| Form 990 |
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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2023 Open to Public Inspection

| Department of the Treasu | Jrv |
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| Internal Revenue Service | |

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| <u>A</u>                                                                 | or th                     | and e                                                                                          | enaing             |                                  |                             |  |  |
|--------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------|--------------------|----------------------------------|-----------------------------|--|--|
| B c                                                                      | Check if<br>pplicab       | C Name of organization                                                                         |                    | D Employer identification number |                             |  |  |
|                                                                          | Addre                     | S KINDERMOURN, INC.                                                                            |                    |                                  |                             |  |  |
|                                                                          | Name                      |                                                                                                | 56-12211           | 94                               |                             |  |  |
|                                                                          | Initial                   | ₩ (I                                                                                           | Room/suite         | E Telephone number               |                             |  |  |
|                                                                          | Final                     |                                                                                                | loon, outo         | 704-376-2                        |                             |  |  |
|                                                                          | ⊥returr<br>termii<br>ated |                                                                                                |                    | G Gross receipts \$              | 1,130,757.                  |  |  |
|                                                                          | Amer                      |                                                                                                |                    | H(a) Is this a group re          |                             |  |  |
|                                                                          |                           |                                                                                                |                    | for subordinates                 |                             |  |  |
|                                                                          | pendi                     | <sup>19</sup> 1320 HARDING PLACE, CHARLOTTE, NC 28204                                          |                    | H(b) Are all subordinates in     |                             |  |  |
| 1 1                                                                      | Tax-ex                    | empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or                                 |                    |                                  | list. See instructions      |  |  |
|                                                                          | Nebsi                     |                                                                                                |                    | H(c) Group exemption             |                             |  |  |
|                                                                          |                           | organization: X Corporation Trust Association Other                                            | I Year             |                                  | State of legal domicile: NC |  |  |
|                                                                          | art I                     | Summary                                                                                        | 1 <b>-</b> 1 out 1 |                                  | etato et logal definiente   |  |  |
|                                                                          | 1                         | Briefly describe the organization's mission or most significant activities: KINDE              | RMOUR              | N PROVIDES H                     | IOPE FOR                    |  |  |
| Governance                                                               |                           | BEREAVED PARENTS, GRIEVING CHILDREN AND TH                                                     |                    |                                  |                             |  |  |
| nar                                                                      | 2                         | Check this box if the organization discontinued its operations or dispose                      |                    |                                  |                             |  |  |
| ver                                                                      | 3                         |                                                                                                |                    | 3                                | 19                          |  |  |
| ဗီ                                                                       | 4                         | Number of independent voting members of the governing body (Part VI, line 1b)                  |                    |                                  | 19                          |  |  |
| ა<br>ა                                                                   | 5                         | Total number of individuals employed in calendar year 2023 (Part V, line 2a)                   |                    |                                  | 10                          |  |  |
| itie                                                                     | 6                         | Total number of volunteers (estimate if necessary)                                             |                    |                                  | 90                          |  |  |
| Activities &                                                             | 7a                        |                                                                                                |                    | 7a                               | 0.                          |  |  |
| Ā                                                                        | 1                         | Net unrelated business taxable income from Form 990-T, Part I, line 11                         |                    |                                  | 0.                          |  |  |
|                                                                          |                           |                                                                                                |                    | Prior Year                       | Current Year                |  |  |
| ~                                                                        | 8                         | Contributions and grants (Part VIII, line 1h)                                                  |                    | 514,741.                         | 744,699.                    |  |  |
| nu                                                                       | 9                         | Program service revenue (Part VIII, line 2g)                                                   |                    | 61,262.                          | 60,767.                     |  |  |
| Revenue                                                                  | 10                        | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                  |                    | 2,983.                           | 29,770.                     |  |  |
| č                                                                        | 11                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                       |                    | 222,029.                         | 210,743.                    |  |  |
|                                                                          | 12                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)             |                    | 801,015.                         | 1,045,979.                  |  |  |
|                                                                          | 13                        | 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)                                  |                    | 0.                               | 0.                          |  |  |
| ŷ                                                                        | 15                        | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)              |                    | 587,896.                         | 652,437.                    |  |  |
| nse                                                                      | 16a                       | Professional fundraising fees (Part IX, column (A), line 11e)                                  |                    | 0.                               | 0.                          |  |  |
| Expenses                                                                 | b                         | Total fundraising expenses (Part IX, column (D), line 25) 64,18                                | 9.                 |                                  |                             |  |  |
| ш                                                                        | 17                        | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                   |                    | 271,927.                         | 300,403.                    |  |  |
|                                                                          | 18                        | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                      |                    | 859,823.                         | 952,840.                    |  |  |
|                                                                          | 19                        | Revenue less expenses. Subtract line 18 from line 12                                           |                    | -58,808.                         | 93,139.                     |  |  |
| or                                                                       |                           |                                                                                                | Be                 | ginning of Current Year          | End of Year                 |  |  |
| sets                                                                     | 20                        | Total assets (Part X, line 16)                                                                 |                    | 1,599,873.                       | 1,794,313.                  |  |  |
| t As:<br>d Bs:                                                           | 21                        | Total liabilities (Part X, line 26)                                                            |                    | 70,335.                          | 7,768.                      |  |  |
| 22 Net assets or fund balances. Subtract line 21 from line 20 1,529,538. |                           |                                                                                                |                    |                                  |                             |  |  |
|                                                                          | art II                    | Signature Block                                                                                |                    |                                  |                             |  |  |
| Und                                                                      | er pen                    | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and stateme        | nts, 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.

| Sign       | Signature of officer                                                                                  |                      | Date           |             |  |  |  |  |  |  |
|------------|-------------------------------------------------------------------------------------------------------|----------------------|----------------|-------------|--|--|--|--|--|--|
| Here       |                                                                                                       |                      |                |             |  |  |  |  |  |  |
|            | Type or print name and title                                                                          |                      |                |             |  |  |  |  |  |  |
|            | Print/Type preparer's name                                                                            | Preparer's signature | Date Check     | ] PTIN      |  |  |  |  |  |  |
| Paid       | JANICE A RATICA                                                                                       | Janue G Satica       | 08/26/24       | ₽00358837   |  |  |  |  |  |  |
| Preparer   | Firm's name ELLIOTT DAVIS, LL                                                                         | C/PLLC               | Firm's EIN 57- | -0381582    |  |  |  |  |  |  |
| Use Only   | Firm's address 500 EAST MOREHEAD                                                                      | STREET, SUITE 700    |                |             |  |  |  |  |  |  |
|            | CHARLOTTE, NC 282                                                                                     | 02                   | Phone no. (704 | 1) 333-8881 |  |  |  |  |  |  |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions                       |                      |                |             |  |  |  |  |  |  |
| LHA For    | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) |                      |                |             |  |  |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form  | 990 (2023) KINDERMOURN, INC.                                                                | 56-1221194                                             | Page <b>2</b>   |
|-------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------|
| Pa    | t 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:<br>FOUNDED IN 1978, KINDERMOURN PROVIDES SUPPO | ORT FOR PARENTS WHO HAVE                               |                 |
|       | EXPERIENCED THE DEATH OF A CHILD AND CHILD                                                  | REN GRIEVING THE LOSS OF A                             |                 |
|       | FAMILY MEMBER OR FRIEND. THROUGH PROFESSIO                                                  | NALLY LED SUPPORT GROUPS,                              |                 |
|       | INDIVIDUAL AND FAMILY COUNSELING SERVICES A                                                 | ND COMMUNITY OUTREACH                                  |                 |
| 2     | Did the organization undertake any significant program services during the year whic        |                                                        |                 |
|       | prior Form 990 or 990-EZ?                                                                   |                                                        | XNo             |
|       | If "Yes," describe these new services on Schedule O.                                        |                                                        |                 |
| 3     | Did the organization cease conducting, or make significant changes in how it conduct        | ts, any program services? Yes                          | X No            |
|       | If "Yes," describe these changes on Schedule O.                                             |                                                        |                 |
| 4     | Describe the organization's program service accomplishments for each of its three la        |                                                        |                 |
|       | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gra      | nts and allocations to others, the total expenses, and | l               |
|       | revenue, if any, for each program service reported.                                         | 10.0                                                   |                 |
| 4a    | (Code:) (Expenses \$329,839. including grants of \$                                         | ) (Revenue \$18,2                                      | <u>30.</u> )    |
|       | GRIEVING CHILDREN AND TEENS PROGRAM: PROFES                                                 |                                                        |                 |
|       | GROUPS, ALONG WITH INDIVIDUAL AND FAMILY CO                                                 |                                                        | <u>E</u>        |
|       | WHERE KIDS CAN SHARE THEIR THOUGHTS, FEELIN                                                 | IGS AND EXPERIENCES OF THE                             |                 |
|       | GRIEF JOURNEY .                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
| 4b    | (Code:) (Expenses \$164,919. including grants of \$                                         | ) (Revenue \$ 9,1                                      | 15.)            |
|       | HELPING THE HURT OUTREACH PROGRAM: BEREAVEN                                                 | IENT SUPPORT TO CHILDREN AN                            | D               |
|       | TEENS WHO CANNOT ACCESS KINDERMOURN'S IN-HO                                                 | USE SUPPORT SERVICES DUE T                             | 0               |
|       | ECONOMIC FACTORS OR TRANSPORTATION ISSUES.                                                  | GRIEF SERVICES, INCLUDING                              |                 |
|       | INDIVIDUAL COUNSELING AND SUPPORT GROUPS, A                                                 |                                                        |                 |
|       | CHARLOTTE-MECKLENBURG SCHOOLS AND AREA NEIC                                                 | HBORHOOD COMMUNITY CENTERS                             | •               |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
| 4c    | (Code:) (Expenses \$ 329,839. including grants of \$                                        | ) (Revenue \$ 33,4                                     | 22.)            |
|       | GRIEVING PARENTS PROGRAM: PROFESSIONALLY GU                                                 | JIDED SUPPORT GROUPS, ALONG                            |                 |
|       | WITH INDIVIDUAL AND FAMILY COUNSELING ARE (                                                 |                                                        |                 |
|       |                                                                                             | S ARE AVAILABLE REGARDLESS                             | OF              |
|       | THE CAUSE OF DEATH OR AGE OF THE CHILD.                                                     |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
|       |                                                                                             |                                                        |                 |
| 4d    | Other program services (Describe on Schedule O.)                                            |                                                        |                 |
|       | (Expenses \$ including grants of \$                                                         | ) (Revenue \$                                          |                 |
| 4e    | Total program service expenses 824, 597.                                                    |                                                        |                 |
|       |                                                                                             | Form <b>99</b>                                         | <b>0</b> (2023) |
| 33200 | 12-21-23                                                                                    |                                                        |                 |
|       | 3                                                                                           |                                                        |                 |

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 Form 990 (2023)
 KINDERMOURN, INC.

 Part IV
 Checklist of Required Schedules

|        |                                                                                                                                                        |      | Yes          | No       |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                    |      |              |          |
|        | If "Yes," complete Schedule A                                                                                                                          | 1    | 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                        |      |              | 37       |
|        | public office? If "Yes," complete Schedule C, Part I                                                                                                   | 3    |              | <u> </u> |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect                       |      |              | 37       |
| _      | during the tax year? If "Yes," complete Schedule C, Part II                                                                                            | 4    |              | <u> </u> |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                           | _    |              | v        |
| •      | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                | 5    |              | <u> </u> |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                              | •    |              | х        |
| -      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                           | 6    |              |          |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                              | -    |              | x        |
| •      | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                   | 7    |              |          |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                           | •    |              | 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?                              | 9    |              | x        |
| 10     | If "Yes," complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 3    |              | - 11     |
| 10     | 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, VII, IX, or X,                       | 10   |              |          |
|        | as applicable.                                                                                                                                         |      |              |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                            |      |              |          |
| a      | Part VI                                                                                                                                                | 11a  | х            |          |
| h      | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                           | 114  |              |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                            | 11b  | х            |          |
| c      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                            | 115  |              |          |
| Ŭ      | 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                                |      |              |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                 | 11f  | Х            |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                    |      |              |          |
|        | Schedule D, Parts XI and XII                                                                                                                           | 12a  | Х            |          |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?                                              |      |              |          |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                  | 12b  |              | х        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                      | 13   |              | Х        |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?                                                            | 14a  |              | Х        |
|        | 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  |              | Х        |
| 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   |              | X        |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                               |      |              |          |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                            | 16   |              | X        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                |      |              |          |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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  |              | X        |
| 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   | 0000         | Х        |
| 332003 | 12-21-23                                                                                                                                               | Form | <b>990</b> ( | (2023)   |

332003 12-21-23

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| Form  | aan | (2023) |
|-------|-----|--------|
| FOILI | 990 | 120231 |

Form 990 (2023) KINDERMOURN, INC.
Part IV Checklist of Required Schedules (continued)

|          |                                                                                                                                        |      | Yes | No       |
|----------|----------------------------------------------------------------------------------------------------------------------------------------|------|-----|----------|
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                          |      |     |          |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                            | 22   |     | X        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current            |      |     |          |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                         |      |     |          |
|          | Schedule J                                                                                                                             | 23   |     | X        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                |      |     |          |
|          | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                     |      |     |          |
|          | Schedule K. If "No," go to line 25a                                                                                                    | 24a  |     | X        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                      | 24b  |     |          |
| с        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                   |      |     |          |
|          | any tax-exempt bonds?                                                                                                                  | 24c  |     |          |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                | 24d  |     |          |
|          | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                           |      |     |          |
|          | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                          | 25a  |     | 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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i> | 27   |     | x        |
| 28       | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,                |      |     |          |
| 20       | instructions for applicable filing thresholds, conditions, and exceptions):                                                            |      |     |          |
| -        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>                |      |     |          |
| a        |                                                                                                                                        | 28a  |     | x        |
| h        | "Yes," complete Schedule L, Part IV                                                                                                    | 28b  |     | X        |
|          | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>                          | 200  |     | - 23     |
| C        |                                                                                                                                        | 28c  |     | x        |
| 00       | "Yes," complete Schedule L, Part IV                                                                                                    | 200  |     | X        |
| 29<br>20 | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>                  | 29   |     |          |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation            |      |     | v        |
| ~ 1      | contributions? If "Yes," complete Schedule M                                                                                           | 30   |     | X<br>X   |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                     | 31   |     |          |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                       |      |     | v        |
|          | Schedule N, Part II                                                                                                                    | 32   |     | <u> </u> |
| 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 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  |     |          |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?             |      |     |          |
|          | If "Yes," complete Schedule R, Part V, line 2                                                                                          | 36   |     | X X      |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                       |      |     |          |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                           | 37   |     | <u> </u> |
| 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   |          |
| Pa       |                                                                                                                                        |      |     |          |
|          | Check if Schedule O contains a response or note to any line in this Part V                                                             |      |     |          |
|          | 1 1                                                                                                                                    |      | Yes | No       |
|          | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35                                                     |      |     |          |
| b        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0                                                   |      |     |          |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                     |      |     |          |
|          | (gambling) winnings to prize winners?                                                                                                  | 1c   | X   |          |
| 332004   | + 12-21-23                                                                                                                             | Form | 990 | (2023)   |
|          | 5                                                                                                                                      |      |     |          |

