Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ 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

2022 A For the 2021 calendar year, or tax year beginning NOV 1, 2021 and ending OCT Check if applicable: C Name of organization D Employer identification number X Address change INWARD BOUND MINDFULNESS EDUCATION, Name change 27-3029390 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 878 WASHINGTON STREET #1119 508-250-0628 1,032,538. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return ATTLEBORO, MA 02703 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JACQUI CLAY for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) () ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.IBME.COM **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 2010 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 8 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 840,525. 632,534. 8 Contributions and grants (Part VIII, line 1h) Revenue 231,310. 390,037. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 254,728 9,967. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,326,563. 1,032,538 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 518,114. 596,287. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 608,024. 815,699. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,126,138. 1,411,986. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -379,448. 200,425. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 845,042. 374,923. Total assets (Part X, line 16) 78,011. 21 Total liabilities (Part X, line 26) 168,682. 676,360. 296,912 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. aggin Clay 05/25/2023 Signature of officer Date Sign JACQUI CLAY, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01463837 Paid self-employed NON PROFIT CAPITAL MANAGEMENT LLC Firm's EIN \triangleright 38-3697447Preparer Firm's name Firm's address > 153 CLINTON ROAD Use Only Phone no. 781-933-6726 STERLING, MA 01564-2357 X Yes May the IRS discuss this return with the preparer shown above? See instructions

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ▶ 1,177,227.

) (Revenue \$

Form 990 (2021)

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	, ,	120	Х	
1.	Schedule D, Parts XI and XII	12a	21	\vdash
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
40	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		-
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
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		<u> X</u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		x
	J			

132003 12-09-21

Form **990** (2021)

Page 4

	· (continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
2 4a	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		
c	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		X
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-25
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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			v
20	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?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contouring Contrained a recipionate of flotte to diffy line in this fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
_				

132004 12-09-21

Form **990** (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2 a	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	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		١.		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
D	If "Yes," enter the name of the foreign country				
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5a 5b		X
	14 NA		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol		 		
ou	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to th	e payor?	7a		Х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.	ed?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	198-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter:				
'' a	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v
	excess parachute payment(s) during the year?		15		X
46	If "Yes," see the instructions and file Form 4720, Schedule N.		40		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disgualified person, or mine operator organs in any				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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	1a		6					
	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		2					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			. L	3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			- 1	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		· [5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap								
	more members of the governing body?	-			7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			Γ					
	persons other than the governing body?				7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?	-	-	ľ	8a	Х			
_	b Each committee with authority to act on behalf of the governing body?								
9									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			· ·			X		
	(This Section B requests information about policies not required by the internal rie	venue	Code.)			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·	100				
~			, annatos,		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			∵ ⊢	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 50.0.	o ming the form.	h					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			ľ	12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? f "			··	120				
·	on Schedule O how this was done	,			12c	х			
13	Did the organization have a written whistleblower policy?				13	X			
14	Did the organization have a written document retention and destruction policy?				14	X			
15	Did the process for determining compensation of the following persons include a review and approva			·					
.0	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		асренает						
•	The organization's CEO, Executive Director, or top management official			ľ	15a	Х			
	Other officers or key employees of the organization			- 1	15b	X			
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·	100				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
iou				ľ	16a		X		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				.50				
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization the organization to evaluate the organization to evaluate the organization the organizati	-	· · · · · · · · · · · · · · · · · · ·						
	exempt status with respect to such arrangements?			ľ	16b				
Sec	tion C. Disclosure				100				
17	List the states with which a copy of this Form 990 is required to be filed ►MA, CO, CT, NY, O	R . V	A,WA,DC						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar			3)s (onlv) a	availah	ole		
	for public inspection. Indicate how you made these available. Check all that apply.	500	(0)(0)	-,- (- · · · <i>y</i> , c				
	Own website								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	and t	finano	ial			
.5	statements available to the public during the tax year.			ai iu	al IC				
20	State the name, address, and telephone number of the person who possesses the organization's boo	nks and	d records						
20	JENNIFER HEITEL - 508-250-0628	טונט מוונ							
	878 WASHINGTON STREET, #1119, ATTLEBORO, MA 02703								
	02705								

