EXTENDED TO SEPTEMBER 15, 2025 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| A F | or the | 2023 calendar year, or tax year beginning NOV 1, 2023 and ending | OCT 31, 2024 | | | |
|--------------------------------|----------------------|---|----------------------------------|-------------------------------|--|--|
| B C | heck if pplicable | C Name of organization | D Employer identific | cation number | | |
| | Addres | INWARD BOUND MINDFULNESS EDUCATION, INC. | | | | |
| | Name change | Doing business as | 27-30293 | 90 | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | uite E Telephone numbe | r | | |
| | Final return/ | 878 WASHINGTON STREET #111 | 9 508-250- | 0628 | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | 953,908. | | |
| | Amend return | ATTLEBORO, MA 02703 | H(a) Is this a group re | eturn | | |
| | Application | F Name and address of principal officer: MAKK WAX | for subordinates | ? Yes X No | | |
| | pendin | SAME AS C ABOVE | H(b) Are all subordinates in | cluded? Yes No | | |
| <u> 1 T</u> | ax-exe | | 527 If "No," attach a | list. See instructions | | |
| | Vebsit | | H(c) Group exemptio | | | |
| | | | Year of formation: 2010 N | A State of legal domicile; MA | | |
| Pa | | Summary | | | | |
| Ф | | Briefly describe the organization's mission or most significant activities: $\ \ \ \ \ \ \ \ \ \ \ \ \ $ | | | | |
| Activities & Governance |] | MINDFULNESS PROGRAMMING FOR YOUTH AND THE ADU | | | | |
| rns | 2 (| Check this box if the organization discontinued its operations or disposed of n | nore than 25% of its net ass | | | |
| Ŏ. | | | 3 | 5 3 | | |
| & Q | | Number of independent voting members of the governing body (Part VI, line 1b) | | 3 | | |
| es | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | 8 | | |
| iviti | | Total number of volunteers (estimate if necessary) | | 75 | | |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | Prior Year | 0. | | |
| | | | | Current Year | | |
| ne | | Contributions and grants (Part VIII, line 1h) | 1,124,768. | 640,297. | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | 0. | 306,775. 1,194. | | |
| Re | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,876. | 5,642. | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,501,054. | 953,908. | | |
| _ | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. | 933,900. | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | |
| | 45 (| Salaries, other compensation, employee benefits (Part IX, column (A), line 4) | 748,088. | 460,992. | | |
| Expenses | 160 | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | |
| en | h · | Fotal fundraising expenses (Part IX, column (D), line 25) 42,903. | Į. | , | | |
| EX | 17 (| Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 802,671. | 555,574. | | |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,550,759. | 1,016,566. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | -49,705. | -62,658. | | |
| or es | | 10 To Hart Into 10 Contract Into 10 Horn Into 12 | Beginning of Current Year | End of Year | | |
| ets (| 20 | Fotal assets (Part X, line 16) | 417,956. | 328,495. | | |
| Ass I Ba | 21 | Fotal liabilities (Part X, line 26) | 170,749. | 143,946. | | |
| Net Assets or Fund Balances | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 247,207. | 184,549. | | |
| Pa | rt II | Signature Block | • | • | | |
| Unde | er penal | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta | tements, 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 prep | arer has any knowledge. | | | |
| | | | | | | |
| Sigr | 1 | Signature of officer | Date | | | |
| Her | e | MARK WAX, BOARD PRESIDENT | | | | |
| | | Type or print name and title | 10. | | | |
| | | Print/Type preparer's name Preparer's signature | Date Check C | PTIN | | |
| Paid - | - 1 | BRIAN KINDORF | self-employ | | | |
| Prep | - 1 | Firm's name NON PROFIT CAPITAL MANAGEMENT LLC | Firm's EIN 3 | 8-3697447 | | |
| Use | Only | Firm's address 153 CLINTON ROAD | | 1 000 6506 | | |
| | | STERLING, MA 01564-2357 | Phone no. 78 | 1-933-6726 | | |
| May | the IR | S discuss this return with the preparer shown above? See instructions | | X Yes No | | |