2023.04020 KINDERMOURN, INC.

| Form    | 990 (2023) KINDERMOURN, INC. 56-                                                                                                                                                                                                           | -1221194    | 1 F          | age <b>5</b> |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------|
| Par     | t 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,                                                                                                                                                | 10          |              |              |
|         | filed for the calendar year ending with or within the year covered by this return 2a                                                                                                                                                       |             | x            |              |
|         | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                             |             |              | x            |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              |             |              |              |
|         | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                | <u>3b</u>   |              |              |
| 44      | 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            |
| h       | If "Yes," enter the name of the foreign country                                                                                                                                                                                            | та          |              |              |
| 5       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                                                        |             |              |              |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a          |              | x            |
|         | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |             |              | X            |
|         | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                          |             |              |              |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol                                                                                                                    |             |              |              |
|         | any contributions that were not tax deductible as charitable contributions?                                                                                                                                                                |             |              | X            |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                                                                                                                       |             |              |              |
|         | were not tax deductible?                                                                                                                                                                                                                   | 6b          |              |              |
| 7       | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                              |             |              |              |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the                                                                                                   | e payor? 7a |              |              |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            |             | Х            |              |
| с       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                                                          |             |              |              |
|         | to file Form 8282?                                                                                                                                                                                                                         |             |              | X            |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year7d                                                                                                                                                                        |             |              |              |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            | <u>7e</u>   |              | X            |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               |             |              | X            |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require                                                                                                             |             |              | <u> </u>     |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10                                                                                                              | 098-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?                                                                                                                                                         |             |              |              |
| 9       | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                  | 0.0         |              |              |
| a<br>b  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |             |              |              |
| ь<br>10 | Section 501(c)(7) organizations. Enter:                                                                                                                                                                                                    |             |              |              |
| а       | Initiation fees and capital contributions included on Part VIII, line 12 10a                                                                                                                                                               |             |              |              |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                                                            |             |              |              |
| 11      | Section 501(c)(12) organizations. Enter:                                                                                                                                                                                                   |             |              |              |
| а       | Gross income from members or shareholders 11a                                                                                                                                                                                              |             |              |              |
| b       | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                                                                  |             |              |              |
|         | amounts due or received from them.)                                                                                                                                                                                                        |             |              |              |
| 12a     |                                                                                                                                                                                                                                            | 12a         | 1            |              |
| 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?                                                                                                                                                       | <u>13</u> a | 1            |              |
|         | 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 13b                                                                                                                                                                               |             |              |              |
| С       | Enter the amount of reserves on hand 13c                                                                                                                                                                                                   |             |              | 77           |
| 14a     | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 |             |              | X            |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                  | <u>14b</u>  | )            |              |
| 15      | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                                                              |             |              | - <b>v</b>   |
|         | excess parachute payment(s) during the year?                                                                                                                                                                                               | 15          |              | X            |
| 16      | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                                                             |             |              | x            |
| 16      | -                                                                                                                                                                                                                                          | 16          |              |              |
| 17      | If "Yes," complete Form 4720, Schedule O.<br>Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.                                                                                |             |              |              |
| 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.                                                                                                                                                                                                              |             |              |              |
| 332005  | 5 12-21-23                                                                                                                                                                                                                                 | For         | m <b>990</b> | (2023)       |
|         | 6                                                                                                                                                                                                                                          |             |              | 、/           |
|         |                                                                                                                                                                                                                                            |             |              |              |

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6 2023.04020 KINDERMOURN, INC. 34977\_1

| bec        | tion A. Governing Body and Management                                                                                                                                |           |              |   |  |  |  |  |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|---|--|--|--|--|
|            |                                                                                                                                                                      |           | Yes          |   |  |  |  |  |
| 1a         | Enter the number of voting members of the governing body at the end of the tax year 1a 19                                                                            |           |              | Ι |  |  |  |  |
|            | 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 19                                                                             |           |              |   |  |  |  |  |
| 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         |              |   |  |  |  |  |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision                                                | <u> </u>  |              | - |  |  |  |  |
| °.         | of officers, directors, trustees, or key employees to a management company or other person?                                                                          | 3         |              |   |  |  |  |  |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                     | 4         |              |   |  |  |  |  |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                           | 5         |              |   |  |  |  |  |
| 6          |                                                                                                                                                                      | 6         |              |   |  |  |  |  |
|            | Did the organization have members or stockholders?<br>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or |           |              |   |  |  |  |  |
| 7a         |                                                                                                                                                                      | 7-        |              |   |  |  |  |  |
|            | more members of the governing body?                                                                                                                                  | 7a        |              | - |  |  |  |  |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                                                   |           |              |   |  |  |  |  |
| _          | persons other than the governing body?                                                                                                                               | 7b        |              |   |  |  |  |  |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                    |           |              |   |  |  |  |  |
| а          | The governing body?                                                                                                                                                  | <u>8a</u> | X            | - |  |  |  |  |
| b          | Each committee with authority to act on behalf of the governing body?                                                                                                | 8b        | X            | - |  |  |  |  |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                                                 |           |              |   |  |  |  |  |
|            | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                                                              | 9         |              |   |  |  |  |  |
| ec         | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                                                     |           |              |   |  |  |  |  |
|            |                                                                                                                                                                      |           | Yes          |   |  |  |  |  |
| 0a         | Did the organization have local chapters, branches, or affiliates?                                                                                                   | 10a       |              |   |  |  |  |  |
| b          | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,                                           |           |              |   |  |  |  |  |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                      | 10b       |              |   |  |  |  |  |
| 1a         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                          | 11a       | Х            |   |  |  |  |  |
| b          | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                        |           |              |   |  |  |  |  |
| l2a        | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                              | 12a       | Х            |   |  |  |  |  |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                  | 12b       | Х            |   |  |  |  |  |
| с          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe                                                   |           |              |   |  |  |  |  |
|            | on Schedule O how this was done                                                                                                                                      | 12c       | х            |   |  |  |  |  |
| 13         | Did the organization have a written whistleblower policy?                                                                                                            | 13        | Х            |   |  |  |  |  |
| 4          | Did the organization have a written document retention and destruction policy?                                                                                       | 14        | Х            | • |  |  |  |  |
| 15         | Did the process for determining compensation of the following persons include a review and approval by independent                                                   |           |              |   |  |  |  |  |
| 0          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                    |           |              |   |  |  |  |  |
| ~          | The organization's CEO, Executive Director, or top management official                                                                                               | 15a       | х            |   |  |  |  |  |
|            |                                                                                                                                                                      | 15a       | X            |   |  |  |  |  |
| D          | Other officers or key employees of the organization                                                                                                                  | 150       | - 23         | i |  |  |  |  |
| <b>•</b> • | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                   |           |              |   |  |  |  |  |
| ьа         | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a                                                | 10        |              |   |  |  |  |  |
| _          | taxable entity during the year?                                                                                                                                      | 16a       |              |   |  |  |  |  |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation                                         |           |              |   |  |  |  |  |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                                                       |           |              |   |  |  |  |  |
|            | exempt status with respect to such arrangements?                                                                                                                     | 16b       |              | - |  |  |  |  |
| ec         | tion C. Disclosure                                                                                                                                                   |           |              | - |  |  |  |  |
| 7          | List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>                                                                               |           |              | - |  |  |  |  |
| 8          | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)                                      | s only)   | availa       | 1 |  |  |  |  |
|            | for public inspection. Indicate how you made these available. Check all that apply.                                                                                  |           |              |   |  |  |  |  |
|            | X Own website Another's website X Upon request Other (explain on Schedule O)                                                                                         |           |              |   |  |  |  |  |
| 9          | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an                                       | d finan   | 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 books and records                                                       |           |              |   |  |  |  |  |
|            | PUBLIC ACCOUNTING & BUSINESS SERVICES - 704-376-2580                                                                                                                 |           |              | - |  |  |  |  |
|            | 1320 HARDING PLACE, CHARLOTTE, NC 28204                                                                                                                              |           |              |   |  |  |  |  |
| 2006       | 6 12-21-23                                                                                                                                                           | Forn      | 1 <b>990</b> | Ì |  |  |  |  |
|            | 7                                                                                                                                                                    |           |              |   |  |  |  |  |
| 08         | 26 792811 34977 2023.04020 KINDERMOURN, INC.                                                                                                                         |           | 34           | ( |  |  |  |  |
|            |                                                                                                                                                                      |           | -            | ۰ |  |  |  |  |

 Form 990 (2023)
 KINDERMOURN, INC.
 56-1221194
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

34977\_\_1

56-1221194 Page 6

| Form 990 (2023)        | KINDERMOURN, INC.                                                                                                                                     | 56-1221194                | Page 7 |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------|
| Part VII Compen        | sation of Officers, Directors, Trustees, Key Employ                                                                                                   | yees, Highest Compensated |        |
| Employe                | ees, and Independent Contractors                                                                                                                      |                           |        |
| Check if Sc            | chedule O contains a response or note to any line in this Part VII                                                                                    |                           |        |
| Section A. Officers, I | Directors, Trustees, Key Employees, and Highest Compensated                                                                                           | d Employees               |        |
| •                      | e for all persons required to be listed. Report compensation for the<br>anization's <b>current</b> officers, directors, trustees (whether individuals | , ,                       |        |

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 nor any related organization compensated any current officer, director, or trustee.

| (A)                          | (B)                  | (C)                            |                                 | (D)                                     | (E)                           | (F)                             |              |                                 |                              |                        |  |            |            |           |
|------------------------------|----------------------|--------------------------------|---------------------------------|-----------------------------------------|-------------------------------|---------------------------------|--------------|---------------------------------|------------------------------|------------------------|--|------------|------------|-----------|
| Name and title               | Average              | Position                       |                                 | Position<br>(do not check more than one |                               |                                 |              |                                 |                              |                        |  | Reportable | Reportable | Estimated |
|                              | hours per            | box                            | box, unless person is both an   |                                         | box, unless person is both an |                                 | compensation | compensation                    | amount of                    |                        |  |            |            |           |
|                              | week                 |                                | officer and a director/trustee) |                                         | from                          | from related                    | other        |                                 |                              |                        |  |            |            |           |
|                              | (list any            | Individual trustee or director |                                 |                                         |                               |                                 |              | the                             | organizations                | compensation           |  |            |            |           |
|                              | hours for<br>related | e or d                         | tee                             |                                         |                               | sated                           |              | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the organization  |  |            |            |           |
|                              | organizations        | ruste                          | l trus                          |                                         | /ee                           | mpen                            |              | 1099-NEC)                       | 1033-1120)                   | and related            |  |            |            |           |
|                              | below                | dual t                         | In stitutional trustee          | -                                       | Key employee                  | est col                         | er           |                                 |                              | organizations          |  |            |            |           |
|                              | line)                | Indivi                         | Instit                          | Officer                                 | Key e                         | Highest compensated<br>employee | Former       |                                 |                              |                        |  |            |            |           |
| (1) KATY RYAN                | 40.00                |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| EXECUTIVE DIRECTOR           |                      |                                |                                 | Х                                       |                               |                                 |              | 140,000.                        | 0.                           | 4,922.                 |  |            |            |           |
| (2) BENJAMIN BENDER, MS, SSP | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (3) DEIDRE BRADSHAW FOSTER   | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (4) DR. CHRIS MORRIS         | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (5) ERIN GOLDSTEIN           | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (6) JENNIFER SOLOMONSON      | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (7) ANTHONY BURTON           | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (8) PRECIOUS MCLAUGHLIN      | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (9) STEPHANIE APPLING, MPH   | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (10) STEPHANIE STARR         | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (11) THOMAS CALABRO          | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (12) TIM IGNASHER            | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (13) CARVER DRAUGHN          | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (14) WALKER POOLE            | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (15) DAVID WALLIN            | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (16) SARAH HOPFER            | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| BOARD MEMBER                 |                      | Х                              |                                 |                                         |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| (17) ELIZABETH KELLIGREW     | 1.00                 |                                |                                 |                                         |                               |                                 |              |                                 |                              |                        |  |            |            |           |
| CHAIR                        |                      | Х                              |                                 | Х                                       |                               |                                 |              | 0.                              | 0.                           | 0.                     |  |            |            |           |
| 332007 12-21-23              |                      |                                |                                 |                                         |                               |                                 |              |                                 |                              | Form <b>990</b> (2023) |  |            |            |           |

8

332007 12-21-23

Form **990** (2023)

