PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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.

A For the 2023 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number X Address change A KID AGAIN, INC. Name change 31-1440073 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 777 DEARBORN PARK LANE, SUITE #G 614-797-9500 10,990,834. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended COLUMBUS, OH 43085-5716 H(a) Is this a group return return
Application
pending F Name and address of principal officer: JULIE FISHER for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.AKIDAGAIN.ORG H(c) Group exemption number J Website: **K** Form of organization: X Corporation Association L Year of formation: 1995 M State of legal domicile: OH Trust Other Part I Summary Briefly describe the organization's mission or most significant activities: A KID AGAIN PROVIDES HOPE Activities & Governance HAPPINESS, AND HEALING TO FAMILIES RAISING KIDS WITH LIFE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1100 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 5,023,925. 7,216,185. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) ..... Investment income (Part VIII, column (A), lines 3, 4, and 7d) 49,774. 102,736. 10 -16,120.1,365,735. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 7,302,801. 6,439,434. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,000. 1,000. 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) 14 2,976,951. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,399,717. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 4,834,671. 4,845,283. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,246,000. 7,813,622. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,374,188. -943,199. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 3,370,128. 2,832,650. Total assets (Part X, line 16) 485,216. 920,150. 21 Total liabilities (Part X, line 26) 三年 884,912. 912,500 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JULIE FISHER CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 07/10/24 self-employed P01225377 Paid NATOSHA CARR NATOSHA CARR CLARK, SCHAEFER, Firm's EIN 31-0800053 Firm's name HACKETT & CO. Preparer 4449 EASTON WAY, SUITE 400 Use Only Firm's address Phone no. 614-885-2208 COLUMBUS, OH 43219 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

| Га | Check if Schedule O contains a response or note to any line in this Part III  |
|----|---|
| 1  | Briefly describe the organization's mission:  |
| •  | A KID AGAIN PROVIDES HOPE, HAPPINESS, AND HEALING TO FAMILIES RAISING   |
|    | KIDS WITH LIFE THREATENING CONDITIONS.  |
|    |   |
|    |   |
| 2  | Did the organization undertake any significant program services during the year which were not listed on the  |
|    | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
| 4  | If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| •  | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  |
|    | revenue, if any, for each program service reported.   |
| 4a | (Code:) (Expenses \$6 , 941 , 034 • including grants of \$1, 000 • ) (Revenue \$)   |
|    | A KID AGAIN PROVIDES HOPE, HAPPINESS AND HEALING TO FAMILIES RAISING  |
|    | KIDS WITH LIFE THREATENING CONDITIONS. A KID AGAIN PROVIDES FUN FILLED  |
|    | ACTIVITIES AND DESTINATION EVENTS, WHICH WE CALL ADVENTURES AT NO COST  |
|    | TO FAMILIES. OUR YEAR ROUND ADVENTURES FOSTER LAUGHTER, JOY, NORMALCY   |
|    | AND SUPPORT NETWORKING OPPORTUNITIES. OUR FAMILY CENTRIC APPROACH   |
|    | ALLOWS FOR A BROADER, MORE COMPREHENSIVE IMPACT ON THE EFFECTS OF   |
|    | COPING WITH A LIFE THREATENING CONDITION IN THE FAMILY. OUR EVENTS  |
|    | ALLOW FAMILIES TO GIVE ILLNESS A TIME OUT FROM THE DIFFICULTY AND   |
|    | CHALLENGE OF CARING FOR A LIFE THREATENING CONDITION.   |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$)   |
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| 4c | (Code:) (Expenses \$  |
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| 4d | Other program services (Describe on Schedule O.)  |
| ·u | (Expenses \$ including grants of \$ ) (Revenue \$ )   |
| 4e | Total program service expenses 6,941,034.   |
|    | Form <b>990</b> (2023)  |

# Form 990 (2023) A KID AGAIN, Part IV Checklist of Required Schedules

|     |  |     | Yes | No          |
|-----|--|-----|-----|-------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                              |     |     |             |
|     | If "Yes," complete Schedule A  | 1   | Х   |             |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                  | 2   | Х   |             |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |             |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | Х           |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect |     |     |             |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | х           |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |     |     |             |
| Ū   | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5   |     | X           |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |     |     |             |
| Ū   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6   |     | х           |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                        | U   |     |             |
| ′   |  | 7   |     | х           |
|     | 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     | •   |     | Х           |
| _   | 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?        | _   |     | ₩.          |
|     | If "Yes," complete Schedule D, Part IV   | 9   |     | X           |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                     |     |     |             |
|     | or in quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  | X   |             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,     |     |     |             |
|     | as applicable.   |     |     |             |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,      |     |     |             |
|     | Part VI  | 11a | Х   |             |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total     |     |     |             |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | X           |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total      |     |     |             |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | X           |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in    |     |     |             |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d | Х   |             |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X            | 11e | Х   |             |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses          |     |     |             |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X           | 11f |     | 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           |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |     |     |             |
| _   | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |     |     |             |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |     | 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  |     | х           |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |     |     |             |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |     | х           |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,          | .0  |     | <del></del> |
| -   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17  |     | х           |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines     | -17 |     |             |
| 10  |  | 40  | х   |             |
| 40  | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Λ   |             |
| 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           |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                     | 20b |     |             |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                      |     |     | ,           |
|     | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II                                | 21  |     | X           |

|     | 1990 (2023) A KID AGAIN, INC. 31-144  | <u>0073</u> | Р    | age <b>4</b> |
|-----|---|-------------|------|--------------|
| Pai | rt 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              |             | 37.4 |              |
|     | 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          |             |      | ٦,           |
|     | Schedule K. If "No," go to line 25a   | 24a         |      | X            |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b         |      | <u> </u>     |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease        |             |      |              |
|     | any tax-exempt bonds?   | 24c         |      |              |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d         |      |              |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                | /           |      |              |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a         |      | X            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |             |      |              |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |             |      |              |
|     | Schedule L, Part I  | 25b         |      | X            |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             |             |      |              |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     |             |      |              |
|     | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                          | 26          |      | X            |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, |             |      |              |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled |             |      |              |
|     | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27          |      | X            |
| 28  | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,     |             |      |              |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |             |      |              |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If            |             |      |              |
|     | "Yes," complete Schedule L, Part IV   | 28a         |      | X            |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b         |      | Х            |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If                    |             |      |              |
|     | "Yes," complete Schedule L, Part IV   | 28c         |      | X            |
| 29  | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M                     | 29          | X    |              |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |             |      |              |
|     | contributions? If "Yes," complete Schedule M  | 30          |      | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          | 31          |      | Х            |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete            |             |      |              |
|     | Schedule N, Part II   | 32          |      | X            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                  |             |      |              |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33          |      | X            |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and   |             |      |              |
|     | Part V, line 1  | 34          |      | X            |
| 35a | 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            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization            |             |      |              |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                | 37          |      | X            |
| 38  | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?              |             |      |              |
|     | Note: All Form 990 filers are required to complete Schedule O   | 38          | X    |              |
| Pai | rt V Statements Regarding Other IRS Filings and Tax Compliance  |             |      | _            |
|     | Check if Schedule O contains a response or note to any line in this Part V  |             |      |              |
|     |   | _           | Yes  | No           |
| 1a  | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3   | 3           |      |              |
| b   | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable   | 0           |      |              |
| С   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming          |             |      |              |

(gambling) winnings to prize winners?