| Pai | rt III Statement of Program Service Accomplishments | |
|-----|---|-----------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | INWARD BOUND MINDFULNESS PROVIDES IN-DEPTH MINDFULNESS PROGRAMMI | NG FOR |
| | YOUTH AND THE PARENTS AND PROFESSIONALS WHO SUPPORT THEM. | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| _ | | Yes X No |
| | | Yes [A] NO |
| _ | If "Yes," describe these new services on Schedule O. | ¬,, (₹),, |
| 3 | | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex | penses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe | enses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 856 , 502 • including grants of \$) (Revenue \$ | 312,417. |
| | INWARD BOUND MINDFULNESS IS THE NATIONAL LEADER IN IMMERSIVE | |
| | MINDFULNESS EDUCATION FOR TEENS, YOUNG ADULTS, AND THE ADULTS WH | 0 |
| | SUPPORT THEM. EMERGING FROM THE GLOBAL PANDEMIC, INWARD BOUND SA | |
| | HELD SIX IN-PERSON TEEN RETREATS IN FIVE DIFFERENT REGIONS. TEEN | |
| | 22 DIFFERENT STATES AND THREE CANADIAN PROVINCES ATTENDED OUR | D I KOH |
| | LIFE-CHANGING AND LIFE-AFFIRMING RETREATS. A RECORD 71.2% OF | |
| | | m TNO |
| | PARTICIPANTS RECEIVED \$500 OR MORE OF SCHOLARSHIP SUPPORT REFLECT | |
| | THE INCREASING ECONOMIC HARDSHIPS FOR MANY FAMILIES. ADDITIONAL | |
| | INWARD BOUND PROVIDED SEVERAL CUSTOM PROGRAMS TO SCHOOL COMMUNIT | |
| | YOUTH-SERVING PROFESSIONALS. IN TOTAL, INWARD BOUND PROVIDED 9 R | |
| | AND 17 COURSES AND WORKSHOPS TO A TOTAL OF 328 PARTICIPANTS ACRO | SS THE |
| | COUNTRY. | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
| | | |
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| | | |
| | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$ | |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| Tu | | ١ |
| 1- | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 856,502. | 1 |
| 4e | Total program service expenses 856,502. | Farra 990 (000) |

13370529 161775 IBME

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|-----|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | 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 |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | <u> </u> | | |
| • | 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 | - | | |
| 124 | , , | 12a | | X |
| h | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | | 1 |
| b | , . | 406 | | 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 | | <u> </u> |
| 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 | ا ا | | _V |
| | 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 | | <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 | | | l |
| | 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | | 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 | | х |
| | | | | |

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| ı aı | Official of Required Scriedules (continued) | | | · |
|--------|---|------|-----|------------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | \ _{3,7} |
| | 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 | | | \ _{3,7} |
| | 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 |
| | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | 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 | | X |
| 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 |
| 35 a | 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | t V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | 5:10 | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 332004 | ‡ 12-21-23 | Form | 990 | (2023) |

| 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 | 8 | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | 2b | Х | | | | |
| 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 O | L | 3b | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | 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 Accounts (FBAR). | | | | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | L | 5a | | <u> </u> | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | L | 5b | | <u>X</u> | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | L | 5с | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | х | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | | | | | |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | | 6b | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | ? | 7a 7b | | _X_ | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | | |
| 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 | , | 4 | 7e | | X | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | ┝ | 7f | | _X_ | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | ╌├ | 7g | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | - | 8 | | | | | |
| _ | sponsoring organizations maintaining donor advised funds | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | - | 9a | | | | | |
| a | , | | | | | | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| a | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | | | | | |
| | Gross income from members or shareholders | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | ┪ | | | | | | |
| J | 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? | 1 | 12a | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 7 | | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | Ī | 13a | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | |
| С | Enter the amount of reserves on hand | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | | | | | |
| b | b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | | | | | |
| 15 | | | | | | | | |
| excess parachute payment(s) during the year? | | | | | | | | |
| | 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 income? | L | 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 activities | | | | | | | |
| | 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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Form **990** (2023)