|      | 990 (2023) KINDERMOU                            | JRN, INC          | •                              |                       |             |              |                                 |        |                           | 56-122                           | 1194       | Page <b>8</b>     |
|------|-------------------------------------------------|-------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|---------------------------|----------------------------------|------------|-------------------|
| Par  | VII Section A. Officers, Directors, Trus        | tees, Key Emp     | oloy                           | ees,                  | anc         | l Hig        | ghes                            | t C    | ompensated Employee       | s (continued)                    |            |                   |
|      | (A)                                             | (B)               |                                |                       |             | C)           |                                 |        | (D)                       | (E)                              | (          | F)                |
|      | Name and title                                  | Average           | (do                            |                       | Pos<br>heck |              | ן<br>than c                     | one    | Reportable                | Reportable                       |            | mated             |
|      |                                                 | hours per<br>week |                                |                       |             |              | is both<br>pr/trus              |        | compensation              | compensation                     |            | unt of            |
|      |                                                 | (list any         |                                |                       |             |              |                                 |        | - from                    | from related                     |            | her:              |
|      |                                                 | hours for         | Individual trustee or director |                       |             |              |                                 |        | the<br>organization       | organizations<br>(W-2/1099-MISC/ |            | ensation<br>n the |
|      |                                                 | related           | e or c                         | tee                   |             |              | sated                           |        | (W-2/1099-MISC/           | 1099-NEC)                        |            | nization          |
|      |                                                 | organizations     | truste                         | al trus               |             | /ee          | mper                            |        | 1099-NEC)                 | 1000 (120)                       | , v        | related           |
|      |                                                 | below             | idual                          | Institutional trustee | 2           | Key employee | est co<br>oyee                  | er     | ,                         |                                  | organi     | izations          |
|      |                                                 | line)             | ln div                         | Instit                | Officer     | Key e        | Highest compensated<br>employee | Former |                           |                                  |            |                   |
| (18) | NATALIE C. CARTER                               | 1.00              |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| VICE | -CHAIR                                          |                   | Х                              |                       | Х           |              |                                 |        | 0.                        | 0                                | ,          | 0.                |
| (19) | JEFF PETILLO                                    | 1.00              |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| PAST | -CHAIR                                          |                   | Х                              |                       | Х           |              |                                 |        | 0.                        | 0                                | •          | 0.                |
| (20) | JIM SIGMAN                                      | 40.00             |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| FINA | NCIAL OFFICER                                   |                   | Х                              |                       | Х           |              |                                 |        | 0.                        | 0                                | •          | 0.                |
| (21) | NICK KAMMEYER                                   | 1.00              |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| SECR | ETARY                                           |                   | Х                              |                       | Х           |              |                                 |        | 0.                        | 0                                | ,          | 0.                |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| 1b   | Subtotal                                        |                   |                                |                       |             |              |                                 |        | 140,000.                  | 0                                |            | <u>,922.</u>      |
| с    | Total from continuation sheets to Part VI       | I, Section A      |                                |                       |             |              |                                 |        | 0.                        | 0                                |            | 0.                |
| d    | Total (add lines 1b and 1c)                     |                   |                                |                       |             |              |                                 |        | 140,000.                  | 0                                | . 4        | ,922.             |
| 2    | Total number of individuals (including but n    | ot limited to the | ose                            | liste                 | d ab        | ove          | e) wh                           | o re   | eceived more than \$100,  | 000 of reportable                |            |                   |
|      | compensation from the organization              |                   |                                |                       |             |              |                                 |        |                           |                                  |            | 1                 |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  | Y          | 'es No            |
| 3    | Did the organization list any former officer,   | director, truste  | ee, k                          | key e                 | empl        | oye          | e, or                           | hig    | hest compensated emp      | loyee on                         |            |                   |
|      | line 1a? If "Yes," complete Schedule J for s    | uch individual    |                                |                       |             |              |                                 |        |                           |                                  | 3          | X                 |
| 4    | For any individual listed on line 1a, is the su | m of reportable   | e co                           | mpe                   | ensa        | tion         | and                             | oth    | ner compensation from t   | he organization                  |            |                   |
|      | and related organizations greater than \$150    | ,000? If "Yes,    | " со                           | mple                  | ete S       | Sche         | edule                           | Jf     | or such individual        |                                  | 4          | X                 |
| 5    | Did any person listed on line 1a receive or a   |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      | rendered to the organization? If "Yes," com     | plete Schedule    | e J fo                         | or si                 | ich i       | oers         | on .                            |        |                           |                                  | 5          | X                 |
| Sect | ion B. Independent Contractors                  |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| 1    | Complete this table for your five highest co    | mpensated ind     | epe                            | nder                  | nt co       | ontra        | actor                           | rs th  | nat received more than \$ | 100,000 of compens               | ation from | ı                 |
|      | 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)                       |                                  | (C)        |                   |
|      | Name and business                               | address           | NC                             | ONE                   | C           |              |                                 | _      | Description of s          | ervices                          | Compens    | ation             |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 | _      |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  |            |                   |
| 2    | Total number of independent contractors (in     | •                 | ot lin                         | nitec                 | d to        |              |                                 | ted    | above) who received me    | ore than                         |            |                   |
|      | \$100,000 of compensation from the organiz      | zation            |                                |                       |             | (            | J                               |        |                           |                                  |            | 20                |
|      |                                                 |                   |                                |                       |             |              |                                 |        |                           |                                  | Form 99    | <b>90</b> (2023)  |

332008 12-21-23

|                                                           |      | (2023) KINDERMOURN, I                                                            | INC.               |                             |                                              | 56-1221                                     | 194 Page 9                                                             |
|-----------------------------------------------------------|------|----------------------------------------------------------------------------------|--------------------|-----------------------------|----------------------------------------------|---------------------------------------------|------------------------------------------------------------------------|
| Par                                                       | t V  | III Statement of Revenue                                                         |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | Check if Schedule O contains a response or                                       | r note to any line |                             |                                              |                                             |                                                                        |
|                                                           |      |                                                                                  |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| ts ts                                                     | 1 :  | a Federated campaigns 1a                                                         | 1,605.             |                             |                                              |                                             |                                                                        |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |      | b Membership dues 1b                                                             |                    |                             |                                              |                                             |                                                                        |
| S, G                                                      |      | c Fundraising events 1c                                                          | 73,399.            |                             |                                              |                                             |                                                                        |
| Gift<br>Iar J                                             |      | d Related organizations 1d                                                       |                    |                             |                                              |                                             |                                                                        |
| )s,<br>imi                                                |      | e Government grants (contributions) 1e                                           |                    |                             |                                              |                                             |                                                                        |
| erS                                                       | 1    | f All other contributions, gifts, grants, and                                    |                    |                             |                                              |                                             |                                                                        |
| Othor                                                     |      |                                                                                  | 569,695.           |                             |                                              |                                             |                                                                        |
| ont<br>nd                                                 |      | g Noncash contributions included in lines 1a-1f                                  |                    | 744,699.                    |                                              |                                             |                                                                        |
| <u>0</u> a                                                |      | h Total. Add lines 1a-1f                                                         | Business Code      | 744,099.                    |                                              |                                             |                                                                        |
|                                                           | •    | a SESSION FEES                                                                   | 624100             | 60,767.                     | 60,767.                                      |                                             |                                                                        |
| Program Service<br>Revenue                                |      |                                                                                  | 024100             | 00,707.                     | 00,707.                                      |                                             |                                                                        |
| Serv                                                      |      | b c                                                                              |                    |                             |                                              |                                             |                                                                        |
| am (                                                      |      | d                                                                                |                    |                             |                                              |                                             |                                                                        |
| Be                                                        | ,    | e                                                                                |                    |                             |                                              |                                             |                                                                        |
| Pro                                                       | 1    | f All other program service revenue                                              |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | g Total. Add lines 2a-2f                                                         |                    | 60,767.                     |                                              |                                             |                                                                        |
|                                                           | 3    | Investment income (including dividends, interes                                  |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | other similar amounts)                                                           |                    | 29,770.                     |                                              |                                             | 29,770.                                                                |
|                                                           | 4    | Income from investment of tax-exempt bond pro                                    | oceeds             |                             |                                              |                                             |                                                                        |
|                                                           | 5    | Royalties                                                                        |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | (i) Real                                                                         | (ii) Personal      |                             |                                              |                                             |                                                                        |
|                                                           | 6    |                                                                                  |                    |                             |                                              |                                             |                                                                        |
|                                                           | I    | b Less: rental expenses 6b                                                       |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | c Rental income or (loss)                                                        |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | d Net rental income or (loss)a Gross amount from sales of (i) Securities         | (ii) Other         |                             |                                              |                                             |                                                                        |
|                                                           | 1    | a gloss another than inventory <b>7a</b>                                         |                    |                             |                                              |                                             |                                                                        |
|                                                           | 1    | b Less: cost or other basis                                                      |                    |                             |                                              |                                             |                                                                        |
| e                                                         |      | and sales expenses                                                               |                    |                             |                                              |                                             |                                                                        |
| evenue                                                    |      | c Gain or (loss) 7c                                                              |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | d Net gain or (loss)                                                             |                    |                             |                                              |                                             |                                                                        |
| Other R                                                   | 8 8  | a Gross income from fundraising events (not                                      |                    |                             |                                              |                                             |                                                                        |
| ŧ                                                         |      | including \$ 73,399. of                                                          |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | contributions reported on line 1c). See                                          |                    |                             |                                              |                                             |                                                                        |
|                                                           |      |                                                                                  | <u>295,521.</u>    |                             |                                              |                                             |                                                                        |
|                                                           |      | · · · · · · · · · · · · · · · · · · ·                                            | 84,778.            | 010 842                     |                                              |                                             | 010 840                                                                |
|                                                           |      | c Net income or (loss) from fundraising events                                   |                    | 210,743.                    |                                              |                                             | 210,743.                                                               |
|                                                           | 9 :  | a Gross income from gaming activities. See                                       |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | Part IV, line 19         9a           b         Less: direct expenses         9b |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | b Less: direct expenses 9b<br>c Net income or (loss) from gaming activities      |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | a Gross sales of inventory, less returns                                         |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | and allowances                                                                   |                    |                             |                                              |                                             |                                                                        |
|                                                           | I    | b Less: cost of goods sold 10b                                                   |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | c Net income or (loss) from sales of inventory                                   | <u></u>            |                             |                                              |                                             |                                                                        |
| 6                                                         |      |                                                                                  | Business Code      |                             |                                              |                                             |                                                                        |
| jou:                                                      | 11 ; | a                                                                                |                    |                             |                                              |                                             |                                                                        |
| ane<br>enu                                                | I    | b                                                                                |                    |                             |                                              |                                             |                                                                        |
| Miscellaneous<br><u>Revenue</u>                           |      | c                                                                                |                    |                             |                                              |                                             |                                                                        |
| Mis                                                       |      | d All other revenue                                                              |                    |                             |                                              |                                             |                                                                        |
|                                                           |      | e Total. Add lines 11a-11d                                                       |                    | 1,045,979.                  | 60,767.                                      | 0.                                          | 240,513.                                                               |
|                                                           | 12   | Total revenue. See instructions                                                  | ·····              | ±,0=J,J/J•                  | 00,707.                                      |                                             | Form <b>990</b> (2023                                                  |

332009 12-21-23

2023.04020 KINDERMOURN, INC.

34977\_\_1

|        | Check if Schedule O contains a respor                                                            |                              |                                           | ·····                                            |                                       |
|--------|--------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
|        | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                       | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1      | Grants and other assistance to domestic organizations                                            |                              |                                           |                                                  |                                       |
|        | and domestic governments. See Part IV, line 21                                                   |                              |                                           |                                                  |                                       |
| 2      | Grants and other assistance to domestic                                                          |                              |                                           |                                                  |                                       |
|        | individuals. See Part IV, line 22                                                                |                              |                                           |                                                  |                                       |
| 3      | Grants and other assistance to foreign                                                           |                              |                                           |                                                  |                                       |
|        | organizations, foreign governments, and foreign                                                  |                              |                                           |                                                  |                                       |
|        | individuals. See Part IV, lines 15 and 16                                                        |                              |                                           |                                                  |                                       |
| 4      | Benefits paid to or for members                                                                  |                              |                                           |                                                  |                                       |
| 5      | Compensation of current officers, directors,                                                     |                              |                                           |                                                  |                                       |
|        | trustees, and key employees                                                                      | 140,000.                     | 126,460.                                  | 5,416.                                           | 8,124.                                |
| 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                                                                         | 414,436.                     | 374,356.                                  | 16,032.                                          | 24,048.                               |
| 8      | Pension plan accruals and contributions (include                                                 |                              |                                           |                                                  |                                       |
|        | section 401(k) and 403(b) employer contributions)                                                | 9,946.                       | 8,951.                                    | 398.                                             | <u> </u>                              |
| 9      | Other employee benefits                                                                          | 46,925.                      | 42,232.                                   | 1,877.                                           | 2,816.                                |
| 10     | Payroll taxes                                                                                    | 41,130.                      | 37,016.                                   | 1,646.                                           | 2,468.                                |
| 11     | Fees for services (nonemployees):                                                                |                              |                                           |                                                  |                                       |
| а      | Management                                                                                       |                              |                                           |                                                  |                                       |
| b      | Legal                                                                                            |                              |                                           |                                                  |                                       |
| с      | Accounting                                                                                       |                              |                                           |                                                  |                                       |
| d      | Lobbying                                                                                         |                              |                                           |                                                  |                                       |
| е      | Professional fundraising services. See Part IV, line 17                                          |                              |                                           |                                                  |                                       |
| f      | Investment management fees                                                                       |                              |                                           |                                                  |                                       |
| g      | Other. (If line 11g amount exceeds 10% of line 25,                                               |                              |                                           |                                                  |                                       |
|        | column (A), amount, list line 11g expenses on Sch 0.)                                            | 121,622.                     | 90,613.                                   | 22,051.                                          | 8,958.                                |
| 12     | Advertising and promotion                                                                        | 54.045                       | 10.111                                    | 1 1 6 0                                          |                                       |
| 13     | Office expenses                                                                                  | 54,217.                      | 43,411.                                   | 4,162.                                           | 6,644.                                |
| 14     | Information technology                                                                           |                              |                                           |                                                  |                                       |
| 15     | Royalties                                                                                        | 44 5 6 2                     | 25 200                                    | 4 456                                            |                                       |
| 16     | Occupancy                                                                                        | 41,563.                      | 35,329.                                   | 4,156.                                           | 2,078.                                |
| 17     | Travel                                                                                           |                              |                                           |                                                  |                                       |
| 18     | Payments of travel or entertainment expenses                                                     |                              |                                           |                                                  |                                       |
|        | for any federal, state, or local public officials                                                | 0 404                        | 0 404                                     |                                                  |                                       |
| 19     | Conferences, conventions, and meetings                                                           | 8,424.                       | 8,424.                                    |                                                  |                                       |
| 20     |                                                                                                  |                              |                                           |                                                  |                                       |
| 21     | Payments to affiliates                                                                           | 20 700                       | 20 E11                                    | 1 620                                            | 1 620                                 |
| 22     | Depreciation, depletion, and amortization                                                        | 32,789.<br>14,740.           | 29,511.<br>11,792.                        | <u>    1,639.</u><br>1,474.                      | <u> </u>                              |
| 23     | Insurance                                                                                        | 14,/40.                      | 11,192.                                   | 1,4/4.                                           | 1,4/4.                                |
| 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),                                              |                              |                                           |                                                  |                                       |
| а      | amount, list line 24e expenses on Schedule 0.)                                                   | 27,048.                      | 16,502.                                   | 5,203.                                           | 5,343.                                |
| a<br>b |                                                                                                  | 27,040.                      | 10,502.                                   | 5,205.                                           | 5,5450                                |
| c<br>b |                                                                                                  |                              |                                           |                                                  |                                       |
| d      |                                                                                                  |                              |                                           |                                                  |                                       |
|        | All other expenses                                                                               |                              |                                           |                                                  |                                       |
| 25     | Total functional expenses. Add lines 1 through 24e                                               | 952,840.                     | 824,597.                                  | 64,054.                                          | 64,189.                               |
| 26     | Joint costs. Complete this line only if the organization                                         | , • _ • •                    | ,                                         | ,                                                | ,                                     |
| _•     | reported in column (B) joint costs from a combined                                               |                              |                                           |                                                  |                                       |
|        | educational campaign and fundraising solicitation.                                               |                              |                                           |                                                  |                                       |
|        | Check here if following SOP 98-2 (ASC 958-720)                                                   |                              |                                           |                                                  |                                       |
| -      |                                                                                                  |                              |                                           |                                                  |                                       |

Form 990 (2023) Part IX Statement of Functional Expenses

KINDERMOURN, INC.

