0			<b>D</b> Sequence	e: .	1 of 1
	Describe the unrelated trade or business SECTOR 53: R	FNT	ΔТ.				
		121417					
Pa	t I Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
C	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach	_					
•	statement)	5 6	61,09	96	65,8	37	-4,741.
6	Rent income (Part IV)	7	01,03	<del>/ •   -  </del>	05,0	, , , ,	±,/±±•
7 8	Unrelated debt-financed income (Part V)	$\vdash \vdash \vdash$					
0	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)	$\vdash$					
Ū	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	<b>Total.</b> Combine lines 3 through 12	13	61,09	96.	65,8	37.	-4,741.
Da	t II Deductions Not Taken Elsewhere See instructi	ons fo	or limitations on	deduct	ions Dedi	ıction	s must he
Га	directly connected with the unrelated business in			dedde	ions. Deal	action	3 mast be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	
6	Taxes and licenses					6	
7	Depreciation (attach Form 4562). See instructions					Oh	
8 9	Less depreciation claimed in Part III and elsewhere on return					8b 9	
10	Depletion Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)					14	
15	Total deductions. Add lines 1 through 14					15	0.
16	Unrelated business income before net operating loss deduction. S						
	column (C)					16	-4,741.
17	Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16					18	-4,741.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

		od of inventory valuation			
ı	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
ŀ	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
3	Cost of goods sold. Subtract line 7 from line 6. Enter h				
<u> </u>	Do the rules of section 263A (with respect to property p				Yes No
	IV Rent Income (From Real Property and				
1	Description of property (property street address, city, s A SECTOR 53: RENTAL			nstructions. ROAD,BEACH	WOOD, OH 4
	·	23903 ME	RCANTILL	RUAD, BEACH	WOOD, On 4
	B				
	D				
	Don't was a band on a second	Α	В	С	D
:	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%	0.			
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds	61,096.			
	50% or if the rent is based on profit or income)	01,090.			
С	Total rents received or accrued by property.	61,096.			
	Add lines 2a and 2b, columns A through D	01,090.			
3	Total rents received or accrued. Add line 2c columns A Deductions directly connected with the income	through D. Enter here ar	nd on Part I, line 6	6, column (A)	61,096.
	podaotiono ancotty connected with the income				
4	in lines 2(a) and 2(b) (attach statement) STMT 2	65,837.			
4		65,837.			
4 5	in lines 2(a) and 2(b) (attach statement) STMT 2   Total deductions. Add line 4 columns A through D. Ent	ter here and on Part I, lin	e 6, column (B)		65,837.
	in lines 2(a) and 2(b) (attach statement) STMT 2   Total deductions. Add line 4 columns A through D. Ent	ter here and on Part I, lin	e 6, column (B)		65,837.
5	in lines 2(a) and 2(b) (attach statement) STMT 2   Total deductions. Add line 4 columns A through D. Ent	ter here and on Part I, lin			65,837.
5 art	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of A	ter here and on Part I, lin			65,837.
irt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of a B	ter here and on Part I, lin			65,837.
rt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of B)  C	ter here and on Part I, lin			65,837.
ırt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of a B	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A	ter here and on Part I, lin			65,837. D
rt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of a B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of B)  C D  Gross income from or allocable to debt-financed property	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
irt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of the columns income)  B	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (se  Description of debt-financed property (street address, of the columns income)  B	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
irt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of the columns income)  B	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
art l	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
a b	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt a	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt a b c	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt a b c	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of the columns income)  Gross income from or allocable to debt-financed property  Deductions directly connected with or allocable to debt-financed property  Straight line depreciation (attach statement)  Other deductions (attach statement)  Total deductions (add lines 3a and 3b, columns A through D)  Amount of average acquisition debt on or allocable	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt a b c	Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	eck if a dual-use.	See instructions.	
rt a b c	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	ter here and on Part I, lingle instructions) bity, state, ZIP code). Che	B	See instructions.	D
a b c	Total deductions. Add line 4 columns A through D. Ent  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, line instructions)  bity, state, ZIP code). Che	B	See instructions.	D %
a b c	Total deductions. Add line 4 columns A through D. End  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	ter here and on Part I, line instructions) Sity, state, ZIP code). Che	B	See instructions.  C	D %
t o	Total deductions. Add line 4 columns A through D. End  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	ter here and on Part I, line instructions) Sity, state, ZIP code). Che	B	See instructions.  C	D %
a b c	Total deductions. Add line 4 columns A through D. End  V Unrelated Debt-Financed Income (see  Description of debt-financed property (street address, of A B B B B B B B B B B B B B B B B B B	ter here and on Part I, line instructions) Sity, state, ZIP code). Che	B	See instructions.  C	D %