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | | |
|-----|--|---------|-------------------------|----------|---------|-----|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 5 | | | | | | | |
| | 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 | 3 | | | | | | | |
| 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 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | t supervision | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 95 | 90 wa | s filed? | 4 | Х | Х | | | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | |
| 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 | point | one or | | | | | | | |
| | more members of the governing body? | | | 7a | | X | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by th | e 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 reach | hed a | t the | | | | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses on Schedule O | | | 9 | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | /enue | 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 characteristics. | apters | s, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | Х | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | |
| b | 1 , , , , | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | |
| b | $Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$ | to con | flicts? | 12b | X | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ | es," c | lescribe | | | | | | | |
| | on Schedule O how this was done | | | 12c | X | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval | by in | dependent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | Х | | | | | |
| b | Other officers or key employees of the organization | | | 15b | Х | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | nent w | rith 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 | • | • | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatio | า'ร | | | | | | | |
| | 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 MA, CO, CT, NY, O | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | d 990 |)-T (section 501(c)(3): | s only) | availal | ble | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | X Own website X Another's website X Upon request Other (explain | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict | of interest policy, and | d financ | cial | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | ks an | d records | | | | | | | |
| | JENNIFER HEITEL - 508-250-0628 | | | | | | | | | |
| | 878 WASHINGTON STREET #1119 ATTLEBORO MA 02703 | | | | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 | | orga I | | | | | sate | | | (=) |
|--|-------------------|--------------|----------------------|---------|--------------|------------------------------|--------|----------------------|------------------------------|-----------------|
| (A) | (B) | | (C) Position | | | 1 | | (D) | (E) | (F) |
| Name and title | Average | | not c | heck | more | than | | Reportable | Reportable | Estimated |
| | hours per week | | , unle: cer an | | | | | compensation from | compensation from related | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | or director | | | | , . | | organization | (W-2/1099-MISC/ | from the |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | I trustee | nal trı | | loyee | dwo. | | 1099-NEC) | | and related |
| | below line) | Individual 1 | nstitutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) DAVID MACEK | 40.00 | 드 | 드 | 5 | 32 | 王も | E | | | |
| TREASURER (LEFT 06/2024) | | х | | х | | | | 87,610. | 0. | 11,558. |
| (2) JENNIFER HEITEL | 32.00 | | | | | | | | | - |
| SECRETARY, OPER. & FINANCE | | Х | | Х | | | | 73,168. | 0. | 11,295. |
| (3) MARK WAX | 3.00 | | | | | | | | | |
| PRESIDENT (AS OF 05/2024) | | Х | | | | | | 14,704. | 0. | 0. |
| (4) JACQUI CLAY | 2.00 | | | | | | | | _ | _ |
| PRESIDENT (LEFT 05/2024) | | Х | | Х | | _ | | 7,000. | 0. | 0. |
| (5) ANTHONY SARTORI | 2.00 | ., | | | | | | 2 000 | | |
| DIR., EQUITY ADVISORY (LEFT 03/2024) | 2 00 | Х | | | | _ | | 3,999. | 0. | 0. |
| (6) FALCON CALIGIURI-RANDALL | 2.00 | 3,7 | | | | | | | _ | |
| DIR., YOUTH ADV. COMM. (LEFT 12/23) (7) JOSEPH DE WOLK | 2.00 | Х | | | | - | | 0. | 0. | 0. |
| DIRECTOR (AS OF 05/2024) | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (8) STEPHANIE BEEMAN | 1.00 | Λ | | | | \vdash | | 0. | 0. | 0. |
| DIRECTOR (AS OF 05/2024) | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (9) HASSAN ROSTAM | 1.00 | | | | | | | | | |
| TREASURER (AS OF 05/2024) | | Х | | Х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | _ | | | ┞ | | | | |
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Form 990 (2023)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|--|-----------------|-----------------------|--------------------------|------------------------|------------------------------|-------------|---|--|-------------------|------------|---------------------------|-----------------|
| (A) Name and title | (B) Average hours per week | (do r | | Posi neck r ss per | ition more son i | l than o s both | one n an | (D) Reportable compensation | (E) Reportable compensatio | n | | (F) stimate nount o | |
| | (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organization (W-2/1099-MIS 1099-NEC) | ons compensations | | e ion ed | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Subtotal c Total from continuation sheets to P | art VII Section A | | | | | | | 186,481. | | 0. | 2 | 2,8 | 53. |
| d Total (add lines 1b and 1c) | | | | | | | | 186,481. | 000 of reportable | 0. | 0. 22,853. | | |
| compensation from the organization | but not innition to the | | | | | , | | - The street of | | | | Yes | 0 N o |
| 3 Did the organization list any former of | | | | | | | | | | | 3 | 163 | X |
| line 1a? If "Yes," complete Schedule . For any individual listed on line 1a, is and related organizations greater than | the sum of reportabl | e cor | mpe | nsat | tion | and | oth | | ne organization | | 4 | | X |
| 5 Did any person listed on line 1a receive rendered to the organization? If "Yes." | ve or accrue compen | nsatio | on fr | om a | any | unre | | | | | 5 | | Х |
| Section B. Independent Contractors | • | | | | | | | | | | | | |
| Complete this table for your five higher the organization. Report compensation. | | | | | | | | | | ensa | tion fro | om | |
| (<i>I</i>) Name and bus | A) siness address | NC | NE | C | | | | (B) Description of s | ervices | С | | C) nsatior | <u>1</u> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contract \$100,000 of compensation from the contract \$100,000 of compensation from | ` | ot lim | nited | l to t | thos | | ted | above) who received mo | ore than | | | | |