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

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

56-1221194 Page 10

X

332010 12-21-23

11 2023.04020 KINDERMOURN, INC. Form 990 (2023)

12

|                             |     | Check if Schedule O contains a response or note to any line in this Part X                |                          |     |                           |
|-----------------------------|-----|-------------------------------------------------------------------------------------------|--------------------------|-----|---------------------------|
|                             |     |                                                                                           | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1   | Cash - non-interest-bearing                                                               |                          | 1   |                           |
|                             | 2   | Savings and temporary cash investments                                                    |                          | 2   | 457,915.                  |
|                             | 3   | Pledges and grants receivable, net                                                        |                          | 3   |                           |
|                             | 4   | Accounts receivable, net                                                                  | 18,028.                  | 4   | 4,694.                    |
|                             | 5   | Loans and other receivables from any current or former officer, director,                 |                          |     |                           |
|                             |     | trustee, key employee, creator or founder, substantial contributor, or 35%                |                          |     |                           |
|                             |     | controlled entity or family member of any of these persons                                |                          | 5   |                           |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined                   |                          |     |                           |
|                             |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                 |                          | 6   |                           |
| ţs                          | 7   | Notes and loans receivable, net                                                           |                          | 7   |                           |
| Assets                      | 8   | Inventories for sale or use                                                               |                          | 8   |                           |
| Ä                           | 9   | Prepaid expenses and deferred charges                                                     | . 32,941.                | 9   | 7,128.                    |
|                             | 10a | Land, buildings, and equipment: cost or other                                             |                          |     |                           |
|                             |     | basis. Complete Part VI of Schedule D10a1,310,794Less: accumulated depreciation10b738,293 | •                        |     |                           |
|                             | b   | Less: accumulated depreciation 10b 738,293                                                | . 605,290.               | 10c | 572,501.                  |
|                             | 11  | Investments - publicly traded securities                                                  |                          | 11  | 668.                      |
|                             | 12  | Investments - other securities. See Part IV, line 11                                      |                          | 12  | 346,052.                  |
|                             | 13  | Investments - program-related. See Part IV, line 11                                       |                          | 13  |                           |
|                             | 14  | Intangible assets                                                                         |                          | 14  |                           |
|                             | 15  | Other assets. See Part IV, line 11                                                        | 47,235.                  | 15  | 405,355                   |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                                 |                          | 16  | 1,794,313.                |
|                             | 17  | Accounts payable and accrued expenses                                                     | 70,335.                  | 17  | 7,768.                    |
|                             | 18  | Grants payable                                                                            |                          | 18  |                           |
|                             | 19  | Deferred revenue                                                                          |                          | 19  |                           |
|                             | 20  | Tax-exempt bond liabilities                                                               |                          | 20  |                           |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                     |                          | 21  |                           |
| ŝ                           | 22  | Loans and other payables to any current or former officer, director,                      |                          |     |                           |
| liŧ                         |     | trustee, key employee, creator or founder, substantial contributor, or 35%                |                          |     |                           |
| Liabilities                 |     | controlled entity or family member of any of these persons                                |                          | 22  |                           |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties                            |                          | 23  |                           |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties                              |                          | 24  |                           |
|                             | 25  | Other liabilities (including federal income tax, payables to related third                |                          |     |                           |
|                             |     | parties, and other liabilities not included on lines 17-24). Complete Part X              |                          |     |                           |
|                             |     | of Schedule D                                                                             |                          | 25  |                           |
|                             | 26  | Total liabilities. Add lines 17 through 25                                                | 70,335.                  | 26  | 7,768.                    |
|                             |     | Organizations that follow FASB ASC 958, check here $X$                                    |                          |     |                           |
| Net Assets or Fund Balances |     | and complete lines 27, 28, 32, and 33.                                                    |                          |     |                           |
| lan                         | 27  | Net assets without donor restrictions                                                     | 1,529,538.               | 27  | 1,384,721.                |
| Ba                          | 28  | Net assets with donor restrictions                                                        |                          | 28  | 401,824.                  |
| pur                         |     | Organizations that do not follow FASB ASC 958, check here                                 |                          |     |                           |
| Ę.                          |     | and complete lines 29 through 33.                                                         |                          |     |                           |
| s<br>S                      | 29  | Capital stock or trust principal, or current funds                                        |                          | 29  |                           |
| set                         | 30  | Paid-in or capital surplus, or land, building, or equipment fund                          |                          | 30  |                           |
| t As                        | 31  | Retained earnings, endowment, accumulated income, or other funds                          |                          | 31  |                           |
| Net                         | 32  | Total net assets or fund balances                                                         |                          | 32  | 1,786,545.                |
|                             | 33  | Total liabilities and net assets/fund balances                                            | 1,599,873.               | 33  | 1,794,313.                |

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 $10\,4\,6\,0\,8\,2\,6\ 7\,9\,2\,8\,1\,1\ 3\,4\,9\,7\,7$ 

Form 990 (2023)
Part X Balance Sheet

| Form | 1990 (2023) KINDERMOURN, INC.                                                                                      | 56       | -1221194 | Pag  | ge <b>12</b> |
|------|--------------------------------------------------------------------------------------------------------------------|----------|----------|------|--------------|
| Pa   | rt XI Reconciliation of Net Assets                                                                                 |          |          |      |              |
|      | Check if Schedule O contains a response or note to any line in this Part XI                                        |          |          |      | X            |
|      |                                                                                                                    |          |          |      |              |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)                                                          | 1        | 1,045    | 5,9' | 79.          |
| 2    | Total expenses (must equal Part IX, column (A), line 25)                                                           | 2        | 952      | 2,84 | 40.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1                                                                 | 3        |          |      | 39.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        | 1,529    | ),5  | 38.          |
| 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        | 163      | 8,8  | 68.          |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                 |          |          |      |              |
|      | column (B))                                                                                                        | 10       | 1,786    | 5,54 | <u>45.</u>   |
| Pa   | rt XII Financial Statements and Reporting                                                                          |          |          |      |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |          |      | X            |
|      |                                                                                                                    |          |          | Yes  | No           |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other                                               |          |          |      |              |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | О.       |          |      |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          | 2a       |      | X            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    | on a     |          |      |              |
|      | separate basis, consolidated basis, or both:                                                                       |          |          |      |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis                                             |          |          |      |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                 |          | 2b       | Х    |              |
|      | 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 | e audit, |          |      |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                     |          |          | Х    |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | edule C  | ).       |      |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the    |          |          |      |              |
|      | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?                                                                    |          | За       |      | <u> </u>     |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi |          |          |      | 1            |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           | <u></u>  |          | 000  | L            |

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2023                         |
| Open to Public<br>Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nam   | e of t | the organization                                           |                         |                                                       |                    |                                  |                 | Employer      | identification number      |
|-------|--------|------------------------------------------------------------|-------------------------|-------------------------------------------------------|--------------------|----------------------------------|-----------------|---------------|----------------------------|
|       |        |                                                            | ERMOURN, II             |                                                       |                    |                                  |                 |               | 6-1221194                  |
| Pa    | τI     | Reason for Public (                                        | Charity Status.         | (All organizations must c                             | omplete th         | nis part.) S                     | ee instruction  | s.            |                            |
| The o | 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 ch                                 | urches, or associatio   | n of churches described                               | l in <b>sectio</b> | n 170(b)(1                       | I)(A)(i).       |               |                            |
| 2     |        | A school described in sect                                 | ion 170(b)(1)(A)(ii). ( | Attach Schedule E (Forn                               | n 990).)           |                                  |                 |               |                            |
| 3     |        | A hospital or a cooperative                                | hospital service orga   | anization described in se                             | ection 170         | (b)(1)(A)(ii                     | i).             |               |                            |
| 4     |        | A medical research organiz                                 | ation operated in cor   | njunction with a hospital                             | described          | in sectio                        | n 170(b)(1)(A   | )(iii). Enter | the hospital's name,       |
|       |        | city, and state:                                           |                         |                                                       |                    |                                  |                 |               |                            |
| 5     |        | An organization operated for                               | or the benefit of a col | lege or university owned                              | l or operat        | ed by a go                       | overnmental u   | nit describe  | ed in                      |
|       |        | section 170(b)(1)(A)(iv). (C                               | 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     | Х      | An organization that norma                                 | lly receives a substa   | ntial part of its support fi                          | rom a gove         | ernmental                        | unit or from th | ne general j  | oublic 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 Par                              | t II.)             |                                  |                 |               |                            |
| 9     |        | An agricultural research org                               | ganization 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                              | grant college of agric  | ulture (see instructions).                            | Enter the          | name, city                       | , and state of  | the college   | or                         |
|       |        | university:                                                |                         |                                                       |                    |                                  |                 |               |                            |
| 10    |        | An organization that norma                                 |                         |                                                       |                    |                                  |                 |               |                            |
|       |        | activities related to its exem                             | • • •                   | •                                                     | • •                |                                  |                 | ••            | 0                          |
|       |        | income and unrelated busir                                 |                         | (less section 511 tax) fro                            | om busines         | ses acqui                        | red by the org  | anization a   | Ifter June 30, 1975.       |
|       |        | See section 509(a)(2). (Con                                |                         |                                                       |                    |                                  |                 |               |                            |
| 11    |        | An organization organized a                                | •                       |                                                       | •                  |                                  |                 |               |                            |
| 12    |        | An organization organized a                                |                         | •                                                     |                    |                                  |                 | -             |                            |
|       |        | more publicly supported or                                 |                         |                                                       |                    |                                  |                 |               | Sneck the box on           |
| -     |        | lines 12a through 12d that                                 | • •                     |                                                       |                    |                                  |                 | -             | aivin a                    |
| а     |        | <b>Type I.</b> A supporting orga                           |                         | -                                                     | • • • •            | -                                |                 |               |                            |
|       |        | the supported organization                                 |                         |                                                       | i majority c       | of the alrea                     | tors or truste  | es of the su  | ipporting                  |
| L     |        | organization. You must o                                   | -                       |                                                       | lion with it       |                                  | d organizatio   | n(a) by bay   | ina                        |
| b     |        | <b>Type II.</b> A supporting org                           | -                       |                                                       |                    |                                  | -               |               | •                          |
|       |        | control or management o<br>organization(s). <b>You mus</b> |                         |                                                       | ame perso          | ns that co                       |                 | je ne sup     | Joned                      |
| с     |        | Type III functionally inte                                 |                         |                                                       | in connect         | tion with                        | and functional  | lv integrate  | od with                    |
| U     | L      | its supported organization                                 |                         |                                                       |                    |                                  |                 | ly integrate  | a with,                    |
| d     |        | Type III non-functionally                                  | .,.                     | •                                                     |                    |                                  |                 | ted organi:   | zation(s)                  |
| ŭ     | L      | that is not functionally int                               | • •                     |                                                       |                    |                                  |                 | •             |                            |
|       |        | requirement (see instructi                                 | •                       |                                                       | •                  |                                  | -               | anatom        |                            |
| е     |        | Check this box if the orga                                 | ,                       | •                                                     |                    |                                  |                 | II. Type III  |                            |
| -     |        | functionally integrated, or                                |                         |                                                       |                    |                                  | .)po., .)po     | , . , p e     |                            |
| f     | Ente   | er the number of supported of                              |                         |                                                       |                    |                                  |                 |               |                            |
|       |        | vide the following informatior                             | •                       |                                                       |                    |                                  |                 |               |                            |
|       | (      | i) Name of supported                                       | (ii) EIN                | (iii) Type of organization                            | (iv) Is the org    | anization listed<br>ng document? | (v) Amount o    | ,             | (vi) Amount of other       |
|       |        | organization                                               |                         | (described on lines 1-10<br>above (see instructions)) | Yes                | No                               | support (see ir | nstructions)  | support (see instructions) |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
|       |        |                                                            |                         |                                                       |                    |                                  |                 |               |                            |
| Tota  |        |                                                            |                         |                                                       |                    |                                  |                 |               | 1                          |

| Schedule A | Form | aan  | 2021 |
|------------|------|------|------|
| Schedule A |      | ອອບ) | 2020 |

KINDERMOURN, INC.

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

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

| Sec  | ction A. Public Support                                               |                      |                      |                           |                              |                      |                            |
|------|-----------------------------------------------------------------------|----------------------|----------------------|---------------------------|------------------------------|----------------------|----------------------------|
| Cale | ndar year (or fiscal year beginning in)                               | <b>(a)</b> 2019      | <b>(b)</b> 2020      | <b>(c)</b> 2021           | (d) 2022                     | (e) 2023             | <b>(f)</b> Total           |
| 1    | Gifts, grants, contributions, and                                     |                      |                      |                           |                              |                      |                            |
|      | membership fees received. (Do not                                     |                      |                      |                           |                              |                      |                            |
|      | include any "unusual grants.")                                        | 623,590.             | 706,203.             | 669,228.                  | 514,741.                     | 733,949.             | 3247711.                   |
| 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                                       | 600 500              |                      |                           |                              |                      |                            |
| 4    | Total. Add lines 1 through 3                                          | 623,590.             | 706,203.             | 669,228.                  | 514,741.                     | 733,949.             | 3247711.                   |
| 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)                                                            |                      |                      |                           |                              |                      | <u>79,179.</u><br>3168532. |
|      | Public support. Subtract line 5 from line 4.                          |                      |                      |                           |                              |                      | 3108532.                   |
|      |                                                                       | () 0010              | (1) 0000             | () 0001                   | ( 1) 0000                    | ( ) 0000             | (0 T )                     |
|      | ndar year (or fiscal year beginning in)                               | (a) 2019<br>623,590. | (b) 2020<br>706,203. | (c) 2021<br>669,228.      | (d) 2022<br>514,741.         | (e) 2023<br>733,949. | (f) Total<br>3247711.      |
| -    | Amounts from line 4                                                   | 025,590.             | 100,205.             | 009,220.                  | JI4,/41.                     | 755,949.             | 5247711.                   |
| 8    | Gross income from interest,                                           |                      |                      |                           |                              |                      |                            |
|      | dividends, payments received on                                       |                      |                      |                           |                              |                      |                            |
|      | securities loans, rents, royalties,                                   | 3,189.               | 1,328.               | 452.                      | 2,983.                       | 29,770.              | 37,722.                    |
| •    | and income from similar sources                                       | 5,109.               | 1,520.               | 452.                      | 2,905.                       | 29,110.              | 51,122.                    |
| 9    |                                                                       |                      |                      |                           |                              |                      |                            |
|      | activities, whether or not the                                        |                      |                      |                           |                              |                      |                            |
| 10   | business is regularly carried on<br>Other income. Do not include gain |                      |                      |                           |                              |                      |                            |
| 10   | or loss from the sale of capital                                      |                      |                      |                           |                              |                      |                            |
|      | assets (Explain in Part VI.)                                          |                      | 2,255.               |                           | 16,064.                      |                      | 18,319.                    |
| 11   | <b>Total support.</b> Add lines 7 through 10                          |                      | 272331               |                           | 10,0010                      |                      | 3303752.                   |
|      | Gross receipts from related activities,                               | etc (see instructio  | ne)                  |                           |                              | 12 1                 | ,351,345.                  |
|      | First 5 years. If the Form 990 is for th                              |                      |                      | fourth or fifth tax y     | vear as a section 5          |                      | ,,                         |
|      | organization, check this box and <b>stor</b>                          | 0                    |                      | , ,                       |                              | ()()                 |                            |
| Sec  | ction C. Computation of Publi                                         |                      |                      |                           |                              |                      |                            |
|      | Public support percentage for 2023 (I                                 |                      | -                    | olumn (f))                |                              | 14                   | 95.91 %                    |
|      | Public support percentage from 2022                                   |                      |                      |                           |                              | 15                   | 94.67 %                    |
|      | 33 1/3% support test - 2023. If the c                                 |                      |                      |                           |                              | ore, check this bo   |                            |
|      | stop here. The organization qualifies                                 |                      |                      |                           |                              |                      |                            |
| b    | 33 1/3% support test - 2022. If the c                                 | organization did no  | t check a box on l   | ine 13 or 16a, and        | line 15 is 33 1/3%           | or more, check thi   | s box                      |
|      | and stop here. The organization qual                                  |                      |                      | 1                         |                              |                      |                            |
| 17a  | 10% -facts-and-circumstances test                                     | - 2023. If the org   | anization did not c  | heck a box on line        | e 13, 16a, or 16b, a         | and line 14 is 10% o | or more,                   |
|      | and if the organization meets the fact                                |                      |                      |                           |                              |                      |                            |
|      | meets the facts-and-circumstances te                                  | st. The organizatio  | n qualifies as a pu  | blicly supported or       | rganization                  | -                    |                            |
| b    | 10% -facts-and-circumstances test                                     | - 2022. If the org   | anization did not c  | heck a box on line        | e 13, 16a, 16b, or 1         | 7a, and line 15 is   | 10% or                     |
|      | more, and if the organization meets th                                | ne facts-and-circum  | stances test, cheo   | ck this box and <b>st</b> | t <b>op here.</b> Explain ii | n Part VI how the    |                            |
|      | organization meets the facts-and-circu                                | umstances test. Th   | e organization qua   | alifies as a publicly     | supported organiz            | ation                |                            |
| 18   | Private foundation. If the organization                               | n did not check a l  | box on line 13, 16a  | a, 16b, 17a, or 17b       | , check this box a           | nd see instructions  | ·                          |
|      |                                                                       |                      |                      |                           |                              | Schedule A           | (Form 990) 2023            |