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| Par |  | <del>0 . 0</del> |     | age •    |  |  |
|-----|--|------------------|-----|----------|--|--|
|     | Continued)   |                  | Yes | No       |  |  |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |                  | 100 | 110      |  |  |
|     | filed for the calendar year ending with or within the year covered by this return  2a 44   |                  |     |          |  |  |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b               | Х   |          |  |  |
| 3a  | Did the appropriation have appropriate distriction and a first fir | 3a               |     | Х        |  |  |
|     | IS NOT THE STATE OF THE STATE O | 3b               | 4   |          |  |  |
|     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |                  |     |          |  |  |
| ти  | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a               |     | х        |  |  |
| h   | If "Yes," enter the name of the foreign country  | Tu               |     |          |  |  |
|     | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |                  |     |          |  |  |
| 52  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a               |     | х        |  |  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b               |     | X        |  |  |
|     | c 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 solicit  | 5c               |     |          |  |  |
| Ju  | any contributions that were not tax deductible as charitable contributions?  | 6a               |     | x        |  |  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   | - Ju             |     |          |  |  |
| ~   | were not tax deductible?   | 6b               |     |          |  |  |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |                  |     |          |  |  |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a               |     | х        |  |  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b               |     |          |  |  |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |                  |     |          |  |  |
|     | to file Form 8282?   | 7c               |     | x        |  |  |
| d   |  |                  |     |          |  |  |
|     | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |                  |     |          |  |  |
| f   | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |                  |     |          |  |  |
| g   | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |                  |     |          |  |  |
| h   |  |                  |     |          |  |  |
| 8   |  |                  |     |          |  |  |
|     | sponsoring organization have excess business holdings at any time during the year?   | 8                |     |          |  |  |
| 9   | Sponsoring organizations maintaining donor advised funds.  |                  |     |          |  |  |
| а   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a               |     |          |  |  |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b               |     |          |  |  |
| 10  | Section 501(c)(7) organizations. Enter:  |                  |     |          |  |  |
| а   | Initiation fees and capital contributions included on Part VIII, line 12   |                  |     |          |  |  |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |                  |     |          |  |  |
| 11  | Section 501(c)(12) organizations. Enter:   |                  |     |          |  |  |
| а   | Gross income from members or shareholders  |                  |     |          |  |  |
| b   | Gross income from other sources. (Do not net amounts due or paid to other sources against  |                  |     |          |  |  |
|     | amounts due or received from them.)  |                  |     |          |  |  |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a              |     |          |  |  |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |                  |     |          |  |  |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                  |     |          |  |  |
| а   | Is the organization licensed to issue qualified health plans in more than one state?   | 13a              |     |          |  |  |
|     | Note: See the instructions for additional information the organization must report on Schedule O.  |                  |     |          |  |  |
| b   |  |                  |     |          |  |  |
|     | organization is licensed to issue qualified health plans   |                  |     |          |  |  |
|     | Enter the amount of reserves on hand   |                  |     |          |  |  |
|     | , , , , , , , , , , , , , , , , , , ,  | 14a              |     | X        |  |  |
|     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | 14b              |     | <u> </u> |  |  |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |                  |     | ,,       |  |  |
|     | excess parachute payment(s) during the year?   | 15               |     | X        |  |  |
|     | If "Yes," see the instructions and file Form 4720, Schedule N.   |                  |     | v        |  |  |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16               |     | X        |  |  |
| 47  | If "Yes," complete Form 4720, Schedule O.  |                  |     |          |  |  |
| 17  | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities  |                  |     |          |  |  |
|     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17               | Ì   | l .      |  |  |

If "Yes," complete Form 6069

14370710 758050 4000039-070

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? X 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? 6 Did the organization have members or stockholders? 6 Х ...... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done ..... Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JULIE FISHER - 614-797-9500 777 DEARBORN PARK LANE, SUITE #G, COLUMBUS, OH 43085-5716

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

| (A)                                      | (B)                    | l                              | IIIZa                                    |         |              | ірсі                            | isat   | (D)              | (E)                                     | (F)                    |
|--|------------------------|--------------------------------|--|---------|--------------|---------------------------------|--------|------------------|---|------------------------|
| Name and title                           | Average                | (-1-                           | (C) Position (do not check more than one |         |              |                                 |        | Reportable       | Reportable                              | Estimated              |
|  | hours per              | box                            | , unle                                   | ss per  | rson i       | s both                          | n an   | compensation     | compensation                            | amount of              |
|  | week                   |                                | cer an                                   | id a di | irecto       | r/trus                          | tee)   | from             | from related                            | other<br>              |
|  | (list any<br>hours for | Individual trustee or director |  |         |              | _                               |        | the organization | organizations<br>(W-2/1099-MISC/        | compensation from the  |
|  | related                | 9e or (                        | stee                                     |         |              | nsatec                          |        | (W-2/1099-MISC/  | 1099-NEC)                               | organization           |
|  | organizations          | truste                         | nal tru                                  |         | oyee         | om pe                           |        | 1099-NEC)        | , | and related            |
|  | below                  | vidual                         | Institutional trustee                    | cer     | Key employee | Highest compensated<br>employee | Former |                  |   | organizations          |
| <del></del>                              | line)                  | Indi                           | Inst                                     | Officer | Key          | High                            | P.     |                  |   |                        |
| (1) MEGAN KOESTER                        | 40.00                  | -                              |  | 7,7     |              |                                 |        | 200 015          | _                                       | 6 121                  |
| PRESIDENT & C.E.O.                       | 40.00                  |                                |  | Х       |              |                                 |        | 209,015.         | 0.                                      | 6,431.                 |
| (2) JULIE FISHER CHIEF FINANCIAL OFFICER | 40.00                  | -                              |  | x       |              |                                 |        | 127 251          | 0.                                      | E E01                  |
| (3) JENNIFER KOMA                        | 40.00                  |                                | $\vdash$                                 | Δ       |              |                                 |        | 137,251.         | 0.                                      | 5,581.                 |
| CHIEF OPERATING OFFICER                  | 40.00                  | 4                              |  | х       |              |                                 |        | 203,007.         | 0.                                      | 8,336.                 |
| (4) TISHA NUSSBAUM                       | 40.00                  |                                |  | ^       |              | 1                               |        | 203,007.         | 0.                                      | 0,330.                 |
| CHIEF DEVELOPMENT OFFICER                | 40.00                  | 1                              |  | x       |              |                                 |        | 88,757.          | 0.                                      | 0.                     |
| (5) STEVE STEVENSON                      | 40.00                  |                                |  |         |              |                                 |        | 0077371          | •                                       |                        |
| EMPLOYEE                                 |                        |                                |  |         |              | x                               |        | 134,135.         | 0.                                      | 5,430.                 |
| (6) NICHOLAS WAGNER                      | 40.00                  |                                |  |         |              |                                 |        | ,                | -                                       | ,                      |
| EMPLOYEE                                 |                        |                                |  |         |              | Х                               |        | 103,148.         | 0.                                      | 3,924.                 |
| (7) ED PAAT                              | 40.00                  |                                |  |         |              |                                 |        |                  |   |                        |
| EMPLOYEE                                 |                        |                                |  |         |              | Х                               |        | 104,752.         | 0.                                      | 0.                     |
| (8) TERRENCE SHERRER                     | 40.00                  |                                |  |         |              |                                 |        |                  |   |                        |
| EMPLOYEE                                 |                        |                                |  |         |              | X                               |        | 100,991.         | 0.                                      | 4,031.                 |
| (9) CASSANDRA SLEEPER                    | 40.00                  | -                              |  |         |              |                                 |        |                  |   |                        |
| EMPLOYEE                                 | 2 22                   |                                |  |         |              | Х                               |        | 100,785.         | 0.                                      | 0.                     |
| (10) SHEELA KUNDURU                      | 3.00                   | ļ                              |  |         |              |                                 |        |                  |   |                        |
| BOARD CHAIR                              | 2 00                   | Х                              | _  | Х       |              |                                 |        | 0.               | 0.                                      | 0.                     |
| (11) CARRIE MAUN-SMITH                   | 3.00                   | -                              |  | .,      |              |                                 |        |                  |   | •                      |
| IMMEDIATE PAST CHAIR                     | 2 00                   |                                | _  | Х       |              |                                 |        | 0.               | 0.                                      | 0.                     |
| (12) JOSEPH HAMROCK<br>VICE CHAIR        | 3.00                   | Х                              |  | х       |              |                                 |        | 0.               | 0.                                      | 0                      |
| (13) TEDDY DOUGLASS                      | 3.00                   | Λ                              |  | Δ       |              |                                 |        | 0.               | 0.                                      | 0.                     |
| TREASURER                                | 3.00                   | Х                              |  | х       |              |                                 |        | 0.               | 0.                                      | 0.                     |
| (14) BILL VICKERS                        | 3.00                   | 77                             |  |         |              |                                 |        |                  | 0.                                      | <u></u>                |
| SECRETARY                                | 3.00                   | х                              |  | х       |              |                                 |        | 0.               | 0.                                      | 0.                     |
| (15) TOM DIMARCO                         | 3.00                   |                                |  |         |              |                                 |        |                  |   |                        |
| BOARD MEMBER                             |                        | х                              |  |         |              |                                 |        | 0.               | 0.                                      | 0.                     |
| (16) STEVEN ENGLISH                      | 1.50                   |                                |  |         |              |                                 |        |                  |   |                        |
| BOARD MEMBER                             |                        | Х                              |  |         |              |                                 |        | 0.               | 0.                                      | 0.                     |
| (17) BRIAN DIMASI                        | 3.00                   |                                |  |         |              |                                 |        |                  |   |                        |
| BOARD MEMBER                             |                        | Х                              |  |         |              |                                 |        | 0.               | 0.                                      | 0.                     |
| 332007 12-21-23                          |                        |                                |  |         |              |                                 |        |                  |   | Form <b>990</b> (2023) |