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Part VIII Statement of Revenue

| | | Check if Schedule O contains a response of | or note to any lin | e in this Part VIII | | | |
|--|------|--|--------------------|---------------------|------------------------------------|----------------------------|---------------------------------|
| | | | | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | lanotion revenue | business revenue | sections 512 - 514 |
| S S | 1 a | Federated campaigns 1a | | | | | |
| ant | h | Membership dues 1b | | | | | |
| اع ق | c | Fundraising events 1c | | | | | |
| fts, | 4 | Related organizations 1d | | | | | |
| ig ig | u | Government grants (contributions) 1e | | | | | |
| Sin | • | All other contributions, gifts, grants, and | | | | | |
| ē Ĕ | ' | | 640,297. | | | | |
| e ë | _ | | 040,257. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | Noncash contributions included in lines 1a-1f | | 640,297. | | | |
| O a | n | Total. Add lines 1a-1f | Business Code | 040,257. | | | |
| | • | DEMDERM C MDRINING INC | 624100 | 306,775. | 306,775. | | |
| ice | 2 a | | 024100 | 300,773. | 300,773. | | |
| e ⊆ | b | | | | | | |
| n S | С | | | | | | |
| Ze Z | d | | | | | | |
| Program Service Revenue | е | | | | | | |
| Δ. | • | All other program service revenue | | 206 885 | | | |
| _ | g | Total. Add lines 2a-2f | | 306,775. | | | |
| | 3 | Investment income (including dividends, interest | st, and | 4 404 | | | |
| | | other similar amounts) | | 1,194. | | | 1,194. |
| | 4 | Income from investment of tax-exempt bond pr | roceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | 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 | | | | | |
| ē | | and sales expenses 7b | | | | | |
| ther Revenue | С | Gain or (loss) 7c | | | | | |
| Ş. | | Net gain or (loss) | | | | | |
| er | | Gross income from fundraising events (not | | | | | |
| 돰 | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 188a | | | | | |
| | b | Less: direct expenses 8b | | | | | |
| | | Net income or (loss) from fundraising events | | | | | |
| | | Gross income from gaming activities. See | | | | | |
| | o u | Part IV, line 19 9a | | | | | |
| | h | Less: direct expenses 9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | 10 a | · | | | | | |
| | | and allowances | | | | | |
| | | • | | | | | |
| | С | Net income or (loss) from sales of inventory | Business Code | | | | |
| SZ | | CACH BACK DEWADDC | 522100 | 4,490. | 4,490. | | |
| eoi Ne | 11 a | CASH BACK REWARDS PRODUCT SALES | 459900 | 1,112. | 1,112. | | <u> </u> |
| Miscellaneous Revenue | b | | | - | · | | <u> </u> |
| Se Se | С | MISCELLANEOUS | 900099 | 40. | 40. | | |
| ž | d | All other revenue | | E 640 | | | |
| | | Total. Add lines 11a-11d | | 5,642. | 212 417 | ^ | 1 104 |
| | 12 | Total revenue. See instructions | | 953,908. | 312,417. | 0. | 1,194. |

332009 12-21-23

Form **990** (2023)

INC.

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 | | | | |
|----|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) 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 | | | | |
| Ū | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | 129,638. | 108,896. | 10,371. | 10,371 |
| 6 | Compensation not included above to disqualified | · | | | • |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 271,425. | 227,997. | 21,714. | 21,714 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 28,284. | 23,758. | 2,263. | 2,263 2,532 |
| 10 | Payroll taxes | 31,645. | 26,581. | 2,532. | 2,532 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | | | | | |
| С | | 20,250. | | 20,250. | |
| d | | | | | |
| е | | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 54,311. | 7,589. | 45,999. | 723 |
| 12 | Advertising and promotion | 51,885. | 50,441. | 733. | 711 |
| 13 | Office expenses | 5,998. | 4,601. | 891. | 506 |
| 14 | Information technology | 16,767. | 11,384. | 2,105. | 3,278 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,755. | 3,755. | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 10.000 | | | 2.5.1 |
| 23 | Insurance | 10,839. | 2,737. | 7,841. | 261 |
| 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 Schottle (A). | | | | |
| а | amount, list line 24e expenses on Schedule 0.) RETREAT TEACHER & PROGR | 183,828. | 183,828. | | |
| b | DEMDERACE TAXABLE DESIGNAT | 133,626. | 133,626. | | |
| c | DEMDERAM MDATTEL C EIOOD | 56,834. | 56,834. | | |
| d | DEEDELE CUIDDI TEC | 8,760. | 8,760. | | |
| | All other expenses | 8,721. | 5,715. | 2,462. | 544 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,016,566. | 856,502. | 117,161. | 42,903 |
| 26 | Joint costs. Complete this line only if the organization | , : = : , : : : | , | | / |
| _5 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form **990** (2023)