332022 12-21-23

| Schedule A (Form 990 |
|----------------------|
|----------------------|

KINDERMOURN, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

| Sec   | ction A. Public Support                                                                                                                                                                |                             | -                          |                      | -                      |                |                         |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------|----------------------|------------------------|----------------|-------------------------|
| Cale  | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2019                    | (b) 2020                   | (c) 2021             | (d) 2022               | (e) 202        | 23 (f) Total            |
| 1     | Gifts, grants, contributions, and                                                                                                                                                      |                             |                            |                      |                        |                |                         |
|       | membership fees received. (Do not                                                                                                                                                      |                             |                            |                      |                        |                |                         |
|       | include any "unusual grants.")                                                                                                                                                         |                             |                            |                      |                        |                |                         |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                             |                            |                      |                        |                |                         |
| 3     | Gross receipts from activities that                                                                                                                                                    |                             |                            |                      |                        |                |                         |
|       | are not an unrelated trade or bus-                                                                                                                                                     |                             |                            |                      |                        |                |                         |
|       | iness under section 513                                                                                                                                                                |                             |                            |                      |                        |                |                         |
| 4     | Tax revenues levied for the organ-<br>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                                                                                                                                                           |                             |                            |                      |                        |                |                         |
| 7a    | Amounts included on lines 1, 2, and                                                                                                                                                    |                             |                            |                      |                        |                |                         |
|       | 3 received from disqualified persons                                                                                                                                                   |                             |                            |                      |                        |                |                         |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                             |                            |                      |                        |                |                         |
| c     | Add lines 7a and 7b                                                                                                                                                                    |                             |                            |                      |                        |                |                         |
|       | Public support. (Subtract line 7c from line 6.)                                                                                                                                        |                             |                            |                      |                        |                |                         |
|       | ction B. Total Support                                                                                                                                                                 | ,                           |                            | •                    | ł                      | -              | I                       |
| Cale  | ndar year (or fiscal year beginning in)                                                                                                                                                | (a) 2019                    | (b) 2020                   | (c) 2021             | (d) 2022               | (e) 202        | 23 (f) Total            |
|       | Amounts from line 6                                                                                                                                                                    |                             |                            |                      |                        |                |                         |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                               |                             |                            |                      |                        |                |                         |
| b     | Unrelated business taxable income                                                                                                                                                      |                             |                            |                      |                        |                |                         |
|       | (less section 511 taxes) from businesses                                                                                                                                               |                             |                            |                      |                        |                |                         |
|       | acquired after June 30, 1975                                                                                                                                                           |                             |                            |                      |                        |                |                         |
| c     | Add lines 10a and 10b                                                                                                                                                                  |                             |                            |                      |                        |                |                         |
|       | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on                                                   |                             |                            |                      |                        |                |                         |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)                                                                                  |                             |                            |                      |                        |                |                         |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                         |                             |                            |                      |                        |                |                         |
|       | First 5 years. If the Form 990 is for th                                                                                                                                               | ne organization's fi        | rst, second, third.        | fourth, or fifth tax | year as a section      | 501(c)(3) oraa | anization,              |
| _     | check this box and stop here                                                                                                                                                           | -                           |                            |                      | •                      |                |                         |
| Sec   | ction C. Computation of Publi                                                                                                                                                          | c Support Per               | rcentage                   |                      |                        |                |                         |
| 15    | Public support percentage for 2023 (I                                                                                                                                                  | ine 8, column (f), d        | livided by line 13,        | column (f))          |                        | 15             | %                       |
| 16    | Public support percentage from 2022                                                                                                                                                    | Schedule A, Part            | III, line 15               |                      |                        | 16             | %                       |
| Sec   | ction D. Computation of Inves                                                                                                                                                          | stment Income               | e Percentage               |                      |                        |                |                         |
| 17    | Investment income percentage for 20                                                                                                                                                    | <b>)23</b> (line 10c, colur | mn (f), divided by l       | ine 13, column (f))  |                        | 17             | %                       |
| 18    | Investment income percentage from                                                                                                                                                      | 2022 Schedule A,            | Part III, line 17          |                      |                        | 18             | %                       |
| 19a   | 33 1/3% support tests - 2023. If the                                                                                                                                                   | organization did r          | not check the box          | on line 14, and lin  | e 15 is more than :    | 33 1/3%, and   | line 17 is not          |
|       | more than 33 1/3%, check this box ar                                                                                                                                                   | nd <b>stop here.</b> The    | organization qual          | ifies as a publicly  | supported organization | ation          |                         |
| b     | 33 1/3% support tests - 2022. If the                                                                                                                                                   | organization did r          | not check a box or         | n line 14 or line 19 | a, and line 16 is m    | ore than 33 1  | /3%, and                |
|       | line 18 is not more than 33 1/3%, che                                                                                                                                                  | ck this box and <b>st</b>   | t <b>op here.</b> The orga | anization qualifies  | as a publicly supp     | orted organiz  | ation                   |
| 20    | Private foundation. If the organization                                                                                                                                                | on did not check a          | box on line 14, 19         | a, or 19b, check t   | his box and see in     | structions     |                         |
| 33202 | 23 12-21-23                                                                                                                                                                            |                             |                            | _                    |                        | Sche           | edule A (Form 990) 2023 |
|       |                                                                                                                                                                                        |                             | 16                         |                      |                        |                |                         |

2023.04020 KINDERMOURN, INC.

KINDERMOURN, INC.

Yes No

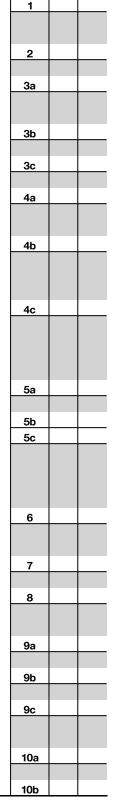
# Part IV Supporting Organizations

(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.)

332024 12-21-23



Schedule A (Form 990) 2023

|         | (Form 990) |          | KINDERMOURN,            |
|---------|------------|----------|-------------------------|
| Part IV | Suppor     | ting Org | ganizations (continued) |

2

No

|     |                                                                                                                    |     | Yes | No |
|-----|--------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?                            |     |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and     |     |     |    |
|     | 11c below, the governing body of a supported organization?                                                         | 11a |     |    |
| b   | A family member of a person described on line 11a above?                                                           | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide |     |     |    |
|     | detail in Part VI.                                                                                                 | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations                                                                            |     |     |    |
|     |                                                                                                                    |     | Yes | No |

INC.

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i><br><i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i><br><i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> |   |  |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
|   | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 |  |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |   |  |
|   | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |  |
|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |  |

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

| Sup     | erviseu | . 01 0011 | <i>li olieu li l</i> | e support | ing organiza | <i>uon.</i> |
|---------|---------|-----------|----------------------|-----------|--------------|-------------|
| Section | C. Ty   | ype II 🗄  | Suppo                | rting Or  | ganizatio    | ns          |

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

| -         |    | <br>           |               |
|-----------|----|----------------|---------------|
| Cootion I |    | III Cunnartina | Organizations |
| зесноп і  | J. | III SUDDOLLING | Organizations |
|           |    | <br>           |               |

|   |                                                                                                                        |   | Yes | No |
|---|------------------------------------------------------------------------------------------------------------------------|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         |   |     |    |
|   | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |   |     |    |
|   | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the |   |     |    |
|   | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1 |     |    |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |   |     |    |
|   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).            | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a        |   |     |    |
|   | significant voice in the organization's investment policies and in directing the use of the organization's             |   |     |    |
|   | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           |   |     |    |
|   | supported organizations played in this regard.                                                                         | 3 |     |    |

### Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organizat    | tion used to satisfy the Int | tegral Part Test during the v | ear (see instructions). |
|---|--------------------------------------------------------|------------------------------|-------------------------------|-------------------------|
| • | Check the box hext to the method that the organization |                              | legial Fait Test during the y |                         |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| c |  | The organization supported a governmental entity. | Describe in Part VI how | you supported a | governmental entity | (see instructions | ). |
|---|--|---------------------------------------------------|-------------------------|-----------------|---------------------|-------------------|----|
|---|--|---------------------------------------------------|-------------------------|-----------------|---------------------|-------------------|----|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

10460826 792811 34977

18 2023.04020 KINDERMOURN, INC. Yes No

| Coot | ion A Adjusted Nat Income                                                   |    | (A) Drier Veer | (B) Current Year               |
|------|-----------------------------------------------------------------------------|----|----------------|--------------------------------|
| Sect | ion A - Adjusted Net Income                                                 |    | (A) Prior Year | (optional)                     |
| 1    | Net short-term capital gain                                                 | 1  |                |                                |
| 2    | Recoveries of prior-year distributions                                      | 2  |                |                                |
| 3    | Other gross income (see instructions)                                       | 3  |                |                                |
| 4    | Add lines 1 through 3.                                                      | 4  |                |                                |
| 5    | Depreciation and depletion                                                  | 5  |                |                                |
| 6    | Portion of operating expenses paid or incurred for production or            |    |                |                                |
|      | collection of gross income or for management, conservation, or              |    |                |                                |
|      | maintenance of property held for production of income (see instructions)    | 6  |                |                                |
| 7    | Other expenses (see instructions)                                           | 7  |                |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                | 8  |                |                                |
| Sect | ion B - Minimum Asset Amount                                                |    | (A) Prior Year | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see               |    |                |                                |
|      | instructions for short tax year or assets held for part of year):           |    |                |                                |
| а    | Average monthly value of securities                                         | 1a |                |                                |
| b    | Average monthly cash balances                                               | 1b |                |                                |
| с    | Fair market value of other non-exempt-use assets                            | 1c |                |                                |
| d    | Total (add lines 1a, 1b, and 1c)                                            | 1d |                |                                |
| е    | Discount claimed for blockage or other factors                              |    |                |                                |
|      | (explain in detail in Part VI):                                             |    |                |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                | 2  |                |                                |
| 3    | Subtract line 2 from line 1d.                                               | 3  |                |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, |    |                |                                |
|      | see instructions).                                                          | 4  |                |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)            | 5  |                |                                |
| 6    | Multiply line 5 by 0.035.                                                   | 6  |                |                                |
| 7    | Recoveries of prior-year distributions                                      | 7  |                |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                 | 8  |                |                                |
| Sect | ion C - Distributable Amount                                                |    |                | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)       | 1  |                |                                |
| 2    | Enter 0.85 of line 1.                                                       | 2  |                |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)      | 3  |                |                                |
| 4    | Enter greater of line 2 or line 3.                                          | 4  |                |                                |
| 5    | Income tax imposed in prior year                                            | 5  |                |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to        |    |                |                                |
|      | emergency temporary reduction (see instructions).                           | 6  |                |                                |

Schedule A (Form 990) 2023 KINDERMOURN, INC.

332026 12-21-23

instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A (Form 990) 2023

# KINDERMOURN, INC.

56-1221194 Page 7

| Par   | t V   Type III Non-Functionally integrated 509                  | (a)(3) Supporting Orga            | anizations <sub>(continu</sub> | ied) |                                  |
|-------|-----------------------------------------------------------------|-----------------------------------|--------------------------------|------|----------------------------------|
| Secti | on D - Distributions                                            |                                   | ·                              |      | Current Year                     |
| 1     | Amounts paid to supported organizations to accomplish exe       |                                   | 1                              |      |                                  |
| 2     | Amounts paid to perform activity that directly furthers exemp   |                                   |                                |      |                                  |
|       | organizations, in excess of income from activity                |                                   | 2                              |      |                                  |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations     | s                              | 3    |                                  |
| 4     | Amounts paid to acquire exempt-use assets                       |                                   |                                | 4    |                                  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in <b>Part VI</b> ) |                                | 5    |                                  |
| 6     | Other distributions (describe in Part VI). See instructions.    |                                   |                                | 6    |                                  |
| 7     | Total annual distributions. Add lines 1 through 6.              |                                   |                                | 7    |                                  |
| 8     | Distributions to attentive supported organizations to which the | ne organization is responsive     |                                |      |                                  |
|       | (provide details in <b>Part VI</b> ). See instructions.         | 5                                 |                                | 8    |                                  |
| 9     | Distributable amount for 2023 from Section C, line 6            |                                   |                                | 9    |                                  |
| 10    | Line 8 amount divided by line 9 amount                          |                                   |                                | 10   |                                  |
|       |                                                                 | (i)                               | (ii)                           |      | (iii)                            |
| Secti | on E - Distribution Allocations (see instructions)              | Excess Distributions              | Underdistribution<br>Pre-2023  | IS   | Distributable<br>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                 |                                   |                                |      |                                  |
| а     | From 2018                                                       |                                   |                                |      |                                  |
| b     | From 2019                                                       |                                   |                                |      |                                  |
| c     | c From 2020                                                     |                                   |                                |      |                                  |
| d     | 1 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: \$                                                      |                                   |                                |      |                                  |
| a     | 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:                                            |                                   |                                |      |                                  |
| а     | Excess from 2019                                                |                                   |                                |      |                                  |
| b     | Excess from 2020                                                |                                   |                                |      |                                  |
| с     | Excess from 2021                                                |                                   |                                |      |                                  |
| d     | Excess from 2022                                                |                                   |                                |      |                                  |

20

Schedule A (Form 990) 2023

|                | (Form 990) 2023                                                                  | KINDERMOURN,                                                                                     | INC.                                                                                                                                                                                                                                              | 56-1221194 Page 8                                                                           |
|----------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Part VI        | Supplemental Infor<br>Part IV, Section A, lines 1<br>line 1; Part IV, Section D, | <b>mation.</b> Provide the exp<br>, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a<br>lines 2 and 3; Part IV, Sect | lanations required by Part II, line 10; Part II, line 17a o<br>a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines<br>ion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V<br>nes 2, 5, and 6. Also complete this part for any additio | r 17b; Part III, line 12;<br>I and 2; Part IV, Section C,<br>V, Section B, line 1e; Part V, |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
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|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
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|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
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|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
|                |                                                                                  |                                                                                                  |                                                                                                                                                                                                                                                   |                                                                                             |
| 332028 12-21-2 | 3                                                                                |                                                                                                  | 21                                                                                                                                                                                                                                                | Schedule A (Form 990) 2023                                                                  |

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

56-1221194

| KINDERMOURN, I | NC |
|----------------|----|
|----------------|----|

| Filers of:         | Section:                                                                         |
|--------------------|----------------------------------------------------------------------------------|
| Form 990 or 990-EZ | $\fbox$ 501(c)( 3 ) (enter number) organization                                  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization                                                       |
| Form 990-PF        | 501(c)(3) exempt private foundation                                              |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

#### Schedule B (Form 990) (2023)

KINDERMOURN, INC.