332007 12-21-23

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| Part VII Section A. Officers, Directors, Trus  | tees, Key Em           | ploy                           | ees,                  | and           | j Hi         | ghes                         | st C     | ompensated Employee                   | s (continued)                |   |          |          |             |
|--|------------------------|--------------------------------|-----------------------|---------------|--------------|------------------------------|----------|---------------------------------------|------------------------------|---|----------|----------|-------------|
| (A)  | (B) (C)                |                                |                       |               |              |                              |          | (D)                                   | (E)                          |   |          | (F)      |             |
| Name and title   | Average                | (do                            | not c                 | Pos           |              |                              | one      | Reportable                            | Reportable                   | Estimated                                     |          |          |             |
|  | hours per              | box                            | , unles               | ss per        | rson i       | s both                       | n an     | compensation                          | compensation                 |   | amo      | ount of  | i           |
|  | week                   |                                | cer an                | ia a a        | lirecto      | rrus                         | iee)     | from                                  | from related                 |   |          | ther     |             |
|  | (list any              | irecto                         |                       |               |              |                              |          | the                                   | organizations                | .,  |          | ensation |             |
|  | related                | e or d                         | tee                   |               |              | sated                        |          | organization<br>(W-2/1099-MISC/       | (W-2/1099-MISC,<br>1099-NEC) | ′   |          | nizatio  |             |
|  | organizations          | ruste                          | l trus                |               | 9.0          | npen                         |          | 1099-NEC)                             | 1099-1420)                   |   | -        | related  |             |
|  | below                  | Individual trustee or director | Institutional trustee | -             | m ploy       | st co                        | e.       | 13351123,                             |                              |   |          | nization |             |
|  | line)                  | Indivi                         | Instit                | Officer       | Key employee | Highest compensated employee | Former   |                                       |                              |   |          | X.       |             |
| (18) CHRIS GODLEY  | 1.50                   |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
| BOARD MEMBER   |                        | X                              |                       |               |              |                              |          | 0.                                    |                              | ).  |          |          | 0.          |
| (19) L DENNIS HOFFMAN  | 3.00                   | l                              |                       |               |              |                              |          |                                       |                              |   |          |          | _           |
| BOARD MEMBER   | 2 22                   | Х                              |                       |               |              |                              |          | 0.                                    | C                            | ) .   |          |          | 0.          |
| (20) MATT MONNIN   | 3.00                   | ٠,                             |                       |               |              |                              |          |                                       |                              |   |          |          | ^           |
| BOARD MEMBER   | 2 00                   | Х                              |                       |               |              |                              |          | 0.                                    |                              | ٥.  |          |          | 0.          |
| (21) NAVID MOSTOUFI  | 3.00                   | ₩.                             |                       |               |              |                              |          |                                       |                              | ,   |          |          | Λ           |
| BOARD MEMBER   | 2 00                   | X                              |                       |               |              |                              |          | 0.                                    |                              | ).  |          |          | 0.          |
| (22) MARK PEACOCK<br>BOARD MEMBER  | 3.00                   | X                              |                       |               |              |                              |          | 0.                                    |                              | ١.  |          |          | 0.          |
| (23) DR. MARKITA SUTTLE  | 1.50                   | ^                              | $\vdash$              |               |              |                              |          | 0.                                    |                              | <del>'  </del>                                |          |          | <u>u .</u>  |
| BOARD MEMBER   | 1.50                   | X                              |                       |               |              |                              |          | 0.                                    | ر ا                          | ١.  |          |          | 0.          |
| (24) POE TIMMONS   | 3.00                   |                                |                       |               |              |                              |          | , , , , , , , , , , , , , , , , , , , |                              | ~   |          |          | •           |
| BOARD MEMBER   | 3.00                   | х                              |                       |               |              |                              |          | 0.                                    | 1 (                          | ١.  |          |          | 0.          |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
| 1b Subtotal  |                        |                                |                       |               |              |                              |          | 1,181,841.                            |                              | ).  | 33       | ,73      | <u>3.</u>   |
| c Total from continuation sheets to Part VI  | I, Section A           |                                |                       |               | 4            | <b>,</b>                     |          | 0.                                    |                              | ).  |          |          | 0.          |
| d Total (add lines 1b and 1c)  |                        |                                |                       |               |              |                              |          | 1,181,841.                            |                              | ).  | 33,733.  |          |             |
| 2 Total number of individuals (including but n   | ot limited to th       | ose                            | liste                 | d ab          | ove          | ) wh                         | o re     | eceived more than \$100,              | ,000 of reportable           |   |          |          | _           |
| compensation from the organization   |                        |                                | _                     |               |              |                              |          |                                       |                              |   | 1,       | Yes I    | 8           |
| <b>6 B</b> : 111   |                        |                                |                       |               |              |                              |          |                                       |                              | Г   |          | res i    | No          |
| 3 Did the organization list any <b>former</b> officer,   |                        |                                | кеу е                 | empl          | loye         | e, or                        | hig      | hest compensated emp                  | loyee on                     |   |          |          | v           |
| line 1a? If "Yes," complete Schedule J for s   |                        |                                |                       |               |              |                              |          |                                       |                              | ٠ ١   | 3        |          | X           |
| 4 For any individual listed on line 1a, is the su  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          | х        |             |
| <ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul> |                        |                                |                       |               |              |                              |          |                                       |                              | "   | 4        | 21       |             |
| rendered to the organization? If "Yes." com  |                        |                                |                       |               |              |                              |          |                                       |                              |   | 5        |          | Х           |
| Section B. Independent Contractors   | <u>ipietė Scriedur</u> | <del>U</del> J 1               | OI SL                 | <u>ICIT I</u> | oers         | OII .                        |          |                                       |                              | <u>·                                     </u> | <u> </u> |          | <del></del> |
| Complete this table for your five highest contains   | mpensated ind          | depe                           | nder                  | nt co         | ontra        | acto                         | rs th    | nat received more than \$             | \$100,000 of comper          | nsat  | ion fror | n        |             |
| the organization. Report compensation for  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
| (A)  |                        |                                |                       |               |              |                              |          | (B)                                   |                              |   | (C)      | )        |             |
|  |                        |                                |                       |               |              |                              | C        | ompen                                 | sation                       |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              | $\dashv$ |                                       |                              |   |          |          |             |
|  |                        |                                |                       |               |              |                              |          |                                       |                              |   |          |          |             |