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

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

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

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

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

Check this box if neither the organization nor any related organization compensate								ted any current officer, director, or trustee.				
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pei	erson is both an director/trustee)			compensation	compensation	amount of		
	week	\vdash	l an		II ecic	Tuus	(66)	from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e 0r 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ndividual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related		
	below	idual	intion	l la	Key employee	est cc oyee	le.	,		organizations		
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former					
(1) DAVID MACEK	40.00											
TREASURER, DEVELOPMENT & BUS. STRATE		Х		X				73,529.	0.	13,761.		
(2) JENNIFER HEITEL	32.00								_			
SECRETARY, OPER. & FINANCE		Х		Х				55,289.	0.	7,471.		
(3) MARK WAX	10.00								_	_		
DIRECTOR, TEACHER, PROG SUPPORT		Х						23,956.	0.	0.		
(4) JACQUI CLAY	2.00			l				44.044				
PRESIDENT, TEACHER, PROG SUPPORT		Х		X				11,314.	0.	0.		
(5) ANTHONY SARTORI	2.00							1 105		•		
DIRECTOR, EQUITY ADVISORY COMMITTEE	1 00	Х	_					1,125.	0.	0.		
(6) TAEYA BOI-DOKU	1.00	٦,						CEE	_	0		
DIRECTOR (UNTIL 09/2022)	2 00	Х						655.	0.	0.		
(7) FALCON CALIGIURI-RANDALL	2.00							175	_	0		
DIRECTOR, YOUTH ADV. COMMITTEE		Х						175.	0.	0.		
-												
		1										
										5 000 (2221)		

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	;	Es	stimate	ed .
	hours per week	box	, unle	ss per	rson i	is botl	h an	compensation	compensatio		an	nount	of
	(list any					Π	T	from the	from related organization		com	other pensa	tion
	hours for	direct				, p		organization	(W-2/1099-MIS		1	om the	
	related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	,	org	anizati	ion
	organizations below	al trus	onal tr		oloyee	comp		1099-NEC)			l	d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	,	느	=	0	3	工品	Œ						
						_					<u> </u>		
						\vdash				—	 		
											<u> </u>		
				_		-	_						
1h Cubtotal								166,043.		0.	2	1,2	3 2
1b Subtotal c Total from continuation sheets to Part VI	I Section A							0.		0.		1,2.	0.
d Total (add lines 1b and 1c)								166,043.		0.	2	1,2	
Total number of individuals (including but n							no re		000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,		ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes." com	•				•		Siale	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors	<u>ipiere ochedure</u>	<i></i>	OF SE	<i>1</i> 011 <u>1</u>	<i>JEI</i> 3	OH							
Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	pensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B) Description of s		_))		_
Name and business	address	N	ONE	<u> </u>			\dashv	Description of s	ervices		Compe	risatioi	1
-							\dashv						
										<u> </u>			
							_						
2 Total number of independent contractors (i	ncluding but p	at lin	niter	d to	thor	ما مع	ted	ahove) who received mo	ore than				
\$100,000 of compensation from the organi		J. 111))	, toU	above, who received file	oro urari				
T. 22,222 2. Compondation nom the Organi					`								

132008 12-09-21

Form **990** (2021)

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Form 990 (2021) INWARD
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	ae in this Dart VIII			
		Office if Schedule O contains a response of	or flote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
nts nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
G, G	С	Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
nis.	_	Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
utic	'		632,534.				
rie C			032,334.	-			
ont od (g	Noncash contributions included in lines 1a-1f		620 524			
<u>a</u> <u>C</u>	h	Total. Add lines 1a-1f		632,534.			
			Business Code				
ø	2 a	RETREAT & TRAINING INC	624100	390,037.	390,037.		
. Vic	b						
Ser	С						
E N	d						
gra Re							
Program Service Revenue		All all and an area and an area and an area and an area and area.					
ш.	•	All other program service revenue		200 027			
		Total. Add lines 2a-2f	>	390,037.			
	3	Investment income (including dividends, interes					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b			1			
				1			
	С	. ,					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a		-			
	b	Less: cost or other basis					
ne		and sales expenses 7b					
her Revenue	С	Gain or (loss) 7c					
3e∖		Net gain or (loss)	>				
erl		Gross income from fundraising events (not	,				
Oth		including \$ of					
0		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·					
	_	Part IV, line 18		-			
		Less: direct expenses 8b	_				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	,				
		and allowances 10a					
	L .			1			
		Less: cost of goods sold 10b					
_	С	Net income or (loss) from sales of inventory					
S			Business Code	2 25-	2 2 5 5		
on e	11 a	PRODUCT SALES	453220	3,965.	3,965.		
ane	b		522100	3,477.	3,477.		
Miscellaneous Revenue	С	MISCELLANEOUS	900099	2,525.	2,525.		
lisc	d	All other revenue					
Σ	e	Total. Add lines 11a-11d		9,967.			
	12	Total revenue. See instructions		1,032,538.	400,004.	0.	0.
			·····	_,,,,			