Name of organization

Employer identification number

56-1221194

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 THE LEON LEVINE FOUNDATION X Person Payroll 6000 FAIRVIEW ROAD, SUITE 1525 55,000. Noncash (Complete Part II for CHARLOTTE, NC 28210 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE PHILLIP L VAN EVERY FOUNDATION X Person Payroll P. O. BOX 32368 20,000. Noncash (Complete Part II for CHARLOTTE, NC 28232 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 DELLA S. HELMS X Person Payroll 2018 MUIRFIELD COURT 25,250. Noncash \$ (Complete Part II for ELON, NC 27244 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4 CHARLIES HEART FOUNDAITON X Person Payroll 301 E JOHN STREET, SUITE 3489 \$ 30,000. Noncash (Complete Part II for MATTHEWS, NC 28105 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 ANTHONY BURTON X Person Payroll 10354 LADY GRACE LN 17,500. Noncash (Complete Part II for CHARLOTTE, NC 28270 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 PROVIDENT BENEVELONT FOUNDATION X Person Payroll 15,000. 2633 RICHARDSON DR APT 4B Noncash \$ (Complete Part II for CHARLOTTE, NC 28211 noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

2023.04020 KINDERMOURN, INC.

23

#### Schedule B (Form 990) (2023)

KINDERMOURN, INC.

Name of organization

Employer identification number

56-1221194

| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional   | space is needed.           |                                                                                    |
|--------------|----------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 7_           | SPEEDWAY CHILDRENS CHARITIES<br>5555 CONCORD PKWY S STE 336<br>CONCORD, NC 28027       | \$18,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 8            | THE DOWD FOUNDATION<br>400 E MOREHEAD ST<br>CHARLOTTE, NC 28202                        | \$25,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
| 9            | LIVE LIKE BRYANT CHARITABLE FOUNDATION<br>5210 LILA WOOD CIRCLE<br>CHARLOTTE, NC 28209 | \$15,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|              |                                                                                        | \$                         | Person Payroll On Complete Part II for noncash contributions.)                     |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|              |                                                                                        | \$                         | Person Payroll Noncash Complete Part II for noncash contributions.)                |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                        |
|              |                                                                                        | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| 323452 12-26 | -23                                                                                    |                            | Schedule B (Form 990) (2023)                                                       |

24 2023.04020 KINDERMOURN, INC. Page **2** 

| KINDEF                       | MOURN, INC.                                                     |                                                 | 56-1221194 |
|------------------------------|-----------------------------------------------------------------|-------------------------------------------------|------------|
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | rt II if additional space is needed.            |            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |            |
|                              |                                                                 | \$                                              |            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |            |
|                              |                                                                 | \$                                              |            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |            |
|                              |                                                                 | \$                                              |            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |            |
|                              |                                                                 | \$                                              |            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |            |
|                              |                                                                 | \$                                              |            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimate)<br>(See instructions.) |            |
|                              |                                                                 | \$                                              |            |

25

2023.04020 KINDERMOURN, INC.

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Schedule B (Form 990) (2023)

Page **3** 

Schedule B (Form 990) (2023) Name of organization

Employer identification number

| Name of o                 | organization                                                                                        |                                                                                            | Employer identification number                                         |  |  |  |
|---------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--|--|--|
| KINDE                     | RMOURN, INC.                                                                                        |                                                                                            | 56-1221194                                                             |  |  |  |
|                           | Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a | a) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                 | (c) Use of gift                                                                            | (d) Description of how gift is held                                    |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
|                           |                                                                                                     | (e) Transfer of gift                                                                       |                                                                        |  |  |  |
|                           | Transferee's name, address, a                                                                       | and ZIP + 4                                                                                | Relationship of transferor to transferee                               |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                 | (c) Use of gift                                                                            | (d) Description of how gift is held                                    |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
|                           |                                                                                                     | (e) Transfer of gift                                                                       |                                                                        |  |  |  |
|                           | Transferee's name, address, a                                                                       | and ZIP + 4                                                                                | Relationship of transferor to transferee                               |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                 | (c) Use of gift                                                                            | (d) Description of how gift is held                                    |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
|                           | (e) Transfer of gift                                                                                |                                                                                            |                                                                        |  |  |  |
|                           | Transferee's name, address, a                                                                       | and ZIP + 4                                                                                | Relationship of transferor to transferee                               |  |  |  |
| (a) Na                    |                                                                                                     |                                                                                            |                                                                        |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift                                                                                 | (c) Use of gift                                                                            | (d) Description of how gift is held                                    |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
|                           |                                                                                                     | (e) Transfer of gift                                                                       |                                                                        |  |  |  |
|                           | Transferee's name, address, a                                                                       | and ZIP + 4                                                                                | Relationship of transferor to transferee                               |  |  |  |
|                           |                                                                                                     |                                                                                            |                                                                        |  |  |  |
| 323454 12-26              | 6-23                                                                                                |                                                                                            | Schedule B (Form 990) (2023)                                           |  |  |  |

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26 2023.04020 KINDERMOURN, INC. 34977\_1

|       |                                                                                                                                                | Supplement                                                                             | al Financial St              | atomonte                   |            | OMB No. 1545-0047              |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------|----------------------------|------------|--------------------------------|
|       | CHEDULE D Supplemental rinancial Statements                                                                                                    |                                                                                        |                              |                            |            |                                |
| (FOI) | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.                                                                       |                                                                                        |                              |                            |            | Ζυζυ                           |
|       | Attach to Form 990. Open to Public Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection |                                                                                        |                              |                            |            |                                |
| Nam   | e of the organization                                                                                                                          |                                                                                        |                              |                            | Emplo      | yer identification number      |
| Da    | t I Organiza                                                                                                                                   | KINDERMOURN, INC.                                                                      | d Eunde or Othor S           | imilar Eunde or Ao         | oounto     | 56-1221194                     |
| Pa    |                                                                                                                                                | n answered "Yes" on Form 990, Part IV, lin                                             |                              | imilar Funds of AC         | counts     | Generation Complete if the     |
|       | organization                                                                                                                                   |                                                                                        | (a) Donor advise             | d funds                    | b) Funds   | and other accounts             |
| 1     | Total number at en                                                                                                                             | d of year                                                                              |                              |                            |            |                                |
| 2     |                                                                                                                                                | contributions to (during year)                                                         |                              |                            |            |                                |
| 3     |                                                                                                                                                | f grants from (during year)                                                            |                              |                            |            |                                |
| 4     |                                                                                                                                                | end of year                                                                            |                              |                            |            |                                |
| 5     |                                                                                                                                                | on inform all donors and donor advisors in v                                           |                              | Id in donor advised fund   | s          |                                |
| -     | -                                                                                                                                              | n's property, subject to the organization's                                            | -                            |                            |            | Yes No                         |
| 6     |                                                                                                                                                | n inform all grantees, donors, and donor a                                             |                              |                            |            |                                |
|       | •                                                                                                                                              | oses and not for the benefit of the donor o                                            | • •                          |                            | •          |                                |
|       | impermissible priva                                                                                                                            |                                                                                        |                              |                            | •          | Yes No                         |
| Pa    | rt II Conserva                                                                                                                                 | ation Easements. Complete if the org                                                   |                              |                            |            |                                |
| 1     |                                                                                                                                                | ervation easements held by the organization                                            |                              |                            |            |                                |
|       | Preservation                                                                                                                                   | of land for public use (for example, recrea                                            | tion or education)           | Preservation of a histo    | rically im | portant land area              |
|       | Protection of                                                                                                                                  | f natural habitat                                                                      |                              | Preservation of a certif   | ied histo  | ric structure                  |
|       | Preservation                                                                                                                                   | of open space                                                                          |                              |                            |            |                                |
| 2     | Complete lines 2a                                                                                                                              | through 2d if the organization held a qualif                                           | fied conservation contribu   | ution in the form of a cor | servatio   | n easement on the last         |
|       | day of the tax year                                                                                                                            |                                                                                        |                              |                            | H          | eld at the End of the Tax Year |
| а     | Total number of co                                                                                                                             | nservation easements                                                                   |                              |                            | 2a         |                                |
| b     | Total acreage restr                                                                                                                            | icted by conservation easements                                                        |                              |                            | 2b         |                                |
| с     | Number of conserv                                                                                                                              | vation easements on a certified historic stru                                          | ucture included on line 2a   | a                          | 2c         |                                |
| d     | Number of conserv                                                                                                                              | vation easements included on line 2c acqu                                              | ired after July 25, 2006, a  | and not                    |            |                                |
|       | on a historic struct                                                                                                                           | ure listed in the National Register                                                    |                              |                            | 2d         |                                |
| 3     | Number of conserv                                                                                                                              | vation easements modified, transferred, rel                                            | eased, extinguished, or te   | erminated by the organiz   | zation du  | ring the tax                   |
|       | year                                                                                                                                           |                                                                                        |                              |                            |            |                                |
| 4     |                                                                                                                                                | where property subject to conservation eas                                             |                              |                            |            |                                |
| 5     | Does the organizat                                                                                                                             | ion have a written policy regarding the per                                            | iodic monitoring, inspect    | ion, handling of           |            |                                |
|       | ,                                                                                                                                              | prcement of the conservation easements it                                              |                              |                            |            |                                |
| 6     | Staff and volunteer                                                                                                                            | r hours devoted to monitoring, inspecting,                                             | handling of violations, an   | d enforcing conservation   | n easeme   | ents during the year           |
| _     |                                                                                                                                                | <del></del>                                                                            |                              |                            |            |                                |
| 7     | Amount of expense                                                                                                                              | es incurred in monitoring, inspecting, hanc                                            | lling of violations, and ent | forcing conservation eas   | ements o   | during the year                |
| •     |                                                                                                                                                |                                                                                        |                              | - ( + <b> </b>             |            |                                |
| 8     |                                                                                                                                                | vation easement reported on line 2d above                                              |                              |                            |            |                                |
| •     |                                                                                                                                                | (4)(B)(ii)?                                                                            |                              |                            |            | Ves No                         |
| 9     |                                                                                                                                                | he how the organization reports conservation                                           |                              | -                          |            | oo tho                         |
|       |                                                                                                                                                | I include, if applicable, the text of the footr<br>punting for conservation easements. | Iote to the organization s   |                            | il describ |                                |
| Pa    | t III Organiza                                                                                                                                 | itions Maintaining Collections of                                                      | Art. Historical Trea         | asures. or Other Si        | imilar A   | Assets.                        |
|       |                                                                                                                                                | the organization answered "Yes" on Form                                                |                              | ,                          |            |                                |
| 1a    |                                                                                                                                                | elected, as permitted under FASB ASC 95                                                |                              | enue statement and bala    | nce shee   | et works                       |
| 14    | 0                                                                                                                                              | asures, or other similar assets held for put                                           | , ,                          |                            |            |                                |
|       |                                                                                                                                                | Part XIII the text of the footnote to its finar                                        |                              |                            | 00 0. poin |                                |
| b     |                                                                                                                                                | elected, as permitted under FASB ASC 95                                                |                              |                            | sheet wo   | orks of                        |
|       |                                                                                                                                                | ures, or other similar assets held for public                                          |                              |                            |            |                                |
|       |                                                                                                                                                | ng amounts relating to these items.                                                    | ,                            |                            |            |                                |
|       |                                                                                                                                                | ded on Form 990, Part VIII, line 1                                                     |                              |                            | \$         |                                |
|       |                                                                                                                                                | d in Form 990, Part X                                                                  |                              |                            |            |                                |
| 2     |                                                                                                                                                | received or held works of art, historical tre                                          |                              |                            |            |                                |
|       | the following amounts required to be reported under FASB ASC 958 relating to these items:                                                      |                                                                                        |                              |                            |            |                                |
| а     |                                                                                                                                                | on Form 990, Part VIII, line 1                                                         |                              |                            | \$         |                                |
| b     |                                                                                                                                                | Form 990, Part X                                                                       |                              |                            |            |                                |
|       |                                                                                                                                                | eduction Act Notice, see the Instructions                                              |                              |                            |            | hedule D (Form 990) 2023       |