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

|  | Check if Schedule O contains a response or note to any line in this Part VIII |   |               |               |                                    |                            |                                 |
|--|---|---|---------------|---------------|------------------------------------|----------------------------|---------------------------------|
|  |   |   |               | (A)           | (B)                                | (C)                        | (D)                             |
|  |   |   |               | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under |
|  |   |   |               |               | iunction revenue                   | business revenue           | sections 512 - 514              |
| တ္ တ   | 1 a   | Federated campaigns 1a                          |               |               |                                    |                            |                                 |
| ant  |   | Membership dues 1b                              |               |               |                                    |                            |                                 |
| چ <u>و</u>   |   | Fundraising events 1c                           | 1,091,174.    |               |                                    |                            |                                 |
| Contributions, Gifts, Grants and Other Similar Amounts |   | Related organizations 1d                        |               |               |                                    |                            |                                 |
| ej.  |   | Government grants (contributions)  1e           |               |               |                                    |                            |                                 |
| Sin  |   | All other contributions, gifts, grants, and     |               |               |                                    |                            |                                 |
| er ti  | •   | similar amounts not included above              | 6,125,011.    |               |                                    |                            |                                 |
| 흔  | ~   | ***   | 2,868,687.    |               |                                    |                            |                                 |
| no d   | _   | Noncash contributions included in lines 1a-1f   | 2,000,007.    | 7,216,185.    |                                    |                            |                                 |
| OB   | n   | Total. Add lines 1a-1f                          | Business Code | 7,210,105.    |                                    |                            |                                 |
|  | _   |   | Business Code |               |                                    |                            |                                 |
| Program Service<br>Revenue                             | 2 a   | -   |               |               |                                    |                            |                                 |
| er<br>Pe   | b   | -   |               |               |                                    |                            |                                 |
| n S  | С   |   |               |               |                                    |                            |                                 |
| ran<br>Sev   | d   |   |               |               |                                    |                            |                                 |
| 90   | е   |   |               |               |                                    | Ť                          |                                 |
| ₫  | f   | All other program service revenue               |               |               |                                    |                            |                                 |
|  | g   | Total. Add lines 2a-2f                          |               |               |                                    |                            |                                 |
|  | 3   | Investment income (including dividends, interes | st, and       |               |                                    |                            |                                 |
|  |   | other similar amounts)                          |               | 22,756.       |                                    |                            | 22,756.                         |
|  | 4   | Income from investment of tax-exempt bond pro   |               |               |                                    |                            |                                 |
|  | 5   | Royalties                                       |               |               | /                                  |                            |                                 |
|  |   | (i) Real  | (ii) Personal |               |                                    |                            |                                 |
|  | 6 a   | Gross rents 6a                                  |               |               |                                    |                            |                                 |
|  |   | Less: rental expenses 6b                        |               |               |                                    |                            |                                 |
|  |   | Rental income or (loss)  6c                     |               |               |                                    |                            |                                 |
|  |   | Net rental income or (loss)                     |               |               |                                    |                            |                                 |
|  |   | ` '   | (ii) Other    |               |                                    |                            |                                 |
|  | / a   | 37 33 4 1 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3       | (ii) Other    |               |                                    |                            |                                 |
|  |   | assets other than inventory 7a 3,284,800.       |               |               |                                    |                            |                                 |
|  | b   | Less: cost or other basis                       |               |               |                                    |                            |                                 |
| ther Revenue   |   | and sales expenses                              |               |               |                                    |                            |                                 |
| Ş  |   | Gain or (loss) 72 79,980.                       |               |               |                                    |                            |                                 |
| æ  | d   | Net gain or (loss)                              |               | 79,980.       |                                    |                            | 79,980.                         |
| þer  | 8 a   | Gross income from fundraising events (not       |               |               |                                    |                            |                                 |
| ŏ  |   | including \$ 1,091,174. of                      |               |               |                                    |                            |                                 |
|  |   | contributions reported on line 1c). See         |               |               |                                    |                            |                                 |
|  |   | Part IV, line 188a                              | 467,093.      |               |                                    |                            |                                 |
|  | b   | Less: direct expenses 8b                        | 483,213.      |               |                                    |                            |                                 |
|  | С   | Net income or (loss) from fundraising events    |               | -16,120.      |                                    |                            | -16,120.                        |
|  |   | Gross income from gaming activities. See        |               |               |                                    |                            |                                 |
|  |   | Part IV, line 19                                |               |               |                                    |                            |                                 |
|  | b   | Less: direct expenses 9b                        |               |               |                                    |                            |                                 |
|  |   | Net income or (loss) from gaming activities     |               |               |                                    |                            |                                 |
|  |   | Gross sales of inventory, less returns          |               |               |                                    |                            |                                 |
|  | 10 4  | and allowances 10a                              |               |               |                                    |                            |                                 |
|  | h   | Less: cost of goods sold 10b                    |               |               |                                    |                            |                                 |
|  |   | J   |               |               |                                    |                            |                                 |
| +  | C   | Net income or (loss) from sales of inventory    | Business Code |               |                                    |                            |                                 |
| ရှ   |   | -   | Promisos Cone |               |                                    |                            |                                 |
| eo e   | 11 a  | -   |               |               |                                    |                            |                                 |
| lan  | b   |   |               |               |                                    |                            |                                 |
| Sev<br>Sev   | С   |   |               |               |                                    |                            |                                 |
| Miscellaneous<br>Revenue                               |   | All other revenue                               |               |               |                                    |                            |                                 |
| $\perp$  | е   | Total. Add lines 11a-11d                        |               |               |                                    |                            |                                 |
|  | 12  | Total revenue. See instructions                 |               | 7,302,801.    | 0.                                 | 0.                         | 86,616.                         |
| 332009   | 12-21   | -23   |               |               |                                    |                            | Form <b>990</b> (2023)          |

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,000. 1,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 454,560. 36,623. 658,377. 167,194. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,192,833. 1,512,486. 122,066. 558,281. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 360,288. 256,495. 19,586. 84,207. Other employee benefits 9 188,219. 133,996. 10,232. 43,991. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,888. 2,888. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 6,359. 25,811. 19,452. 12 Advertising and promotion 292,934. 235,234. 8,385. 49,315 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates .... 21 14,950.  $2,\overline{471}$ 18,335. 914. Depreciation, depletion, and amortization ..... 22 146,734. 120,932. 10,001. 15,801. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,868,686. 2,851,000. 17,686. IN KIND EXPENSES 1,151,526. ADVENTURE ITEMS 1,153,267. 1,741. 307,994. 164,274. 112,343. CONTRACTUAL SERVICES 31,377. d PROFESSIONAL DEVELOPMEN 28,634. 25,129. 939. 2,566. e All other expenses 8,246,000. 6,941,034. 325,718. 979,248. Total functional expenses. Add lines 1 through 24e 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 X Balance Sheet

| Part X  | Balance Sheet  |                           |     |                           |
|---|--|---------------------------|-----|---------------------------|
|   | 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  | 570,384.                  | 1   | 753,656                   |
| 2   | Savings and temporary cash investments   | 102,214.                  | 2   | 10,642                    |
| 3   | Pledges and grants receivable, net   | 727,116.                  | 3   | 600,109                   |
| 4   | Accounts receivable, net   |                           | 4   |                           |
| 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   |                           |
| ္ 7   | Notes and loans receivable, net  |                           | 7   |                           |
| Assets  | Inventories for sale or use  |                           | 8   |                           |
| ₹   9   | Prepaid expenses and deferred charges  | 74,572.                   | 9   | 98,236                    |
| 10a   | Land, buildings, and equipment: cost or other  |                           |     |                           |
|   | basis. Complete Part VI of Schedule D 10a 102,8 Less: accumulated depreciation 10b 74,5        | 55.                       |     |                           |
| b   | Less: accumulated depreciation   | 57. 28,362.<br>1,374,749. | 10c | 28,298<br>933,130         |
| 11  | Investments - publicly traded securities   |                           | 11  | 933,130                   |
| 12  | Investments - other securities. See Part IV, line 11   |                           | 12  |                           |
| 13  | Investments - program-related. See Part IV, line 11  |                           | 13  |                           |
| 14  | Intangible assets  |                           | 14  |                           |
| 15  | Other assets. See Part IV, line 11   | 492,731.                  | 15  | 408,579                   |
| 16  | Total assets. Add lines 1 through 15 (must equal line 33)                                      |                           | 16  | 2,832,650                 |
| 17  | Accounts payable and accrued expenses  | 300,133.                  | 17  | 184,89                    |
| 18  | Grants payable   |                           | 18  |                           |
| 19  | Deferred revenue   |                           | 19  | 550,91                    |
| 20  | Tax-exempt bond liabilities  |                           | 20  |                           |
| 21  | Escrow or custodial account liability. Complete Part IV of Schedule D                          |                           | 21  |                           |
| 22  | Loans and other payables to any current or former officer, director,                           |                           |     |                           |
|   | trustee, key employee, creator or founder, substantial contributor, or 35%                     |                           |     |                           |
| <u> </u>  | 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                   | 101 750                   |     | 104 225                   |
|   | of Schedule D  |                           |     | 184,33°<br>920,150        |
| 26  | Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here | 485,216.                  | 26  | 920,130                   |
| و ا   |  |                           |     |                           |
| B   07  | and complete lines 27, 28, 32, and 33.   | 2 042 412                 |     | 1 479 57                  |
| <u>5</u> 27   | Net assets without donor restrictions  | 042 500                   | 27  | 1,478,577                 |
| 28  | Net assets with donor restrictions   | 042,300.                  | 28  | 433,32                    |
| <b>.</b>  | Organizations that do not follow FASB ASC 958, check here                                      |                           |     |                           |
| 5 00  | and complete lines 29 through 33.  |                           | 00  |                           |
| 29  | Capital stock or trust principal, or current funds   | l l                       | 29  |                           |
| 30  | Paid-in or capital surplus, or land, building, or equipment fund                               |                           | 30  |                           |
| 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32 | Retained earnings, endowment, accumulated income, or other funds                               | 2 004 012                 | 31  | 1,912,500                 |
|   | Total net assets or fund balances  | 2 270 120                 | 32  |                           |
| 33  | Total liabilities and net assets/fund balances   | J,3/U,120•                | 33  | 2,832,650                 |

| Pa  | rt XI Reconciliation of Net Assets   |        |              |     |             |  |  |
|---|--|--------|--------------|-----|-------------|--|--|
|   | Check if Schedule O contains a response or note to any line in this Part XI  |        |              |     |             |  |  |
|   |  |        |              |     |             |  |  |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1      | <u>7,30:</u> |     |             |  |  |
| 2   | 2 Total expenses (must equal Part IX, column (A), line 25)   |        |              |     |             |  |  |
| 3   | 3 Revenue less expenses. Subtract line 2 from line 1   |        |              |     |             |  |  |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4      | 2,88         | 4,9 | 12.         |  |  |
| 5   | Net unrealized gains (losses) on investments   | 5      | -2           | 9,2 | 13.         |  |  |
| 6   | Donated services and use of facilities   | 6      |              |     |             |  |  |
| 7   | Investment expenses  | 7      |              | X   |             |  |  |
| 8   | Prior period adjustments   | 8      |              |     | <b>&gt;</b> |  |  |
| 9   | Other changes in net assets or fund balances (explain on Schedule O)   | 9      |              |     | 0.          |  |  |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                                   |        |              |     |             |  |  |
|   | column (B))  | 10     | 1,91         | 2,5 | 00.         |  |  |
| Pa  | rt XII Financial Statements and Reporting  |        |              |     |             |  |  |
|   | Check if Schedule O contains a response or note to any line in this Part XII   |        |              |     | X           |  |  |
|   |  |        |              |     |             |  |  |
| 1 Accounting method used to prepare the Form 990:   |  |        |              |     |             |  |  |
|   | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                    |        |              |     |             |  |  |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                                      |        | 2a           |     | Х           |  |  |
|   | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed                      | on a   |              |     |             |  |  |
|   | separate basis, consolidated basis, or both:   |        |              |     | l           |  |  |
|   | 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                   | audit, |              |     |             |  |  |
|   | review, or compilation of its financial statements and selection of an independent accountant?                                       |        |              |     |             |  |  |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. |  |        |              |     |             |  |  |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the                      |        |              |     |             |  |  |
|   | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |        |              |     |             |  |  |
| b   | <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit |        |              |     |             |  |  |
|   | or audits, explain why on Schedule O and describe any steps taken to undergo such audits   |        | 3b           |     |             |  |  |
|   |  |        | Form         | 990 | (2023)      |  |  |