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Charle if Cahadula O contains a vanamas aventa ta avelina in this Davi IV	

	Check if Schedule O contains a respons	(A)	nis Part IX(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				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	166 040	00 550	24 204	45 050
	trustees, and key employees	166,043.	88,752.	31,321.	45,970
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	220 065	002 000	00 200	10 600
7	Other salaries and wages	330,865.	283,929.	28,308.	18,628
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	E0 00C	44 015	7 100	7 705
9	Other employee benefits	59,886.	44,915.	7,186.	7,785 5,134
10	Payroll taxes	39,493.	29,620.	4,739.	5,134
11	Fees for services (nonemployees):				
а	Management				
b	Legal	56,698.		56,698.	
C	Accounting	30,030.		30,030.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	43,630.	38,814.	2,713.	2,103
40	column (A), amount, list line 11g expenses on Sch O.)	79,974.	76,870.	1,280.	1,824
12 12	Advertising and promotion	19,354.	12,039.	1,961.	5,354
13 14	Office expenses	1,577.	1,210.	176.	191
14 15		1,577.	1,210.	1700	
16	Royalties	3,306.	2,959.	164.	183
10 17	Occupancy Travel	6,051.	658.	1,029.	4,364
	Payments of travel or entertainment expenses	0,031.	0301	1,0231	1,301
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	12,939.	9,704.	1,553.	1,682
24	Other expenses. Itemize expenses not covered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , ,	,
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) RETREAT TEACHER & PROGR	281,923.	281,225.	698.	0
a	RETREAT FACILITY RENTAL	198,631.	198,140.	491.	0
b	RETREAT FACILITY RENTAL RETREAT TRAVEL & FOOD	67,810.	67,642.	168.	0
c d	RETREAT SUPPLIES	29,881.	29,807.	74.	0
-		13,925.	10,943.	2,067.	915
	All other expenses	1,411,986.	1,177,227.	140,626.	94,133
<u>25</u> 26	Joint costs. Complete this line only if the organization	±, ±±±, 000 •	1,11,4410	140,020•	74,133
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	1. 15.15 1.11g COT CO E (100 000-120)				Form 990 (202

Form **990** (2021)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 219,571.472,982. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 350,616. 149,000. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Inventories for sale or use 8 6,352. 21,444. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 0. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 845,042. 374,923. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 54,333. 66,513. Accounts payable and accrued expenses 17 17 18 18 Grants payable 102,169. 23,678. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 168,682. 78,011. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 590,631. 276,912. 27 27 Net assets without donor restrictions Net assets with donor restrictions 85,729. 20,000. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 296,912. 676,360. Total net assets or fund balances 32 32 845,042. 374,923. 33 Total liabilities and net assets/fund balances

Form	1990 (2021) INWARD BOUND MINDFULNESS EDUCATION, INC.	<u> 27-</u>	<u>-302939</u>	0	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4			
3	Revenue less expenses. Subtract line 2 from line 1	3				18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	76	,36	50.
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	2	96	,91	L2.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
			_	Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b :	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c :	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	tit			
	Act and OMB Circular A-133?		<u>[</u> 3	Ba		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	and the complete value on Calcadada O and describe and stone to be described and a substantial and the		٠ .	h_		

Form **990** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

INWARD BOUND MINDFULNESS EDUCATION, INC. Employer identification number 27-3029390

Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions.	
he.	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu					I)(A)(i).	
2	\Box	A school described in secti						
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).	
4		A medical research organiza					•	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that normal						oublic described in
		section 170(b)(1)(A)(vi). (Co	-		· ·			
8		A community trust describe	•	1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	eor
		university:		,				
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem	pt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) d	r section (509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.	
а		Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	n(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b			anization supervised	or controlled in connec	tion with its	s supporte	ed organization(s), by have	ving
		control or management of	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d							· · · · · · · · · · · · · · · · · · ·	
		that is not functionally into	•	• ,	•		•	/eness
	_	requirement (see instructi	•	-				
е		□ Check this box if the orga □ Check this box if the					Type I, Type II, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.		
Ť		er the number of supported o		-l				
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see instructions)	support (see instructions)
				above (see instructions))	1.00	-110		