| | | Check if Schedule O contains a response or note | e to any line in this Part X | | | |
|-----------------------------|-----|--|------------------------------|---------------------------------|--------|---------------------------|
| | | • | • | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 99,252. | 1 | 175,555. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 312,000. | 3 | 145,000. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from any current or | | | | |
| | | trustee, key employee, creator or founder, subst | | | | |
| | | controlled entity or family member of any of thes | | 5 | | |
| | 6 | Loans and other receivables from other disqualif | | | | |
| | | under section 4958(f)(1)), and persons described | in section 4958(c)(3)(B) | | 6 | |
| S | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| As | 9 | Prepaid expenses and deferred charges | | 6,704. | 9 | 7,940. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | | | |
| | b | Less: accumulated depreciation | 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | 13 | | |
| | 14 | Intangible assets | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line 33) | 417,956. | 16 | 328,495. |
| | 17 | Accounts payable and accrued expenses | | 157,247. | 17 | 48,008. |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | 13,502. | 19 | 5,938. | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | Part IV of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or form | er officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | antial contributor, or 35% | | | |
| iab | | controlled entity or family member of any of thes | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrela | ted third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | |
| | | parties, and other liabilities not included on lines | 17-24). Complete Part X | _ | | 00 000 |
| | | of Schedule D | | 0. | 25 | 90,000. |
| | 26 | Total liabilities. Add lines 17 through 25 | 77 | 170,749. | 26 | 143,946. |
| S | | Organizations that follow FASB ASC 958, che | ck here X | | | |
| Ce | | and complete lines 27, 28, 32, and 33. | | 114 520 | | 76 540 |
| alar | 27 | | | 114,538. | 27 | 76,549. |
| В | 28 | Net assets with donor restrictions | | 132,669. | 28 | 108,000. |
| ŗ. | | Organizations that do not follow FASB ASC 95 | 58, check here | | | |
| or F | 00 | and complete lines 29 through 33. | | | 00 | |
| ts (| 29 | Capital stock or trust principal, or current funds | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or eq | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | 247,207. | 31 | 184,549. |
| ž | 32 | Total net assets or fund balances | | 417,956. | 32 | 328,495. |
| | 33 | Total liabilities and net assets/fund balances | | ±1/,330• | 33 | J40,433• |

Form **990** (2023)

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2023)

IBME

За

Х

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INWARD BOUND MINDFULNESS EDUCATION, INC.

Employer identification number

| | | | | <u>INDFULNESS EI</u> | | | INC. | | 7-3029390 | | | |
|------|-------|---|---------------------------------------|--|-------------------------------------|------------------|------------------------------|-------------|----------------------------|--|--|--|
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions | | | | | |
| The | organ | ization is not a private found | | | | | | • | | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches described | in sectio | n 170(b)(1 | 1)(A)(i). | | | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). | Attach Schedule E (Form | n 990).) | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in se | ection 170 |)(b)(1)(A)(ii | ii). | | | | | |
| 4 | | A medical research organiz | | | | | | iii). Enter | the hospital's name, | | | |
| | | city, and state: | | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | llege or university owned | or operat | ed by a go | vernmental un | it describe | ed in | | | |
| | | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | | |
| 7 | | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in | | | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b)(| (1)(A)(vi). (Complete Part | t II.) | | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | unction with a la | and-grant | college | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of t | he college | e or | | | |
| | | university: | | | | | | | | | | |
| 10 | X | An organization that norma | Illy receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns, membershi <mark>r</mark> | o fees, and | d gross receipts from | | | |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support f | rom gross investment | | | |
| | | income and unrelated busing | ness taxable income | (less section 511 tax) fro | m busines | sses acqui | red by the orga | ınization a | after June 30, 1975. | | | |
| | | See section 509(a)(2). (Con | mplete Part III.) | | | | | | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | ively to test for public sat | fety. See | section 50 | 09(a)(4). | | | | | |
| 12 | | An organization organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to car | y out the | purposes of one or | | | |
| | | more publicly supported or | ~ | | | | | | Check the box on | | | |
| | _ | lines 12a through 12d that | | | | - | | - | | | | |
| а | | | · · · · · · · · · · · · · · · · · · · | | • | - | | | | | | |
| | | the supported organization | | | majority o | of the direc | ctors or trustee | s of the su | upporting | | | |
| | | organization. You must o | | | | | | | | | | |
| b | | | • | | | | - | • | - | | | |
| | | control or management o | | | ame perso | ns that co | ntrol or manag | e the supp | oorted | | | |
| | | organization(s). You mus | - | | | C | 6 | | | | | |
| С | | ☐ Type III functionally inte | = | | | | • | / integrate | ed with, | | | |
| | | its supported organization | | • | | | | | t:(-) | | | |
| d | L | | | | | | | - | | | | |
| | | that is not functionally int requirement (see instructi | - | | • | | ·= | an attentiv | veriess | | | |
| _ | | Check this box if the orga | • | • | • | | | Type III | | | | |
| е | | functionally integrated, or | | | | | турет, турет | , Type III | | | | |
| f | Ente | er the number of supported o | rachiene | | ig organiz | ation. | | | | | | |
| a | | vide the following information | • | ed organization(s). | | | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed | (v) Amount of | monetary | (vi) Amount of other | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ins | tructions) | support (see instructions) | | | |
| | | | | above (coo monactione) | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Tota | al | | | | | | | | | | | |