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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 Inspection

Employer identification number

INC. 31-1440073 A KID AGAIN, Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) Yes above (see instructions))

(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  | Section A. Public Support   |                       |                      |                        |                      |                     |                  |
|------|---|-----------------------|----------------------|------------------------|----------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2019              | <b>(b)</b> 2020      | (c) 2021               | (d) 2022             | (e) 2023            | (f) Total        |
| 1    | Gifts, grants, contributions, and   |                       |                      |                        |                      |                     |                  |
|      | membership fees received. (Do not   |                       |                      |                        |                      |                     |                  |
|      | include any "unusual grants.")  | 2026638.              | 3656321.             | 6768931.               | 5023925.             | 7216185.            | 24692000.        |
| 2    | Tax revenues levied for the organ-  |                       |                      |                        |                      |                     |                  |
|      | ization's benefit and either paid to  |                       |                      |                        |                      |                     |                  |
|      | or expended on its behalf   |                       |                      |                        |                      |                     |                  |
| 3    | The value of services or facilities   |                       |                      |                        |                      |                     |                  |
|      | furnished by a governmental unit to   |                       |                      |                        |                      |                     |                  |
|      | the organization without charge   |                       |                      |                        |                      |                     |                  |
| 4    | Total. Add lines 1 through 3  | 2026638.              | 3656321.             | 6768931.               | 5023925.             | 7216185.            | 24692000.        |
| 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)  |                       |                      |                        |                      |                     | 2814838.         |
| 6    | Public support. Subtract line 5 from line 4.  |                       |                      |                        |                      |                     | 21877162.        |
|      | ction B. Total Support  |                       |                      |                        |                      |                     |                  |
| Cale | ndar year (or fiscal year beginning in)   | (a) 2019              | <b>(b)</b> 2020      | (c) 2021               | (d) 2022             | (e) 2023            | (f) Total        |
|      | Amounts from line 4   | 2026638.              | 3656321.             | 6768931.               | 5023925.             |                     | 24692000.        |
|      | Gross income from interest,   |                       |                      |                        |                      |                     |                  |
|      | dividends, payments received on   |                       |                      |                        |                      |                     |                  |
|      | securities loans, rents, royalties,   |                       |                      |                        |                      |                     |                  |
|      | and income from similar sources   | 11,696.               | 10,485.              | 4,886.                 | 11,978.              | 22,756.             | 61,801.          |
| 9    | Net income from unrelated business  |                       |                      |                        |                      |                     |                  |
|      | activities, whether or not the  |                       |                      |                        |                      |                     |                  |
|      | business is regularly carried on  |                       |                      |                        |                      |                     |                  |
| 10   | Other income. Do not include gain   |                       |                      |                        |                      |                     |                  |
|      | or loss from the sale of capital  |                       |                      |                        |                      |                     |                  |
|      | assets (Explain in Part VI.)  | 263,917.              |                      |                        | 1365735.             |                     | 1629652.         |
| 11   | <b>Total support.</b> Add lines 7 through 10  |                       |                      |                        |                      |                     | 26383453.        |
| 12   |   | etc. (see instruction | ons)                 |                        |                      | 12                  |                  |
| 13   | First 5 years. If the Form 990 is for th  | ne organization's fir | rst, second, third,  | fourth, or fifth tax y | ear as a section 5   | 01(c)(3)            |                  |
|      | organization, check this box and stop   | here                  |                      |                        |                      |                     |                  |
| Sec  | ction C. Computation of Publi   | c Support Per         | centage              |                        |                      |                     |                  |
| 14   | Public support percentage for 2023 (I   | ine 6, column (f), d  | ivided by line 11, o | column (f))            |                      | 14                  | 82 <b>.</b> 92 % |
| 15   | Public support percentage from 2022   | Schedule A, Part      | II, line 14          |                        |                      | 15                  | 78.90 <u>%</u>   |
| 16a  | 33 1/3% support test - 2023. If the o   | organization did no   | t check the box or   | n line 13, and line 1  | 14 is 33 1/3% or m   | ore, check this bo  |                  |
|      | stop here. The organization qualifies   | as a publicly suppo   | orted organization   |                        |                      |                     | X                |
| b    | 33 1/3% support test - 2022. If the o   | organization did no   | t check a box on l   | ine 13 or 16a, and     | line 15 is 33 1/3%   | or more, check th   | is box           |
|      | and stop here. The organization qual  | ifies as a publicly s | supported organiza   | ation                  |                      |                     |                  |
| 17a  | 10% -facts-and-circumstances test   | - 2023. If the org    | anization did not o  | heck a box on line     | e 13, 16a, or 16b, a | nd line 14 is 10%   | or more,         |
|      | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization |                       |                      |                        |                      |                     |                  |
|      | 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 d  | heck a box on line     | e 13, 16a, 16b, or 1 | 7a, and line 15 is  | 10% or           |
|      | more, and if the organization meets the   | ne facts-and-circum   | nstances test, chec  | ck this box and st     | op here. Explain in  | 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 ar  | nd see instructions | s                |
|      |   |                       |                      |                        |                      | Schedule A          | (Form 990) 2023  |

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

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

| Se   | ction A. Public Support  | ,, ,                 | •                     |                      |                     |                      | 4                 |
|------|--|----------------------|-----------------------|----------------------|---------------------|----------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2019             | <b>(b)</b> 2020       | (c) 2021             | (d) 2022            | (e) 2023             | (f) Total         |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not  |                      |                       |                      |                     |                      |                   |
| _    | include any "unusual grants.")   |                      |                       |                      |                     |                      | $\longrightarrow$ |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |                      |                       |                      |                     |                      | <b>X</b>          |
| 3    | Gross receipts from activities that are not an unrelated trade or business under section 513   |                      |                       |                      |                     |                      |                   |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                      |                       |                      |                     |                      |                   |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                      |                       | 4                    | (2-)                |                      |                   |
| 6    | Total. Add lines 1 through 5   |                      |                       |                      |                     |                      |                   |
| 78   | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                      |                       |                      |                     |                      |                   |
| ŀ    | 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  |                      |                       | 9                    |                     |                      |                   |
| (    | Add lines 7a and 7b  |                      |                       |                      |                     |                      |                   |
|      | Public support. (Subtract line 7c from line 6.)  |                      |                       |                      |                     |                      |                   |
|      | ction B. Total Support   |                      | 7,000                 | 4 3 2224             | 1,0000              | 1 () 2222            | <u> </u>          |
|      | ndar year (or fiscal year beginning in)  | (a) 2019             | <b>(b)</b> 2020       | (c) 2021             | (d) 2022            | (e) 2023             | (f) Total         |
|      | Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                     | C                    |                       |                      |                     |                      |                   |
| ŀ    | Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975  |                      |                       |                      |                     |                      |                   |
|      | Add lines 10a and 10b  |                      |                       |                      |                     |                      |                   |
| 12   | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                      |                       |                      |                     |                      |                   |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                       |                      |                     |                      |                   |
| 14   | First 5 years. If the Form 990 is for the  | ne organization's fi | rst, second, third, t | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | n,                |
| _    | check this box and stop here   |                      |                       |                      |                     |                      |                   |
| Se   | ction C. Computation of Publi  | ic Support Per       | centage               |                      |                     | т г                  |                   |
|      | Public support percentage for 2023 (   |                      |                       | column (f))          |                     | 15                   | %                 |
|      | Public support percentage from 2022  |                      |                       |                      |                     | 16                   | %                 |
| _    | ction D. Computation of Inves  |                      |                       |                      |                     | 1 1                  |                   |
|      | Investment income percentage for 20  |                      |                       |                      |                     | 17                   | %                 |
|      | Investment income percentage from  |                      |                       |                      |                     | 18                   | %                 |
| 19   | a 33 1/3% support tests - 2023. If the   |                      |                       |                      |                     |                      | ' is not          |
| ı    | more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the  |                      |                       |                      |                     |                      |                   |
| r.   | line 18 is not more than 33 1/3%, che  |                      |                       |                      |                     |                      |                   |
| 20   | Private foundation If the organization   |                      |                       |                      |                     |                      | H                 |