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| 27         |              |      |
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| Sche       | chedule D (Form 990) 2023 KINDERMOURN, INC. 56-1221194 Page |                                       |            |               |                | ge <b>2</b> |             |             |          |           |     |
|------------|-------------------------------------------------------------|---------------------------------------|------------|---------------|----------------|-------------|-------------|-------------|----------|-----------|-----|
| Par        | t III Organizations Maintaining C                           | ollections of Ar                      | t, Histe   | orical Tre    | easures, o     | r Othe      | r Simila    | r Assets    | (continu | ued)      |     |
| 3          | Using the organization's acquisition, accessi               | on, and other record                  | s, check   | any of the t  | following tha  | t make si   | gnificant ı | use of its  |          |           |     |
|            | collection items (check all that apply).                    |                                       |            |               |                |             |             |             |          |           |     |
| а          | Public exhibition                                           | d                                     |            |               | hange progr    |             |             |             |          |           |     |
| b          | Scholarly research                                          | e                                     |            | Other         |                |             |             |             |          |           |     |
| С          | Preservation for future generations                         |                                       |            |               |                |             |             |             |          |           |     |
| 4          | Provide a description of the organization's co              | ollections and explair                | how th     | ey further th | ne organizatio | on's exer   | npt purpo   | se in Part  | XIII.    |           |     |
| 5          | During the year, did the organization solicit of            |                                       |            |               |                | er similar  | assets      |             | -        |           |     |
| D          | to be sold to raise funds rather than to be ma              |                                       |            |               |                |             |             |             | Yes      |           | No  |
| Par        | <b>t IV</b> Escrow and Custodial Arran                      |                                       | te if the  | organizatior  | n answered "   | Yes" on     | Form 990,   | Part IV, li | ne 9, or |           |     |
|            | reported an amount on Form 990, Pa                          |                                       |            |               |                |             |             |             |          |           |     |
| <b>1</b> a | Is the organization an agent, trustee, custodi              |                                       |            |               |                |             |             |             | 7.2      |           |     |
|            | on Form 990, Part X?                                        |                                       |            |               |                |             |             | L           | Yes      |           | No  |
| b          | If "Yes," explain the arrangement in Part XIII              | and complete the fol                  | llowing t  | able:         |                |             |             |             | Amount   |           |     |
|            | De sinsis a la dese e                                       |                                       |            |               |                |             |             |             | Amount   |           |     |
|            | Beginning balance                                           |                                       |            |               |                |             |             |             |          |           |     |
|            | Additions during the year                                   |                                       |            |               |                |             |             |             |          |           |     |
|            | Distributions during the year<br>Ending balance             |                                       |            |               |                |             |             |             |          |           |     |
|            | Did the organization include an amount on F                 |                                       |            |               |                |             |             |             | Yes      |           | No  |
|            | If "Yes," explain the arrangement in Part XIII.             |                                       |            |               |                |             |             |             |          | $\square$ | 110 |
| Par        |                                                             |                                       |            |               |                |             | 0.          |             |          |           |     |
|            | •                                                           | (a) Current year                      |            | rior year     | (c) Two yea    |             | (d) Three y | /ears back  | (e) Four | years b   | ack |
| 1a         | Beginning of year balance                                   |                                       |            | -             |                |             |             |             |          |           |     |
|            | Contributions                                               |                                       |            |               |                |             |             |             |          |           |     |
|            | Net investment earnings, gains, and losses                  |                                       |            |               |                |             |             |             |          |           |     |
|            | Grants or scholarships                                      |                                       |            |               |                |             |             |             |          |           |     |
|            | Other expenditures for facilities                           |                                       |            |               |                |             |             |             |          |           |     |
|            | and programs                                                |                                       |            |               |                |             |             |             |          |           |     |
| f          | Administrative expenses                                     |                                       |            |               |                |             |             |             |          |           |     |
| g          | End of year balance                                         |                                       |            |               |                |             |             |             |          |           |     |
| 2          | Provide the estimated percentage of the curr                | rent year end balance                 | e (line 1g | g, column (a  | )) held as:    |             |             |             |          |           |     |
| а          | Board designated or quasi-endowment                         |                                       | _%         |               |                |             |             |             |          |           |     |
| b          | Permanent endowment                                         | %                                     |            |               |                |             |             |             |          |           |     |
| с          | Term endowment                                              | <u>%</u>                              |            |               |                |             |             |             |          |           |     |
|            | The percentages on lines 2a, 2b, and 2c sho                 |                                       |            |               |                |             |             |             |          |           |     |
| 3a         | Are there endowment funds not in the posse                  | ession of the organiza                | ation tha  | t are held ar | nd administe   | red for th  | e           |             | Г        |           |     |
|            | organization by:                                            |                                       |            |               |                |             |             |             |          | Yes       | No  |
|            | (i) Unrelated organizations?                                |                                       |            |               |                |             |             |             | 3a(i)    |           |     |
|            |                                                             |                                       |            |               |                |             |             |             | 3a(ii)   |           |     |
| b          | If "Yes" on line 3a(ii), are the related organiza           |                                       |            |               |                |             |             |             | 3b       |           |     |
| Par        | t VI Land, Buildings, and Equipm                            |                                       | wment i    | unas.         |                |             |             |             |          |           |     |
|            | Complete if the organization answere                        |                                       | ). Part IV | line 11a. S   | See Form 990   | ). Part X.  | line 10.    |             |          |           |     |
|            | Description of property                                     | (a) Cost or o                         |            |               | t or other     |             | ccumulate   | h           | (d) Book | value     |     |
|            | Description of property                                     | basis (investr                        |            | • •           | (other)        |             | preciation  |             |          | value     |     |
| 19         | Land                                                        |                                       |            |               | 9,691.         |             |             |             | 229      | ,69       | 1.  |
| b          | Buildings                                                   |                                       |            |               | 4,635.         |             | 517,78      | 82.         |          | ,85       |     |
|            | Leasehold improvements                                      |                                       |            |               | ,              |             |             |             |          | ,         |     |
|            | Equipment                                                   |                                       |            | 13            | 4,331.         |             | 91,7        | 36.         | 42       | , 59      | 5.  |
|            | Other                                                       |                                       |            |               | 2,137.         |             | 28,7        |             |          | , 36      |     |
|            | . Add lines 1a through 1e. (Column (d) must e               |                                       | X. line 1  |               | ,              | •           |             |             |          | , 50      |     |
| -          |                                                             | · · · · · · · · · · · · · · · · · · · |            |               | · #            |             |             |             |          |           |     |

Schedule D (Form 990) 2023

10460826 792811 34977

| Part VII | Investments -   | • Other Securities |
|----------|-----------------|--------------------|
|          | (Form 990) 2023 | KINDERMOURN,       |

| Part VII | Investments - Other Securities |  |
|----------|--------------------------------|--|
|----------|--------------------------------|--|

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

INC.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|----------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives                                            |                |                                                           |
| (2) Closely held equity interests                                    |                |                                                           |
| (3) Other                                                            |                |                                                           |
| (A) US TREASURY BILLS                                                | 346,052.       | COST                                                      |
| (B)                                                                  |                |                                                           |
| (C)                                                                  |                |                                                           |
| (D)                                                                  |                |                                                           |
| (E)                                                                  |                |                                                           |
| (F)                                                                  |                |                                                           |
| (G)                                                                  |                |                                                           |
| (H)                                                                  |                |                                                           |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))     | 346,052.       |                                                           |

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                              |                |                                                           |
| (2)                                                              |                |                                                           |
| (3)                                                              |                |                                                           |
| (4)                                                              |                |                                                           |
| (5)                                                              |                |                                                           |
| (6)                                                              |                |                                                           |
| (7)                                                              |                |                                                           |
| (8)                                                              |                |                                                           |
| (9)                                                              |                |                                                           |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

|                                                                                                | . , ше т.           |
|------------------------------------------------------------------------------------------------|---------------------|
| (a) Description                                                                                | (b) Book value      |
| (1) SALES TAX RECEIVABLE                                                                       | 3,531.              |
| (2) INTEREST IN NET ASSETS OF RECEPIENT ORGANIZATION                                           | 401,824.            |
| (3)                                                                                            |                     |
| (4)                                                                                            |                     |
| (5)                                                                                            |                     |
| (6)                                                                                            |                     |
| (7)                                                                                            |                     |
| (8)                                                                                            |                     |
| (9)                                                                                            |                     |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))                             | 405,355.            |
| Part X Other Liabilities                                                                       |                     |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 99 | 0, Part X, line 25. |
| 1. (a) Description of liability                                                                | (b) Book value      |
| (1) Federal income taxes                                                                       |                     |
| (2)                                                                                            |                     |
| (3)                                                                                            |                     |
| (4)                                                                                            |                     |
| (5)                                                                                            |                     |
| (6)                                                                                            |                     |
| (7)                                                                                            |                     |
| (8)                                                                                            |                     |
| (9)                                                                                            |                     |
|                                                                                                |                     |

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

| Sche | dule D (Form 990) 2023 KINDERMOURN, INC.                                         |           |                | 56-1   | L221194 | Page <b>4</b> |
|------|----------------------------------------------------------------------------------|-----------|----------------|--------|---------|---------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial Statemen                    | ts With I | Revenue per Re | turn   |         |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |        |         |               |
| 1    | Total revenue, gains, and other support per audited financial statements         |           |                | 1      | 1,171,  | ,561.         |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                |        |         |               |
| а    | Net unrealized gains (losses) on investments                                     | 2a        |                |        |         |               |
| b    | Donated services and use of facilities                                           | 2b        |                |        |         |               |
| с    | Recoveries of prior year grants                                                  | 2c        |                |        |         |               |
| d    | Other (Describe in Part XIII.)                                                   | 2d        | 125,582.       |        |         |               |
| е    | Add lines 2a through 2d                                                          |           |                | 2e     |         | ,582.         |
| 3    | Subtract line 2e from line 1                                                     |           |                | 3      | 1,045,  | <u>,979.</u>  |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |                |        |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |        |         |               |
| b    | Other (Describe in Part XIII.)                                                   | 4b        |                |        |         |               |
| с    | Add lines 4a and 4b                                                              |           |                | 4c     |         | 0.            |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |           |                | 5      | 1,045,  | <u>,979.</u>  |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statemer                  | nts With  | Expenses per F | Returr | 1 I     |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |        |         |               |
| 1    | Total expenses and losses per audited financial statements                       |           |                | 1      | 1,037,  | 618.          |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                |        |         |               |
| а    | Donated services and use of facilities                                           | 2a        |                |        |         |               |
| b    | Prior year adjustments                                                           | 2b        |                |        |         |               |
| с    | Other losses                                                                     | 2c        |                |        |         |               |
| d    | Other (Describe in Part XIII.)                                                   | 2d        | 84,778.        |        |         |               |
| е    | Add lines 2a through 2d                                                          |           |                | 2e     | 84,     | ,778.         |
| 3    | Subtract line 2e from line 1                                                     |           |                | 3      | 952,    | 840.          |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |                |        |         |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |        |         |               |
| b    | Other (Describe in Part XIII.)                                                   | 4b        |                |        |         |               |
| с    | Add lines 4a and 4b                                                              |           |                | 4c     |         | 0.            |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) |           |                | 5      | 952     | 840.          |
| Pa   | t XIII Supplemental Information                                                  |           |                |        |         |               |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

| THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER     |
|--------------------------------------------------------------------------|
| SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO |
| PROVISION FOR INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE |
| ORGANIZATION HAS REVIEWED POTENTIAL TAX UNCERTAINTIES IN ACCORDANCE WITH |
| APPLICABLE FINANCIAL ACCOUNTING STANDARDS AND MANAGEMENT BELIEVES THERE  |
| ARE NO UNCERTAINTIES THAT WOULD HAVE A MATERIAL IMPACT ON THE            |
| ORGANIZATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS AS OF OR FOR  |
| THE YEARS ENDED DECEMBER 31, 2023 OR 2022.                               |
|                                                                          |

30

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

| CHANGE | тΝ    | BENEFICIAL | TNTEREST |
|--------|-------|------------|----------|
|        | T T A |            | THTTTDDT |

40,804. Schedule D (Form 990) 2023

332054 09-28-23

10460826 792811 34977

| Schedule D (Form 990) 2023         KINDERMOURN, INC.           Part XIII         Supplemental Information (continued) | 56-1221194 Page 5          |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------|
| Part XIII Supplemental Information (continued)                                                                        |                            |
| FUNDRAISING EXPENSE NET WITH REVENUE                                                                                  | 84,778.                    |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                                                                                 | 125,582.                   |
|                                                                                                                       |                            |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:                                                                                |                            |
| FUNDRAISING EXPENSE NET WITH REVENUE                                                                                  | 84,778.                    |
|                                                                                                                       |                            |
|                                                                                                                       |                            |
|                                                                                                                       |                            |
|                                                                                                                       |                            |
|                                                                                                                       |                            |
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|                                                                                                                       |                            |
|                                                                                                                       |                            |
| 332055 09-28-23                                                                                                       | Schedule D (Form 990) 2023 |

10460826 792811 34977

| SCHEDULE G                                                                                                   | Suppleme                                                                                                                                                              | ntal Information Regarding                                                       | Fund           | Iraisi                                         | ng or Gaming A                    | ctiv    | ities                                                                 | OMB No. 1545-0047 |  |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------|------------------------------------------------|-----------------------------------|---------|-----------------------------------------------------------------------|-------------------|--|
| (Form 990)                                                                                                   | Complete if the                                                                                                                                                       | or if the                                                                        | 2023           |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              | c                                                                                                                                                                     |                                                                                  | Open to Public |                                                |                                   |         |                                                                       |                   |  |
| Department of the Treasury<br>Internal Revenue Service                                                       | Go to www.irs.gov/Form990 for instructions and the latest information.                                                                                                |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
| Name of the organization                                                                                     |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
| Part I Fundrais                                                                                              |                                                                                                                                                                       | OURN, INC.<br>Complete if the organization answe                                 | rod "V         | 'oo" or                                        | Earm 000 Bart IV/                 | ino 1   |                                                                       |                   |  |
|                                                                                                              | complete this part                                                                                                                                                    |                                                                                  |                | 85 01                                          | ronn 990, Part IV, I              |         | 7. Form 990-c                                                         |                   |  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> | b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
| key employees list                                                                                           | ed in Form 990, Pa<br>highest paid indiv                                                                                                                              | art VII) or entity in connection with prividuals or entities (fundraisers) pursu | rofessi        | onal fi                                        | undraising services?              |         | <b>Y</b>                                                              | es No<br>be       |  |
| (i) Name and addres<br>or entity (fund                                                                       |                                                                                                                                                                       | (ii) Activity                                                                    | or cor         | Did<br>raiser<br>ustody<br>ntrol of<br>utions? | (iv) Gross receipts from activity | tò (o   | Amount paid<br>or retained by<br>fundraiser<br>ted in col. <b>(i)</b> |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  | Yes            | No                                             |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       | I                                                                                |                | I                                              |                                   |         |                                                                       |                   |  |
|                                                                                                              | ich the organizatio                                                                                                                                                   | n is registered or licensed to solicit c                                         | ontrib         | utions                                         | or has been notified              | it is e | exempt from                                                           | registration      |  |
| or licensing.                                                                                                |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |
|                                                                                                              |                                                                                                                                                                       |                                                                                  |                |                                                |                                   |         |                                                                       |                   |  |

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|              | of fundraising event contributions and gro                                    |                        | ,                            | 0 1               | s greater than \$5,000. |
|--------------|-------------------------------------------------------------------------------|------------------------|------------------------------|-------------------|-------------------------|
|              |                                                                               | (a) Event #1           | (b) Event #2                 | (c) Other events  | (d) Total events        |
|              |                                                                               | GOLF                   |                              | NONE              | (add col. (a) through   |
|              |                                                                               | TOURNAMENT             | DUCK RACE                    |                   | col. (c))               |
| 1)           |                                                                               | (event type)           | (event type)                 | (total number)    |                         |
| 1 (          | Gross receipts                                                                | 58,882.                | 310,038.                     |                   | 368,920                 |
|              | Less: Contributions                                                           | 10,750.                | 62,649.                      |                   | 73,399                  |
| 3 (          | Gross income (line 1 minus line 2)                                            | 48,132.                | 247,389.                     |                   | 295,521                 |
| 4 (          | Cash prizes                                                                   |                        |                              |                   |                         |
|              | Noncash prizes                                                                | 4,777.                 |                              |                   | 4,777                   |
| 6 F          | Rent/facility costs                                                           | 18,000.                | 31,979.                      |                   | 49,979                  |
| 5 <b>7</b> F | Food and beverages                                                            |                        |                              |                   |                         |
| - 1          | Entertainment                                                                 |                        | 15,791.                      |                   | 15,791                  |
|              | Other direct expenses                                                         | 2,365.                 | 11,866.                      |                   | 14,231                  |
| 10 [         | Direct expense summary. Add lines 4 through                                   | n 9 in column (d)      |                              |                   | 84,778                  |
| 11 1         | Net income summary. Subtract line 10 from li                                  | ne 3, column (d)       |                              |                   | 210,743                 |
| art III      | <b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Form | 1990, Part IV, line 19, or r | eported more than |                         |
|              |                                                                               |                        | (b) Pull tabs/instant        |                   | (d) Total gaming (ad    |

| Revenue         |                                                                        | (a) Bingo               | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|------------------------------------------------------------------------|-------------------------|--------------------------------------------------|------------------|-----------------------------------------------------|
| Rev             | 1 Gross revenue                                                        |                         |                                                  |                  |                                                     |
| ses             | 2 Cash prizes                                                          |                         |                                                  |                  |                                                     |
| zpens           | 3 Noncash prizes                                                       |                         |                                                  |                  |                                                     |
| Direct Expenses | 4 Rent/facility costs                                                  |                         |                                                  |                  |                                                     |
|                 | 5 Other direct expenses                                                |                         |                                                  |                  |                                                     |
|                 | 6 Volunteer labor                                                      | └── Yes %<br>└── No     | └── Yes %<br>└── No                              | └── Yes % └── No |                                                     |
|                 | 7 Direct expense summary. Add lines 2 through                          | 5 in column (d)         |                                                  |                  |                                                     |
|                 | 8 Net gaming income summary. Subtract line 7                           | from line 1, column (d) |                                                  |                  |                                                     |
| 9               | Enter the state(s) in which the organization condu                     | cts gaming activities:  |                                                  |                  |                                                     |
|                 | Is the organization licensed to conduct gaming ac<br>If "No," explain: |                         |                                                  |                  |                                                     |
|                 | Were any of the organization's gaming licenses re                      |                         | ι,                                               |                  | Yes No                                              |
| 33208           | 2 09-13-23                                                             |                         |                                                  | Sche             | dule G (Form 990) 2023                              |