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for th	· ·	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	. —
800	organization, check this box and stop						>
	etion C. Computation of Publi			(f)		T 44 T	
	Public support percentage for 2021 (li		•	.,,		15	%
	Public support percentage from 2020 33 1/3% support test - 2021. If the co						% v and
ıoa	• •	•		•		•	. —
h	stop here. The organization qualifies a 33 1/3% support test - 2020. If the o		-			or more check th	
D	and stop here. The organization quali	•				•	
172	10% -facts-and-circumstances test						
ı, a	and if the organization meets the facts						
	meets the facts-and-circumstances te			-	•	. VI HOW the organiz	▶ □
h	10% -facts-and-circumstances test	•					
	more, and if the organization meets th	_					.570 01
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization		-				······································
			10, 10	, ,	,		(Form 990) 2021
							,

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

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

Sec	ction A. Public Support	eiow, piease comp	iele Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						,,
	include any "unusual grants.")	902,438.	533,327.	1223265.	840,525.	632,534.	4132089.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	521,507.	555,776.	359,610.	231,310.	390,037.	2058240.
3	Gross receipts from activities that are not an unrelated trade or bus-				00 511		00 511
	iness under section 513	0.	0.	0.	83,611.	0.	83,611.
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	1423945.	1089103.	1582875.	1155446.	1022571.	6273940.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	56,704.	41,788.	75,631.	240,444.	260,310.	674,877.
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	222 222	211 466	005 404			1250102
	amount on line 13 for the year	222,233. 278,937.	311,466. 353,254.	825,484. 901,115.	240,444.	260,310.	1359183. 2034060.
	Add lines 7a and 7b	210,931.	333,234.	901,113.	240,444.	200,310.	4239880.
	Public support. (Subtract line 7c from line 6.)						4239000.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	1423945.	1089103.	1582875.	1155446.	1022571.	6273940.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				172,026.	9,967.	181,993.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1423945.	1089103.	1582875.	1327472.	1032538.	6455933.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,
800	check this box and stop here	a Cuppert Der	oontogs				>
	etion C. Computation of Publi			- L (6)	1	45	65.67 %
	Public support percentage for 2021 (li		•	oiumn (t))		15	
	Public support percentage from 2020 etion D. Computation of Inves					16	58 . 98 %
	Investment income percentage for 20			ne 13. column (f))		17	.00 %
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						▶ X
b	33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, chec	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
20	Private foundation. If the organizatio						.

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

1	
2	
_	
3a	
3b	
3c	
4a	
4b	
_	
4c	
5a	
5b	
5c	
6	
6	
7	
7	
7 8	
7 8 9a	
7 8	
7 8 9a	
7 8 9a 9b	
7 8 9a	
7 8 9a 9b	
7 8 9a 9b	
7 8 9a 9b	

Vas No

132024 01-04-21

132025 01-04-22 Schedule A (Form 990) 2021

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

3b

Schedule	A (Form	990)	2021

IBME

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Sect		Current Year			
1	Amounts paid to supported organizations to accomplish exe	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 organizations		3	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
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	ne organization is responsive			
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	10			
		(i)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reason-			
able cause required - explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if			
any. Subtract lines 3g and 4a from line 2. For result great	er		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

_1

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

INWARD BOUND MINDFULNESS EDUCATION, INC. 27-3029390 Organization type (check one):

Filers of:	Section:								
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.								
General Rule									
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules									
sections 509(a)(contributor, duri	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.								
contributor, duri literary, or educa	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, stional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.								
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box r here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year								
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 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 ing requirements of Schedule B (Form 990)								

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

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INWARD BOUND MINDFULNESS EDUCATION, INC.

Employer identification number 27-3029390

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Sim	nilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised for	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in			
	are the organization's property, subject to the organization's $ \\$	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant	funds can be used of	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any o	ther purpose confer	
Da				
Pai			on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recrea	· —		orically important land area
	Protection of natural habitat	P	Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution	on in the form of a co	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
				2b
	Number of conservation easements on a certified historic str			2c
a	Number of conservation easements included in (c) acquired a			
2	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or term	ninated by the organ	ization during the tax
4	year ▶ Number of states where property subject to conservation eas	coment is leasted		
4 5	Does the organization have a written policy regarding the per		handling of	
3	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		enforcing conservation	
Ū	Land volunteer neare develor to morntoning, inspecting,	Than aming or violations, and c	smoroling conservation	on casemonia daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation ea	sements during the year
-	▶ \$	and grant of the second of the	omig contocruation co	issinistic daimig and year.
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements o	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's fin	ancial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treas	ures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenu	ie statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or	research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describ	oes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue st	atement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
2	If the organization received or held works of art, historical tre	asures, or other similar asse	ets for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these iter	ms:	
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			. ▶ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