# 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.)

|      |     | _   |
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| 10b  | 1   | 1   |
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| Fai        | Supporting Organizations (continued)  |           |     |     |
|------------|---|-----------|-----|-----|
|            | r   |           | 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       |     | 1   |
|            | 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  | 110       |     |     |
| Sec        | detail in Part VI. tion B. Type I Supporting Organizations  | 11c       |     |     |
|            |   |           | Yes | No  |
| 1          | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |           |     | 110 |
|            | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |           |     |     |
|            | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |           |     |     |
|            | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |           |     |     |
|            | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |     |     |
| 2          | Did the organization operate for the benefit of any supported organization other than the supported   |           |     |     |
|            | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |           |     |     |
|            | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |           |     |     |
| <u>Sac</u> | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations   | 2         |     |     |
| 360        | tion o. Type it supporting organizations  |           | V   | NI- |
|            | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors  |           | Yes | No  |
| 1          | 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         |     |     |
| Sec        | tion D. All Type III Supporting Organizations   |           |     |     |
|            |   |           | Yes | No  |
| 1          | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |           |     |     |
|            | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |           |     |     |
|            | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |           |     |     |
|            | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1         |     |     |
| 2          | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |           |     |     |
|            | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |           |     |     |
| _          | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2         |     |     |
| 3          | By reason of the relationship described 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 <b>Part VI</b> the role the organization's                                |           |     |     |
|            | supported organizations played in this regard.  | 3         |     |     |
| Sec        | tion E. Type III Functionally Integrated Supporting Organizations   |           |     |     |
| 1          | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |           |     |     |
| а          | The organization satisfied the Activities Test. Complete line 2 below.  |           |     |     |
| b          | The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |     |
| С          | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins  | struction | s). |     |
| 2          | Activities Test. Answer lines 2a and 2b below.  |           | Yes | No  |
| а          | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |           |     |     |
|            | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify  |           |     |     |
|            | those supported organizations and explain how these activities directly furthered their exempt purposes,  |           |     |     |
|            | how the organization was responsive to those supported organizations, and how the organization determined   | 0-        |     |     |
|            | that these activities constituted substantially all of its activities.  | 2a        |     |     |
| D          | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,   |           |     |     |
|            | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  Part VI the reasons for the organization's position that its supported organization(s) would have engaged in                                    |           |     |     |
|            | these activities but for the organization's involvement.  | 2b        |     |     |
| 3          | Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>   |           |     |     |
| а          | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |           |     |     |
|            | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a        |     |     |
| 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.   | 3b        |     |     |

| Pai      | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting  | Orga    | nizations                             |                                |  |  |  |  |
|----------|---|---------|---------------------------------------|--------------------------------|--|--|--|--|
| 1        | Check here if the organization satisfied the Integral Part Test as a qualifying t                           | rust or | n Nov. 20, 1970 ( explain in <b>F</b> | Part VI). See instructions.    |  |  |  |  |
|          | All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |         |                                       |                                |  |  |  |  |
| <u> </u> | Con A Advanta d Nat Income  |         | (A) D.:                               | (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       |                                       |                                |  |  |  |  |
| 7        | Check here if the current year is the organization's first as a non-functionally i                          | integra | ited Type III supporting organ        | nization (see                  |  |  |  |  |

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

| A   | KID AGAIN, INC.   | 31-1440073                        |  |  |  |  |
|---|---|-----------------------------------|--|--|--|--|
| Organization type (check  | one):   |                                   |  |  |  |  |
| Filers of:  | Section:  |                                   |  |  |  |  |
| Form 990 or 990-EZ  | X 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 Specia   | al Rule. See instructions.        |  |  |  |  |
| General Rule  |   |                                   |  |  |  |  |
|   | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y one contributor. Complete Parts I and II. See instructions for determining a contrib   |                                   |  |  |  |  |
| Special Rules   |   |                                   |  |  |  |  |
| sections 509(a)(1)<br>contributor, during   | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of Z, line 1. Complete Parts I and II.  | b, and that received from any one |  |  |  |  |
| 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. |   |                                   |  |  |  |  |
| year, contribution<br>is checked, enter<br>purpose. Don't co  | 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ |                                   |  |  |  |  |
| Caution: An organization t<br>answer "No" on Part IV, lin   | hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 99 ng requirements of Schedule B (Form 990).  | B (Form 990), but it must         |  |  |  |  |

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

# A KID AGAIN, INC.

31-1440073

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           | 4  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 1          |   | \$ <u>246,820.</u>         | Person Payroll Noncash (Complete Part II for noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 2          |   | \$ 384,775.                | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d) Type of contribution   |
| 3          |   | \$197,351.                 | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 4          | Name, address, and ZP + 4   | \$162,630.                 | Person X Payroll Noncash X  (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  |
| 5          |   | \$644,470.                 | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d) Type of contribution   |
| 6          |   | \$ <u>164,246.</u>         | Person X Payroll  Noncash X  (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization

A KID AGAIN, INC.

Employer identification number

31-1440073

| Part I     | Contributors (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          |   | \$ <u>200,000</u> .        | 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.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) 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.)  |
| (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   |
| )<br>)     | Tamo, addi 000, and En TT   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)  |

Page 3

Name of organization Employer identification number

# A KID AGAIN, INC.

31-1440073

| 21 1(1)    | month, inc.   |                            | 1110073           |
|------------|---|----------------------------|-------------------|
| Part II    | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | 1                 |
| (a)        |   | (c)                        |                   |
| No.        | <b>(b)</b>  | FMV (or estimate)          | (d)               |
| from       | Description of noncash property given                                     | (See instructions.)        | Date received     |
| Part I     |   | (000                       |                   |
|            | THEME PARK ADMISSION, FOOD/BEVERAGE, PARKING                              |                            |                   |
| 1          |   |                            |                   |
|            |   |                            |                   |
|            |   | \$ 246,820.                | 04/02/23          |
|            |   |                            |                   |
| (a)        |   | (c)                        |                   |
| No.        | (b)   | FMV (or estimate)          | (d)               |
| from       | Description of noncash property given                                     | (See instructions.)        | Date received     |
| Part I     |   | (650 minutation)           |                   |
|            | THEME PARK ADMISSION, FOOD/BEVERAGE, PARKING                              |                            |                   |
| 3          |   |                            |                   |
|            |   |                            |                   |
|            |   | \$ 197,351.                | 06/25/23          |
|            |   |                            |                   |
| (a)        |   | (c)                        |                   |
| No.        | (b)   | FMV (or estimate)          | (d)               |
| from       | Description of noncash property given                                     | (See instructions.)        | Date received     |
| Part I     |   | (ede mendenen,             |                   |
| .          | THEME PARK ADMISSION, FOOD/BEVERAGE, PARKING                              |                            |                   |
| 4          |   |                            |                   |
|            |   |                            |                   |
|            |   | \$162,630.                 | 08/24/23          |
|            |   |                            |                   |
| (a)        |   | (c)                        |                   |
| No.        | (b)   | FMV (or estimate)          | (d)               |
| from       | Description of noncash property given                                     | (See instructions.)        | Date received     |
| Part I     |   |                            |                   |
| _          | THEME PARK ADMISSION, FOOD/BEVERAGE, PARKING                              |                            |                   |
| 5          |   |                            |                   |
|            |   | \$ 640,970.                | 07/16/23          |
|            |   | \$ 640,970.                | 07/10/23          |
| (5)        |   |                            |                   |
| (a)<br>No. | (6)   | (c)                        | (4)               |
| from       | (b)  Description of noncash property given                                | FMV (or estimate)          | (d) Date received |
| Part I     | Description of noncasti property given                                    | (See instructions.)        | Date received     |
|            | ADMISSION, FOOD/BEVERAGE, PARKING   |                            |                   |
| 6          |   |                            |                   |
|            | <del>\</del>  |                            |                   |
|            |   | \$ 164,246.                | 08/07/23          |
|            | , ·   |                            |                   |
| (a)        |   |                            |                   |
| No.        | (b)   | (c)                        | (d)               |
| from       | Description of noncash property given                                     | FMV (or estimate)          | Date received     |
| Part I     |   | (See instructions.)        |                   |
|            |   |                            |                   |
|            |   |                            |                   |
|            |   |                            |                   |
|            |   | \$                         |                   |
|            |   |                            |                   |