Part	VI Interest, Annu	uities, R	oyalties, and R	ents fro	m Contro			•		
					Exempt Controlled Organizations					
	Name of controlled organization		2. Employer		unrelated		al of specified	5. Part of col that is include		6. Deductions directly
			identification	1	me (loss)	payn	ments made	controlling or		connected with
			number (see ir		structions)			tion's gross income		income in column 5
<u>(1)</u>										
(2)										
(3)										
(4)				1						
	<del>-</del>			<del> </del>	Controlled O	<u> </u>			1 44 6	S 1 12 12 11
7	. Taxable Income				otal of specified			of column 9 cluded in the		Deductions directly
			ncome (loss) e instructions)	pa	yments mad	ie	controlling	organization's		connected with ome in column 10
		(36)					gross	income	1110	
(1)				1						
(2)				1					1	
(3)				+						
(4)							Add solum	nns 5 and 10.	٨٨٨	columns 6 and 11.
								and on Part I,		here and on Part I,
								column (A)	1	ne 8, column (B)
Totals								0		0.
Part	VII Investment	Income	of a Section 50	)1(c)(7)	(9) or (17	) Orga	nization (s			
		cription of		- (-)(-)	2. Amou		3. Deduction		t-asides	5. Total deductions
		•			incon		directly conn		statemen	
							(attach state	ment)		(add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
					Add amou					Add amounts in
					column 2 here and o					column 5. Enter here and on Part I,
					line 9, colu					line 9, column (B)
Totals						0.				0.
Part	VIII Exploited E	xempt A	Activity Income	, Other	Than Adv	ertisir	ng Income	see instruction	s)	
1	Description of exploite	•								
2	Gross unrelated busin								2	
3	Expenses directly con		•							
	line 10, column (B)								3	
4	Net income (loss) fron	n unrelated	d trade or business.	Subtract I	ine 3 from lir	ne 2. If a	gain, complete	е		
	lines 5 through 7								4	
5	Gross income from ac									
6	Expenses attributable								6	
7	Excess exempt exper									
	4. Enter here and on F	Part II, line	12						7	

Schedule A (Form 990-T) 2022

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if report	ting two or r	nore periodicals on a	consolidated bas	sis.	
	A					
	В					
	С					
	D					
Enter a	amounts for each periodical listed above in th	e correspor	nding column.			
	•	· [	Α	В	С	D
2	Gross advertising income	Ī				
	Add columns A through D. Enter here and co		e 11, column (A)		•	0.
а	•	,				
3	Direct advertising costs by periodical	Γ				
а	Add columns A through D. Enter here and co		e 11, column (B)		•	0.
	•	,				
4	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not comple	ete				
	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less tha					
	line 5, subtract line 6 from line 5. If line 5 is l	ess				
	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gair	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the	greater of th	ne line 8a, columns to	tal or zero here a	nd on	_
	Part II, line 13					0.
Part	X Compensation of Officers, D	irectors,	and Trustees (s	ee instructions)	<del>,</del> , , , , , , , , , , , , , , , , , ,	
					3. Percentage	4. Compensation
	<b>1.</b> Name		2. Title		of time devoted	attributable to
		1			to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
<b>-</b>						0
Part						0.
Part	XI Supplemental Information (s	see instructi	ons)			

46-4102770

990-T SCH A	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20 12/31/21	5,175. 6,563.	0.	5,175. 6,563.	5,175. 6,563.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	11,738.	11,738.

FORM 990-T (A)	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 2
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION CLEANING INSURANCE MAINT/REPAIRS UTILITIES TELEPHONE WEBSITE INTEREST REAL ESTATE TAXE ADMIN EXPENSE	S	- SUBTOTA	 L - 1	26,865. 3,901. 3,265. 6,320. 6,167. 419. 106. 15,733. 61. 3,000.	65,837.
TOTAL TO FORM 99	0-т, schedui	LE A, PART	IV, LINE 4		65,837.