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

_	dule D (Form 990) 2021 INWARD I t III Organizations Maintaining Co	BOUND MIND: ollections of Ar	FULNES: t, Historic	EDI	UCATION, easures, or (INC Other S	Simila	27-30 r Assets	2939 (conti	0 Pa	age 2
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the t	following that m	nake sigr	ificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	C	d 🔲 Loa	n or exc	hange program	ı					
b	Scholarly research	•	Oth	er							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they f	urther th	ne organization	s exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for cont	ribution	s or other asset	s not inc	luded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table	:				1			
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escr	ow or cu	ustodial accoun	t liability	?	L	Yes	<u> </u>	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if										
		(a) Current year	(b) Prior	year	(c) Two years	back (d) Three	years back	(e) Fou	r years	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 balanc	e (line 1g, co	lumn (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are	held ar	nd administered	for the	organiz	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	red on Sche	dule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fund	S.							
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	I "Yes" on Form 990), Part IV, lin	e 11a. S	See Form 990, F	Part X, lin	ie 10.				
	Description of property	(a) Cost or o			t or other	(c) Acc			(d) Boo	k valu	е
		basis (investr	ment)	basis	(other)	depr	eciation	1			
	Land	I									
	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
T-4-1	Add lines 1s through 1s (S.) (a)				~ \						(1)

Schedule D (Form 990) 2021

132053 10-28-21

Schedule D (Form 990) 2021 INWARD BOUND MINDFUL:			3029390 Page 4
Part XI Reconciliation of Revenue per Audited Financial	•	er Return.	
Complete if the organization answered "Yes" on Form 990, Part		1.1	1 022 520
1 Total revenue, gains, and other support per audited financial statement	is	1	1,032,538.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	1,032,538.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	4a		
b Other (Describe in Part XIII.)		10	0.
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line)		4c	1,032,538.
Part XII Reconciliation of Expenses per Audited Financia	I Statements With Expenses		
Complete if the organization answered "Yes" on Form 990, Part	- · · · · · · · · · · · · · · · · · · ·	•	
Total expenses and losses per audited financial statements		1	1,411,986.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			0
e Add lines 2a through 2d			1,411,986.
3 Subtract line 2e from line 14 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,411,500.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I.			1,411,986.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		line 4; Part >	K, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.		
PART X, LINE 2:			
THE ORGANIZATION IS A NONPROFIT ORGANIZATION	ZATION AS DESCRIBED	IN SEC	TION
501(C)(3) OF THE INTERNAL REVENUE CODE	AND IS EXEMPT FROM	FEDERAI	L AND
STATE INCOME TAXES ON TRADE OR BUSINESS	S PROFITS GENERATED	BV AC	PTVTTTES
THE THEORY TIMES ON THE ON BOSTNESS	J INOT HID CHALIMITED	DI 110.	
RELATED TO THE ORGANIZATION'S EXEMPT FU	NCTION. THE ORGANIZ	ATION 1	MAY BE
SUBJECT TO FEDERAL AND STATE INCOME TAX	CES FOR PROFTTS GENE	RATED I	ROM TRADE
bobolet to tubulin imp billin income im	ind i dit i itali i baltu		11011 111111111
OR BUSINESS ACTIVITIES UNRELATED TO THE	E ORGANIZATION'S EXE	MPT FUI	NCTION. AS
OF OCTOBER 31, 2022 AND 2021, MANAGEMEN	T BELIEVES THAT THE	ORGAN	IZATION
HAS NOT GENERATED ANY UNRELATED BUSINES	SS TAXABLE INCOME.		
THE ORGANIZATION ASSESSES THE RECORDING	ב אנוווערבסשאדאו שאע ה	OGTUTO	JC RV
THE ORGANIZATION ASSESSES THE RECORDING	OF UNCERTAIN TAX P	OSTITUI	NO DI
EVALUATING THE MINIMUM RECOGNITION THRE	SHOLD AND MEASUREME	NT REQU	JIREMENTS
132054 10-28-21		Sched	lule D (Form 990) 2021

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INWARD BOUND MINDFULNESS EDUCATION, INC **Employer identification number** 27-3029390