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

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

| Se | ction A. Public Support | | | | | | |
|------|--|----------------------|---------------------|---------------------|----------|----------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | 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 | | | | | | |
| 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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | (4) 2010 | (3) 2020 | (6) 2021 | (4) 2022 | (6) 2020 | (i) rotar |
| 8 | Gross income from interest, | | | | | | _ |
| Ŭ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| 3 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| 10 | or loss from the sale of capital | | | | | | |
| | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc (see instructi | one) | | | 12 | |
| | First 5 years. If the Form 990 is for the | • | , | fourth or fifth tax | | | |
| | organization, check this box and stor | - | | | • | | |
| Sec | ction C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2023 (li | ine 6, column (f), o | divided by line 11, | column (f)) | | 14 | % |
| | Public support percentage from 2022 | | | | | 15 | % |
| | 33 1/3% support test - 2023. If the | | | | | nore, check this box | x and |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2022. If the | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | • | - | | | |
| b | 10% -facts-and-circumstances test | - | • | * | - | | |
| ~ | more, and if the organization meets the | | - | | | | • 1 |
| | organization meets the facts-and-circu | | • | | • | | |
| 18 | Private foundation. If the organization | | | | | | |
| | <u>,</u> | | , | | | | (Form 990) 2023 |

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

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

| Sed | ction A. Public Support | elow, please comp | iete Part II.) | | | | |
|-----|--|-----------------------------------|-----------------------|-----------------------------------|----------------------------------|----------------------------------|-----------------------|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1223265. | | | 1124768. | | 4461389. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 359,610. | 231,310. | | 369,410. | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | 83,611. | | | | 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 | 1582875. | 1155446. | 1022571. | 1494178. | 947,072. | 6202142. |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received | 75,631. | 240,444. | 260,310. | 623,310. | 565,000. | 1764695. |
| | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 825,484. | 0.4.0 | 0.60 310 | 602 210 | 5.55 0.00 | 825,484. |
| | Add lines 7a and 7b | 901,115. | 240,444. | 260,310. | 623,310. | 565,000. | 2590179. |
| | Public support. (Subtract line 7c from line 6.) | | | | | | 3611963. |
| | | (-) 0040 | (I-) 0000 | (-) 0004 | (-1) 0000 | (-) 0000 | (A) T-1-1 |
| | ndar year (or fiscal year beginning in) | (a) 2019 1582875. | (b) 2020 1155446. | (c) 2021 1022571. | (d) 2022 1494178. | (e) 2023 947,072. | (f) Total 6202142. |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1302073. | 1133440. | 10225/11 | 1494170. | 1,194. | 1,194. |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | 1,194. | 1,194. |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1500075 | 172,026. | 9,967. | 6,876. | 5,641. | 194,510. |
| | Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the | 1582875. le organization's fir | rst, second, third, f | 1032538. ourth, or fifth tax y | 1501054. year as a section 50 | 953,907. 01(c)(3) organizatio | 6397846. |
| | check this box and stop here | - 0 : 5 | | | | | |
| | ction C. Computation of Publi | | | | | | F.C. 4.C |
| | Public support percentage for 2023 (li | | • | olumn (f)) | | 15 | 56.46 % |
| | Public support percentage from 2022 ction D. Computation of Inves | | | | | 16 | 60.70 % |
| | • | | | 20 12 column (f) | | 47 | .02 % |
| | Investment income percentage for 20 Investment income percentage from 2 | | | | | 17 | .02 % |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| .56 | more than 33 1/3%, check this box ar | | | | | | X |
| b | 33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che | 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 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 |
|-----|-----|----|
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| 1 | | |
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| 2 | | |
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| 3b | | |
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| 9с | | |
| - | | |
| 10a | | |
| | | |
| 10b | | |