Schedule G (Form 990) 2023

| Sch  | edule G (Form 990) 2023                                       | KINDERMOURN,                   | INC.                 |                                           | 56-1221194 Page 3                         |
|------|---------------------------------------------------------------|--------------------------------|----------------------|-------------------------------------------|-------------------------------------------|
| 11   | Does the organization conduct g                               | aming activities with nonme    |                      |                                           | Yes No                                    |
| 12   | Is the organization a grantor, ben                            | eficiary or trustee of a trust | , or a member of a   | a partnership or other entity formed      |                                           |
|      | to administer charitable gaming?                              |                                |                      |                                           |                                           |
| 13   | Indicate the percentage of gamin                              |                                |                      |                                           |                                           |
| a    | The organization's facility                                   |                                |                      |                                           | <b>13</b> a %                             |
|      |                                                               |                                |                      |                                           |                                           |
| 14   | Enter the name and address of the                             | ne person who prepares the     | e organization's ga  | ming/special events books and reco        | rds:                                      |
|      |                                                               |                                |                      |                                           |                                           |
|      | Name                                                          |                                |                      |                                           |                                           |
|      | A debus est                                                   |                                |                      |                                           |                                           |
|      | Address                                                       |                                |                      |                                           |                                           |
| 15a  | Does the organization have a cor                              | ntract with a third party from | n whom the organ     | ization receives gaming revenue?          | Yes No                                    |
| _    |                                                               |                                |                      | •                                         |                                           |
| k    | If "Yes," enter the amount of gam                             |                                |                      | \$ and the a                              | mount                                     |
|      | of gaming revenue retained by th                              |                                |                      |                                           |                                           |
| C    | : If "Yes," enter name and address                            | s of the third party:          |                      |                                           |                                           |
|      | Name                                                          |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      | Address                                                       |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
| 16   | Gaming manager information:                                   |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      | Name                                                          |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      | Gaming manager compensation                                   | \$                             |                      |                                           |                                           |
|      | Description of services provided                              |                                |                      |                                           |                                           |
|      | Description of services provided                              |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      | Director/officer                                              | Employee                       | Independe            | ent contractor                            |                                           |
|      |                                                               |                                |                      |                                           |                                           |
| 17   | Mandatory distributions:                                      |                                |                      |                                           |                                           |
| a    | Is the organization required unde                             | r state law to make charital   | ole distributions fr | om the gaming proceeds to                 |                                           |
|      | retain the state gaming license?                              |                                |                      |                                           |                                           |
| k    |                                                               |                                |                      | other exempt organizations or spen        | t in the                                  |
| Pa   | organization's own exempt activi<br>ITT IV Supplemental Infor |                                | \$                   | I by Part I, line 2b, columns (iii) and ( | i): and Part III lines 9 0h 10h           |
|      |                                                               | s applicable. Also provide a   |                      |                                           | <i>y</i> , and t art in, inco 0, 00, 100, |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
| _    |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
|      |                                                               |                                |                      |                                           |                                           |
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| 3320 | 83 09-13-23                                                   |                                | 34                   |                                           | Schedule G (Form 990) 2023                |

| Fartiv | Supplemental information | (continued) |                       |
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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.

Employer identification number

56-1221194

OMB No. 1545-0047

KINDERMOURN, INC.

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

AND COUNSELING PROGRAMS, CREATING AWARENESS OF BEREAVEMENT ISSUES AND

EMPOWERING THE COMMUNITY TO EFFECTIVELY ASSIST THOSE WHO HAVE SUFFERED

AN UNTHINKABLE LOSS.

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

PROGRAMS, KINDERMOURN REMAINS DEDICATED TO THE PURPOSES FOR WHICH IT

WAS A ESTABLISHED: TO OFFER A BRIDGE OF HOPE FOR FAMILIES WHOSE LIVES

HAVE BEEN SHATTERED BY THE DEATH OF A LOVED ONE.

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

A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

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

THE CONFLICTS OF INTEREST POLICY IS REVIEWED AND ACKNOWLEDGED BY ALL BOARD

MEMBERS ON AN ANNUAL BASIS. IF A POTENTIAL CONFLICT ARISES DURING THE

YEAR, THE INTERESTED BOARD MEMBER SHALL RECUSE HIMSELF/HERSELF FROM ALL

DISCUSSIONS AND VOTE ON THE MATTER.

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

ALL SALARIES ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF

DIRECTORS USING LOCAL AND NATIONAL SALARY AND WAGE REPORTS FOR SIMILARLY

36

SITUATED ORGANIZATIONS. THE DISCUSSIONS ARE DOCUMENTED IN THE MEETING

MINUTES.

Schedule O (Form 990) 2023

| Name of the organization KINDERMOURN, INC.                 | Employer identification number 56-1221194 |
|------------------------------------------------------------|-------------------------------------------|
| FORM 990, PART VI, SECTION C, LINE 19:                     |                                           |
| THESE DOCUMENTS ARE AVAILABLE VIA WEBSITE AND UPON REQUEST | 1.                                        |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                   |                                           |
| OTHER FEES:                                                |                                           |
| PROGRAM SERVICE EXPENSES                                   | 45,793.                                   |
| MANAGEMENT AND GENERAL EXPENSES                            | 11,144.                                   |
| FUNDRAISING EXPENSES                                       | 4,527.                                    |
| TOTAL EXPENSES                                             | 61,464.                                   |
| FACILITATOR FEES:                                          |                                           |
| PROGRAM SERVICE EXPENSES                                   | 44,820.                                   |
| MANAGEMENT AND GENERAL EXPENSES                            | 10,907.                                   |
| FUNDRAISING EXPENSES                                       | 4,431.                                    |
| TOTAL EXPENSES                                             | 60,158.                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A     | 121,622.                                  |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:          |                                           |
| CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF RECIPIENT   |                                           |
| ORGANIZATION                                               | 40,804.                                   |
| PRIOR YEAR POST AUDIT ADJUSTMENT                           | 123,064.                                  |
| TOTAL TO FORM 990, PART XI, LINE 9                         | 163,868.                                  |
| FORM 990, PART XII, LINE 2C                                |                                           |
| THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.               |                                           |
|                                                            |                                           |
| 332212 11-14-23                                            | Schedule O (Form 990) 20                  |

| Form <b>990</b> |
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# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2023 Open to Public Inspection

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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| AF | or the | 2023 calendar year, or tax year beginning and a | ending | | | | | |
|--------------------------------|----------------------|--|--|-----------------------------|---------------------------------|--|--|--|
| B c a | heck if pplicable | C Name of organization | D Employer identifie | cation number | | | | |
| | Addres | ^s KINDERMOURN, INC. | | | | | | |
| | Name change | Doing business as | | 56-1221194 | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | r | | | |
| | Final return/ | 1320 HARDING PLACE | | 704-376-2580 | | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,130,757. | | | |
| | Amendo return | | | H(a) Is this a group re | | | | |
| | Applica tion | | for subordinates? Yes X No | | | | | |
| | pending | 1320 HARDING PLACE, CHARLOTTE, NC 2820 | H(b) Are all subordinates included? Yes No | | | | | |
| IT | ax-exe | mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c | | | | | | |
| | Vebsite | | or 527 | H(c) Group exemptio | | | | |
| | | organization: X Corporation Trust Association Other | I Year | | A State of legal domicile: NC | | | |
| | | Summary | | | i olalo or logar dormono, - t - | | | |
| | | Briefly describe the organization's mission or most significant activities: KINDE | ERMOUR | N PROVIDES H | HOPE FOR | | | |
| e | | BEREAVED PARENTS, GRIEVING CHILDREN AND T | | | | | | |
| Governance | - | Check this box | | | | | | |
| ver | | | | 3 | 19 | | | |
| ĝ | | Number of independent voting members of the governing body (rait v), into ray | | | 19 | | | |
| | | Fotal number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 10 | | | |
| Activities & | | Fotal number of volunteers (estimate if necessary) | | | 90 | | | |
| tivi | | Fotal unrelated business revenue from Part VIII, column (C), line 12 | | 0. | | | | |
| Ac | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 0. | | | | |
| | | | | Prior Year | Current Year | | | |
| | 8 (| Contributions and grants (Part VIII, line 1h) | | 514,741. | 744,699. | | | |
| Revenue | | rogram service revenue (Part VIII, line 2g) | | 61,262. | 60,767. | | | |
| ver | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 2,983. | 29,770. | | | |
| Re | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 222,029. | 210,743. | | | |
| | | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 801,015. | 1,045,979. | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 587,896. | 652,437. | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| nəc | | Fotal fundraising expenses (Part IX, column (D), line 25) 64, 18 | 39. | •• | ••• | | | |
| Ĕ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 271,927. | 300,403. | | | |
| | | Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 859,823. | 952,840. | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -58,808. | 93,139. | | | |
| - SS | | | | ginning of Current Year | End of Year | | | |
| Net Assets or Fund Balances | 20 7 | Fotal assets (Part X, line 16) | | 1,599,873. | 1,794,313. | | | |
| Asse | 21 | Fotal liabilities (Part X, line 26) | | 70,335. | 7,768. | | | |
| Net , und | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,529,538. | 1,786,545. | | | |
| | irt II | Signature Block | ····· | _, = _ , = = , = = = . | _, | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | and stateme | ents, and to the best of my | knowledge and belief, it is | | | |
| | | , and complete. Declaration of preparer (other than officer) is based on all information of wh | | | and bollot, it is | | | |
| true | COrrect | - and complete Declaration of preparer (other man officer) is based on all information of wh | ICD Drenarer | nas anv knowledde | | | | |

| Sign | Signature of officer | | | Date | | | | |
|---|---|--------------------------|-----------------------|-----------------------------|--|--|--|--|
| Here | ELIZABETH KELLIGREW, CHAIR | | | | | | | |
| | Type or print name and title | | | | | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN | | | | |
| Paid | JANICE A RATICA | | 08/26 | /24 self-employed P00358837 | | | | |
| Preparer | Firm's name ELLIOTT DAVIS, LL | | Firm's EIN 57-0381582 | | | | | |
| Use Only | | | | | | | | |
| | CHARLOTTE, NC 282 | Phone no. (704) 333-8881 | | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | |
| I HA For | HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| must use | Form 7004 to request an extension of time to file incom | e tax retur | ns. | | | | | |
|----------------------------|---|---------------------------|--------------------------------------|---------------|--------------------------------------|--------|--|--|
| <u>Part I - Id</u> | entification | | | 1 | | | | |
| Type or | orName of exempt organization, employer, or other filer, see instructions.Tage | | | | Taxpayer identification number (TIN) | | | |
| Print | | | | | | | | |
| File by the | KINDERMOURN, INC. 5 | | | | | | | |
| due date for | e by the le date for Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | |
| filing your return. See | 1320 HARDING PLACE | | | | | | | |
| instructions. | ee | | | | | | | |
| Enter the | Return Code for the return that this application is for (file | e a separat | e application for each return) | | | 01 | | |
| Applicatio | on Is For | Return Application Is For | | | | Return | | |
| | | Code | | | Code | | | |
| Form 990 | or Form 990-EZ | 01 | Form 4720 (other than individual) | | | 09 | | |
| | 0 (individual) | 03 | Form 5227 | | | 10 | | |
| Form 990 | | 04 | Form 6069 | | | 11 | | |
| | T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | | 12 | | | |
| | T (trust other than above) | 06 | Form 5330 (individual) | | 13 | | | |
| | T (corporation) | 07 | Form 5330 (other than individual) | | 14 | | | |
| Form 104 | | 08 | Form bood (burler than manuada) | | | | | |
| | u enter your Return Code, complete either Part II or Par | | including signature is applicable of | only for an | extension of | | | |
| , | e Form 5330. | | | | | | | |
| | oplication is for an extension of time to file Form 5330, y | ou must e | nter the following information | | | | | |
| | n Name | | · | | | | | |
| | n Number | | | | | | | |
| | Year Ending (MM/DD/YYYY) | | | | | | | |
| | Itomatic Extension of Time To File for Exempt Organ | izations (s | ee instructions) | | | | | |
| | oks are in the care of PUBLIC ACCOUNTING | | | | | | | |
| | | | HARLOTTE, NC 28204 | | | | | |
| Teleph | one No. 704-376-2580 | | Fax No. 704-376-0149 | | | | | |
| | rganization does not have an office or place of business | s in the Uni | | | | | | |
| | s for a Group Return, enter the organization's four-digit (| | | | | | | |
| box | If it is for part of the group, check this box | | | | | | | |
| | quest an automatic 6-month extension of time until | | | | | | | |
| | organization named above. The extension is for the orga | | | | | | | |
| X | calendar year 20 23 or | | | | | | | |
| | tax year beginning | . 20 | and ending | | | , 20 | | |
| | | , | , | | | , | | |
| 2 If th | e tax year entered in line 1 is for less than 12 months, c | heck reaso | on: Initial return | Final retur | n | | | |
| | Change in accounting period | | | i indi i otai | | | | |
| 3a If th | is application is for Forms 990-PF, 990-T, 4720, or 6069 | enter the | tentative tax, less | | | | | |
| | nonrefundable credits. See instructions. | , 51151 110 | | 3a | \$ | 0. | | |
| | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | | |
| | estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | \$ | 0. | | |
| | ance due. Subtract line 3b from line 3a. Include your pa | | | <u>3b</u> | * | | | |
| | ng EFTPS (Electronic Federal Tax Payment System). See | • | | 3c | \$ | 0. | | |
| | | | | 1 00 | | | | |

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