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROVIDE IN-DEPTH, HIGHLY RELATIONAL MINDFULNESS PROGRAMMING FOR YOUTH AND THE PARENTS AND PROFESSIONALS WHO SUPPORT THEM. OUR PROGRAMMING GUIDES PARTICIPANTS IN DEVELOPING SELF-AWARENESS, COMPASSION, AND ETHICAL DECISION MAKING, AND EMPOWERS THEM TO APPLY THESE SKILLS IN IMPROVING THEIR LIVES AND COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IBME ALSO ACCOMPLISHED OUR DIVERSITY, EQUITY, INCLUSION AND ACCESSIBILITY (DEIA) GOALS BY: HOSTING QUARTERLY COMMUNITY CONVERSATIONS, WHICH WERE PRIMARILY YOUTH-LED AND HAD AN AVERAGE OF 20 PARTICIPANTS PER SESSION; UPDATING AND EXPANDING THE EQUITY TRAINING PROGRAM RECEIVED BY OUR RETREAT TEACHERS, MENTORS, AND COORDINATORS; INCREASING THE NUMBER OF BIPOC ASSISTANT RETREAT TEACHERS; CULTIVATING BIPOC- AND LGBTQIA+-CENTERED PROGRAMMATIC PARTNERSHIPS; AND, DEVELOPING AN ORGANIZATIONAL EQUITY LENS TO HELP INFORM PROGRAMS, PROCESSES POLICIES AND DECISION-MAKING AT THE ORGANIZATION.

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

THE FORM 990 PREPARER PROVIDED A HIGH-LEVEL PRESENTATION OF THE FORM 990 TO THE BOARD OF DIRECTORS. THE BOARD RECEIVED A COMPLETE DRAFT OF THE FORM 990 FOR REVIEW AND COMMENT AND LATER RECEIVED THE FINAL VERSION OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE

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

IBME'S BOARD OF DIRECTORS MONITORS ALL POTENTIAL CONFLICT OF TNTEREST

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization INWARD BOUND MINDFULNESS EDUCATION, INC. Employer identification number 27-3029390

SITUATIONS.

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

IBME HAS ESTABLISHED A COLLABORATIVE LEADERSHIP SYSTEM, THROUGH WHICH

VARIOUS CONSTITUENTS OF THE ORGANIZATION HAVE A ROLE IN THE MANAGEMENT AND

OPERATION OF THE ORGANIZATION AND ITS PROGRAMMING. IBME'S DIRECTORS AND

OFFICERS REPRESENT THIS COLLABORATIVE LEADERSHIP SYSTEM.

ALTHOUGH IBME DOES NOT HAVE THE TRADITIONAL HIERARCHICAL LEADERSHIP

STRUCTURE, IT DOES HAVE A PRESIDENT, SECRETARY, AND TREASURER. FOR

PURPOSES OF FORM 990 REPORTING, THE PRESIDENT IS THE "TOP MANAGEMENT

OFFICIAL." IN 2021, NEITHER THE PRESIDENT NOR IBME'S OFFICERS WERE

COMPENSATED FOR THEIR ROLE IN THOSE POSITIONS.

NEVERTHELESS, WHEN COMPENSATION IS AWARDED TO EMPLOYEES/INDEPENDENT

CONTRACTORS WHO ALSO HOLD OFFICER/DIRECTOR ROLES, THEIR COMPENSATION IS

VETTED THROUGH A PROCESS THAT INCLUDES IBME'S BOARD'S REVIEW AND APPROVAL

BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS

SUBSTANTIATION OF THE DELIBERATION AND DECISION.

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

IBME UPLOADS ITS FINANCIAL STATEMENTS AND PROVIDES OTHER FINANCIAL DATA TO

GUIDESTAR FOR PUBLIC REVIEW. THE ORGANIZATION'S GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SCHEDULE A:

JENNIFER HEITEL IS COMPENSATED FOR HER ROLE AS OPERATIONS & FINANCE DIRECTOR, NOT AS SECRETARY OF THE ORGANIZATION.

1

Name of the organization	Employer identification number
INWARD BOUND MINDFULNESS EDUCATION, INC.	27-3029390
DAVID MACEK IS COMPENSATED FOR HIS ROLE AS DEVELOPMENT & B	USINESS
STRATEGY DIRECTOR, NOT AS TREASURER OF THE ORGANIZATION.	
MARK WAX AND JACQUI CLAY ARE COMPENSATED FOR TEACHING AND	PROGRAM
SUPPORT AT IBME. THEY ARE NOT COMPENSATED AS BOARD MEMBERS	•