332024 12-21-23

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. Schedule A (Form 990) 2023

3b

IBME

Schedule A (Form 990) 2023

IBME

5

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

Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3

<u>4</u> 5

6

| Pa | tt v Type III Non-Functionally integrated 309(a)(3) Supporting Organizations (continu | ıed) | | | | |
|------|--|--|------------------------|--|--|--|
| Sect | ion D - Distributions | | Current Year | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | |
| | organizations, in excess of income from activity | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 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. | | | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive | | | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | |
| | (i) (ii) Linderdistribution | 16 | (iii) Distributable | | | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reason- | | | |
| able cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, | | | |
| line 7: \$ | | | |
| Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j | | | |
| and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

Schedule A (Form 990) 2023

_1

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

INC.

| Pai | TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | s or Accounts. Complete if the |
|-----|--|--|--|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor adv | ised funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpose | e conferring |
| | | | |
| Pai | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990 | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation | of a historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualification | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| | | | 1 - 1 |
| С | Number of conservation easements on a certified historic stru | cture included on line 2a | 2c |
| d | Number of conservation easements included on line 2c acquir | red after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | | |
| 4 | Number of states where property subject to conservation ease | ement is located | _ |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling o | f |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing co | nservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and enforcing conserv | ation easements during the year |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170 | (h)(4)(B)(i) |
| Ū | and section 170(h)(4)(B)(ii)? | - | |
| 9 | In Part XIII, describe how the organization reports conservatio | | |
| · | balance sheet, and include, if applicable, the text of the footnot | • | |
| | organization's accounting for conservation easements. | • | morto trial decoribes trie |
| Pai | t III Organizations Maintaining Collections of | Art, Historical Treasures, or C | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | and balance sheet works |
| | of art, historical treasures, or other similar assets held for public | , | |
| | service, provide in Part XIII the text of the footnote to its finance | , | • |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items. | ,,, | , |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | | | _ |
| 2 | If the organization received or held works of art, historical trea | | ial gain, provide |
| - | the following amounts required to be reported under FASB AS | | J. A. France |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | Assets included in Form 990, Part X | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | Schedule D (Form 990) 2023 |

332051 09-28-23

| | dule D (Form 990) 2023 INWARD I t III Organizations Maintaining Co | BOUND MIND ollections of Ar | | | | | 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 | ake sign | ificant | use of its | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| а | Public exhibition | c | l Loa | n or exc | hange program | | | | | | |
| b | Scholarly research | e | Oth | er | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how they fo | 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, histori | cal treas | sures, or other s | similar as | sets | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | ete if the orga | anization | n answered "Ye | s" on Fo | rm 990 | , Part IV, li | ne 9, or | | |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | • | • | | | | | _ | _ | _ | _ |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fo | llowing table | : | | | | ı | | | |
| | | | | | | | | | Amour | ıt | |
| | Beginning balance | | | | | | 1c | | | | |
| | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | <u>1e</u> | | | | |
| f | Ending balance | | | | | | 1f | | _ | | |
| | Did the organization include an amount on Fo | | | | | | ? | L | 」Yes | F | ∐ No |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Pai | t V Endowment Funds Complete if | | | | | | 1 Thron | unara haali | (a) Fau | ooro | book |
| | | (a) Current year | (b) Prior | year | (c) Two years I | раск (а |) Three | years back | (e) Fou | ryears | раск |
| | Beginning of year balance | | | | | | | | | | |
| | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | • | - | lumn (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | | % | | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c should be a sh | • | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that are | held ar | nd administered | for the | | | | V | NI- |
| | organization by: | | | | | | | | - m | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | \vdash | |
| | (ii) Related organizations? | | | | | | | | 3a(ii) | | |
| _ | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 Par | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment | | wment fund | S | | | | | | | |
| ı aı | Complete if the organization answered | | Dart IV line | 112 S | See Form 990 F | ort Y lin | ۵10 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | ' | | | 1 | (d) Da a | | |
| | Description of property | (a) Cost or of basis (investrong the control of the | | ٠, | t or other (other) | (c) Acc | eciation | | (d) Boo | k valu | е |
| | Land | ` | none, | Dasis | (Garier) | черге | Joiation | | | | |
| | Land | l l | | | - | | | | | | |
| | Buildings | | | | + | | | | | | |
| | Leasehold improvements | l l | | | + | | | | | | |
| | Equipment | | | | | | | - - | | | |
| | Other | | | | | | | | | | _ |

Schedule D (Form 990) 2023

IBME

SCHEDULE O (Form 990)

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

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INWARD BOUND MINDFULNESS EDUCATION,

Employer identification number 27 – 3029390

INC.