Schedule B (Form 990) (2023) Page **4** 

Name of organization **Employer identification number** 31-1440073 A KID AGAIN, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

A KID AGAIN TNC **Employer identification number** 31-1440073

| Par | t I Organizations Maintaining Donor Advised   | d Funds or Other                  | Similar Funds   | s or Accounts. Complete if the       |
|-----|---|-----------------------------------|---|--------------------------------------|
|     | organization answered "Yes" on Form 990, Part IV, line  | e 6.                              |   |                                      |
|     |   | (a) Donor advis                   | ed funds  | (b) Funds and other accounts         |
| 1   | Total number at end of year   |                                   |   |                                      |
| 2   | Aggregate value of contributions to (during year)   |                                   |   |                                      |
| 3   | Aggregate value of grants from (during year)  |                                   |   |                                      |
| 4   | Aggregate value at end of year  |                                   |   |                                      |
| 5   | Did the organization inform all donors and donor advisors in v                                | vriting that the assets h         | eld in donor advi   | sed funds                            |
|     | are the organization's property, subject to the organization's e                              | exclusive legal control?          |   | Yes No                               |
| 6   | Did the organization inform all grantees, donors, and donor ad                                | dvisors in writing that g         | rant funds can be   | used only                            |
|     | for charitable purposes and not for the benefit of the donor or                               | donor advisor, or for a           | ny other purpose  | conferring                           |
|     | impermissible private benefit?  |                                   |   | Yes No                               |
| Par | t II Conservation Easements. Complete if the org  | anization answered "Ye            | es" on Form 990,  | Part IV, line 7.                     |
| 1   | Purpose(s) of conservation easements held by the organization                                 | on (check all that appl <u>y)</u> |   |                                      |
|     | Preservation of land for public use (for example, recreat                                     | tion or education)                | Preservation of   | f a historically important land area |
|     | Protection of natural habitat   |                                   | Preservation of the control of th | of a certified historic structure    |
|     | Preservation of open space  |                                   |   |                                      |
| 2   | Complete lines 2a through 2d if the organization held a qualifi                               | ed conservation contrib           | oution in the form  |                                      |
|     | day of the tax year.  |                                   |   | Held at the End of the Tax Year      |
| а   | Total number of conservation easements  |                                   |   | I I                                  |
| b   | Total acreage restricted by conservation easements  |                                   |   | 2b                                   |
| С   | Number of conservation easements on a certified historic stru                                 |                                   |   | 2c                                   |
| d   | Number of conservation easements included on line 2c acqui                                    |                                   |   |                                      |
|     | on a historic structure listed in the National Register                                       |                                   |   |                                      |
| 3   | Number of conservation easements modified, transferred, rele                                  | eased, extinguished, or           | terminated by th  | e organization during the tax        |
|     | year  |                                   |   |                                      |
| 4   | Number of states where property subject to conservation eas                                   | _                                 |   |                                      |
| 5   | Does the organization have a written policy regarding the peri                                |                                   | ction, handling of  |                                      |
|     | violations, and enforcement of the conservation easements it                                  |                                   |   | Yes No                               |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h                                | nandling of violations, a         | ina entorcing cor   | servation easements during the year  |
| 7   | Amount of expenses incurred in monitoring, inspecting, handle                                 | ling of violations, and e         | nforcina conserv  | ation easements during the year      |
|     |   |                                   | ···-··· <b>g</b> ··   | ,                                    |
| 8   | Does each conservation easement reported on line 2d above                                     | satisfy the requirement           | s of section 170(   | n)(4)(B)(i)                          |
|     | and section 170(h)(4)(B)(ii)?   |                                   |   | Yes No                               |
| 9   | In Part XIII, describe how the organization reports conservation                              | on easements in its reve          | enue and expense  | e statement and                      |
|     | balance sheet, and include, if applicable, the text of the footness                           | ote to the organization'          | s financial staten  | ents that describes the              |
| Day | organization's accounting for conservation easements.   | Aut Historiaal Tu                 |   | they Cinciley Accets                 |
| Par |   |                                   | easures, or O   | ther Similar Assets.                 |
|     | Complete if the organization answered "Yes" on Form   |                                   |   |                                      |
| 1a  | If the organization elected, as permitted under FASB ASC 958                                  | •                                 |   |                                      |
|     | of art, historical treasures, or other similar assets held for pub                            |                                   |   | ·                                    |
|     | service, provide in Part XIII the text of the footnote to its finan                           |                                   |   |                                      |
| p   | If the organization elected, as permitted under FASB ASC 958                                  | · ·                               |   |                                      |
|     | art, historical treasures, or other similar assets held for public                            | exhibition, education, of         | or research in fur  | herance of public service,           |
|     | provide the following amounts relating to these items.  |                                   |   | Φ.                                   |
|     | (i) Revenue included on Form 990, Part VIII, line 1   |                                   |   | •                                    |
|     |   |                                   |   | ·                                    |
| 2   | If the organization received or held works of art, historical trea                            | ,                                 |   | ai gain, provide                     |
|     | the following amounts required to be reported under FASB AS                                   |                                   |   | Φ.                                   |
| a   | Revenue included on Form 990, Part VIII, line 1   |                                   |   |                                      |
|     | Assets included in Form 990, Part X  For Paperwork Reduction Act Notice, see the Instructions |                                   |   | Schedule D (Form 990) 2023           |
|     | To rape work neutron Act Notice, see the instructions   | IOI FUIIII 330.                   |   | 3CHEUUIE D (FUHH 330) 2023           |

| Pai | t III Organizations Maintaining Col   | lections of Art      | , Historical Tre       | asures, or (    | Other Similar A     | ssets (continued)                 |
|-----|---|----------------------|------------------------|-----------------|---------------------|-----------------------------------|
| 3   | Using the organization's acquisition, accession   |                      |                        |                 |                     |                                   |
|     | collection items (check all that apply).  |                      |                        |                 |                     |                                   |
| а   | Public exhibition   | d                    | Loan or exc            | hange program   | 1                   | 4                                 |
| b   | Scholarly research  | е                    | Other                  |                 |                     |                                   |
| С   | Preservation for future generations   |                      |                        |                 |                     |                                   |
| 4   | Provide a description of the organization's colle   | ections and explain  | how they further th    | e organization  | s exempt purpose in | n Part XIII.                      |
| 5   | During the year, did the organization solicit or r  |                      |                        |                 |                     |                                   |
|     | to be sold to raise funds rather than to be main  | tained as part of th | ne organization's co   | llection?       |                     | Yes No                            |
| Pai | t IV Escrow and Custodial Arrange   | ements Complet       | e if the organization  | answered "Ye    | s" on Form 990, Pa  | rt IV, line 9, or                 |
|     | reported an amount on Form 990, Part  |                      |                        |                 |                     |                                   |
| 1a  | Is the organization an agent, trustee, custodian  | , or other intermed  | iary for contribution  | s or other asse | ts not included     |                                   |
|     | on Form 990, Part X?  |                      |                        |                 |                     | Yes No                            |
| b   | If "Yes," explain the arrangement in Part XIII an   |                      |                        |                 |                     |                                   |
|     |   |                      |                        |                 |                     | Amount                            |
| С   | Beginning balance   |                      |                        |                 | 1c                  |                                   |
| d   | Additions during the year   |                      |                        |                 | 1d                  |                                   |
| е   | Distributions during the year   |                      |                        |                 |                     |                                   |
| f   | Ending balance  |                      |                        |                 |                     |                                   |
| 2a  | Did the organization include an amount on Form  |                      |                        |                 |                     | Yes No                            |
| b   | If "Yes," explain the arrangement in Part XIII. C   | neck here if the exp | olanation has been     | provided in Par | t XIII              |                                   |
|     | t V Endowment Funds Complete if the   |                      |                        |                 |                     |                                   |
|     |   | (a) Current year     | (b) Prior year         | (c) Two years   |                     | s back <b>(e)</b> Four years back |
| 1a  | Beginning of year balance   | 205,650.             | 234,761.               | 206,            | 122. 188,           | 922. 158,656.                     |
| b   | Contributions   |                      |                        |                 |                     |                                   |
| С   | Net investment earnings, gains, and losses  | 22,871.              | -28,214.               | 29,             | 451. 17,            | 959. 30,934.                      |
| d   | Grants or scholarships  |                      |                        |                 |                     |                                   |
| е   | Other expenditures for facilities   |                      |                        |                 |                     |                                   |
|     | and programs  |                      |                        |                 |                     |                                   |
| f   | Administrative expenses   | 809.                 | 897.                   |                 | 812.                | 759. 668.                         |
| g   | End of year balance   | 227,240.             | 205,650.               | 234,            | 761. 206,           | 122. 188,922.                     |
| 2   | Provide the estimated percentage of the curren  | t vear end balance   | (line 1g. column (a)   | ) held as:      |                     |                                   |
| а   | Board designated or quasi-endowment   | 100                  | %                      | ,               |                     |                                   |
| b   | Permanent endowment   | %                    |                        |                 |                     |                                   |
| С   | Term endowment %  |                      |                        |                 |                     |                                   |
| _   | The percentages on lines 2a, 2b, and 2c should  | l equal 100%.        |                        |                 |                     |                                   |
| За  | Are there endowment funds not in the possess  |                      | tion that are held ar  | nd administered | for the             |                                   |
|     | organization by:  |                      |                        |                 |                     | Yes No                            |
|     |   |                      |                        |                 |                     | 3a(i) X                           |
|     | (1) Division of the contract of |                      |                        |                 |                     | - C (1)                           |
| b   | If "Yes" on line 3a(ii), are the related organization   |                      |                        |                 |                     |                                   |
| 4   | Describe in Part XIII the intended uses of the or   |                      |                        |                 |                     |                                   |
| Pai | t VI Land, Buildings, and Equipme   |                      |                        |                 |                     |                                   |
|     | Complete if the organization answered   |                      | , Part IV, line 11a. S | ee Form 990, F  | Part X, line 10.    |                                   |
|     | Description of property   | (a) Cost or ot       |                        | or other        | (c) Accumulated     | (d) Book value                    |
|     | Decomposition of property   | basis (investm       |                        | (other)         | depreciation        | (a) Book value                    |
|     | Land  | 1                    | ,                      | . ,             |                     |                                   |
| b   | Buildings   |                      |                        |                 |                     |                                   |
|     | Leasehold improvements  |                      |                        |                 |                     |                                   |
| q   | Equipment   |                      | 6                      | 3,511.          | 35,214              | . 28,297.                         |
| A   | Other   |                      |                        | 9,344.          | 39,343              |                                   |
|     | I. Add lines 1a through 1e. (Column (d) must equ  | al Form 990 Part \   |                        |                 | •                   | 22 222                            |