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| 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: |
| |
| OUR COMMITMENT TO INCLUSIVITY CONTINUED TO BE EVIDENT, WITH 43% OF |
| PARTICIPANTS IDENTIFYING AS BIPOC AND 56% IDENTIFYING AS LGBTQIA+. |
| THESE STATISTICS REPRESENT SIGNIFICANT INCREASES FROM OUR NATIONAL |
| PRE-PANDEMIC AVERAGES OF 32% AND 30%, RESPECTIVELY. INWARD BOUND |
| FURTHER ACCOMPLISHED OUR DIVERSITY, EQUITY, INCLUSION AND ACCESSIBILITY |
| (DEIA) GOALS BY: UPDATING THE DEIA 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, IMPLEMENTING AN |
| ORGANIZATIONAL EQUITY LENS TO INFORM OUR PROGRAMS, PROCESSES, POLICIES |
| AND DECISION-MAKING AT THE ORGANIZATION. |
| |
| FORM 990, PART VI, SECTION A, LINE 4: |
| CHANGES WERE MADE TO BOTH THE THE ARTICLES OF INCORPORATION AND BYLAWS TO |
| REFLECT THAT: |
| |

- 1) THE ORGANIZATION IS NOW DOING BUSINESS AS INWARD BOUND MINDFULNESS, ALSO KNOWN AS INWARD BOUND, AND HAS A NEW LOGO. (SECTION 1.2)
- 2) THAT THE CORPORATION'S DIRECTORS AND OFFICERS WILL REPRESENT OUR LARGER For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

INWARD BOUND MINDFULNESS EDUCATION, INC.

Employer identification number 27-3029390

COMMUNITY AND SPECIFYING THE EXPERTISE WE WANT ON THE BOARD, AS WELL AS

THAT THE EQUITY & INTERDEPENDENCE LENS WILL BE UTILIZED BY THE BOARD.

(SECTION 4.2)

- 3) MEMBERS OF THE BOARD OF DIRECTORS WILL IMMEDIATELY COMMENCE PERFORMANCE
 OF THEIR DUTIES UPON ELECTION AND WILL CONTINUE IN OFFICE UNTIL THEIR
 SUCCESSORS IS ELECTED OR THE DIRECTOR RESIGNS OR IS REMOVED. (SECTION 5.5)
 4) TO PROHIBIT A REAL OR PERCEIVED CONFLICT OF INTEREST, THE TREASURER WILL
 RECEIVE NO COMPENSATION, UNLESS SUCH COMPENSATION IS APPROVED BY THE BOARD.
 (SECTION 5.9)
- 5) ESTABLISHMENT OF A BOARD LEADERSHIP COMMITTEE THAT IS RESPONSIBLE FOR

 OVERSIGHT AND ACCOUNTABILITY OF THE PEOPLE WHO MAKE UP THE CORPORATION'S

 LEADERSHIP TEAM (I.E., BOARD, STAFF) AND TRACKING THE OVERALL HEALTH OF THE

 SYSTEM. (SECTION 9.2)
- 6) SHIFT TO A STRUCTURE THAT INCLUDES AN EXECUTIVE DIRECTOR WITH IMMEDIATE

 AND OVERALL SUPERVISION OF THE OPERATIONS OF THE CORPORATION, AND DIRECT

 THE DAY-TO-DAY BUSINESS OF THE CORPORATION. (SECTION 10.1)

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 IRS.

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

INWARD BOUND'S BOARD OF DIRECTORS MONITORS ALL POTENTIAL CONFLICT OF INTEREST SITUATIONS.

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 27-3029390 INWARD BOUND MINDFULNESS EDUCATION, INC. INWARD BOUND 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. INWARD BOUND'S DIRECTORS AND OFFICERS REPRESENT THIS COLLABORATIVE LEADERSHIP SYSTEM. WHEN COMPENSATION IS AWARDED TO EMPLOYEES/INDEPENDENT CONTRACTORS WHO ALSO HOLD OFFICER/DIRECTOR ROLES, THEIR COMPENSATION IS VETTED THROUGH A PROCESS THAT INCLUDES INWARD BOUND'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: INWARD BOUND 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.

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