Schedule D (Form 990) 2023

| on Form 990, Part IV, line | e 11b. See Form 990, Part X, line 12   |   |
|----------------------------|--|---|
| (b) Book value             | (c) Method of valuation: Cost  | or end-of-year market value   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
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|                            | +  |   |
|                            | +  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
| (b) Book value             | (c) Method of valuation: Cost  | t or end-of-year market value   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
| on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15   | i.  |
| Description                |  | (b) Book value  |
|                            |  | 12,326.   |
|                            | OTHERS   | 227,712.  |
| ETS                        |  | 168,541.  |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
| (7))                       |  | 408,579.  |
| (B))                       |  | 400,579.  |
| on Form 990 Part IV line   | e 11e or 11f See Form 990 Part X   | line 25   |
|                            |  | (b) Book value  |
|                            |  | (-)   |
|                            |  | 9,428.  |
|                            |  | 174,909   |
|                            |  | , , , ,   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  |   |
|                            |  | 184,337.  |
|                            | on Form 990, Part IV, line (b) Book value  on Form 990, Part IV, line Description  SETS HELD BY SETS | on Form 990, Part IV, line 11c. See Form 990, Part X, line 13  (b) Book value  (c) Method of valuation: Cost on Form 990, Part IV, line 11d. See Form 990, Part X, line 15 Description  SETS HELD BY OTHERS |

332053 09-28-23

Schedule D (Form 990) 2023

| Par      | t XI        | Reconciliation of Revenue per Audited Financial Statement   | s With        | Revenue per Ret        | 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       | 7,826,944.           |
| 2        | Amou        | ints included on line 1 but not on Form 990, Part VIII, line 12:  |               |                        |         |                      |
| а        | Net u       | nrealized gains (losses) on investments   | 2a            | -29,213.               |         |                      |
| b        |             | ted services and use of facilities  | 2b            | -29,213.<br>73,031.    |         |                      |
| С        |             | veries of prior year grants   | 2c            |                        |         |                      |
| d        |             | (Describe in Part XIII.)  | 2d            |                        |         |                      |
| е        | Add li      | nes <b>2a</b> through <b>2d</b>   |               |                        | 2e      | 43,818.              |
| 3        | Subtra      | act line 2e from line 1   |               |                        | 3       | 7,783,126.           |
| 4        | Amou        | ints included on Form 990, Part VIII, line 12, but not on line 1:   |               |                        |         |                      |
| а        |             | tment expenses not included on Form 990, Part VIII, line 7b   | 4a            | 2,888.                 |         |                      |
| b        |             | (Describe in Part XIII.)  | 4b            | 2,888.<br>-483,213.    |         |                      |
| С        |             | ines <b>4a</b> and <b>4b</b>  |               |                        | 4c      | -480,325.            |
| 5        |             | revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)   |               | V V                    | 5       | 7,302,801.           |
| _        | rt XII      | Reconciliation of Expenses per Audited Financial Statemen   | ts Witl       | n Expenses per R       | eturr   |                      |
|          |             | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |               |                        |         |                      |
| 1        | Total       | expenses and losses per audited financial statements  |               |                        | 1       | 8,799,356.           |
| 2        |             | ints included on line 1 but not on Form 990, Part IX, line 25:  |               |                        |         | .,,                  |
| a        |             | ted services and use of facilities  | 2a            | 73,031.                |         |                      |
| b        |             | year adjustments  | 2b            | 7,002                  |         |                      |
| C        |             |   | 2c            |                        |         |                      |
| d        |             | (Describe in Part XIII.)  | 2d            | 483,213.               |         |                      |
|          |             |   |               | 103/2131               | 2e      | 556,244.             |
| 3        |             |   |               |                        | 3       | 8,243,112.           |
| 4        |             | act line <b>2e</b> from line <b>1</b> Ints included on Form 990, Part IX, line 25, but not on line 1:   |               |                        |         | 0,245,112.           |
| 4        |             | tment expenses not included on Form 990, Part VIII, line 7b   | 4a            | 2,888.                 |         |                      |
| a        |             |   | 4a<br>4b      | 2,000.                 |         |                      |
| b        |             | (Describe in Part XIII.)  |               |                        | 4-      | 2,888.               |
|          |             | ines 4a and 4b  |               |                        | 4c<br>5 | 8,246,000.           |
| 5<br>Pai | rt XIII     | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)    Supplemental Information  |               |                        | 3       | 0,240,000            |
|          |             | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV   | lines 1h      | and the Dort Viling 4: | Dort \  | / line 2: Dort VI    |
|          |             | descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Part IV<br>I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition |               |                        | rait /  | N, IIIIe Z, Fait XI, |
| 111163   | Zu and      | a 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition  | niai ii ii oi | mation.                |         |                      |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
| DΔT      | א שמ        | I, LINE 4B - OTHER ADJUSTMENTS:   |               |                        |         |                      |
| LAI      | (1 V        | I, DINE 4D - OTHER ADOUGHMENTS.   |               |                        |         |                      |
| דדח      | o ⋤∕⊤⊓      | FUNDRAISING EXPENSES  |               |                        |         | -483,213.            |
| <u> </u> | (ECI        | TONDRAIDING EXIENSES  |               |                        |         | 403,213.             |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
| ם אם     | от <b>v</b> | II, LINE 2D - OTHER ADJUSTMENTS:  |               |                        |         |                      |
| PAF      | (1 V        | II, LINE 2D - OTHER ADJUSTMENTS:  |               |                        |         |                      |
| птт      | n com       | PUNDO A COMO EXDENCEO   |               |                        |         | 102 212              |
| DTF      | KECT        | FUNDRAISING EXPENSES  |               |                        |         | 483,213.             |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
| ) `      |             |   |               |                        |         |                      |
| 7        |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |
|          |             |   |               |                        |         |                      |

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023** 

Open to Public Inspection

| Name of the organization  A KID A   | GAIN, INC.   |   |   | 31-1440  | entification number                                     |
|---|--|---|---|--|---|
|   | Complete if the organization answer  | ered "Yes" or   | n Form 990. Part IV. li   |  |   |
| required to complete this part  | t.   | 0.00 .00 0.   |   |  | . Illere die ille                                       |
| <ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul> | ed funds through any of the following set of the solicitate of the | ation of non-g<br>ation of gover<br>I fundraising<br>I (including of<br>professional fi | povernment grants<br>rnment grants<br>events<br>fficers, directors, trust<br>undraising services? | Yes  |   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity  | (iii) Did<br>fundraiser<br>have custody<br>or control of<br>contributions?              | (iv) Gross receipts from activity   | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |  | Yes No  |   |  |   |
|   |  | C   |   |  |   |
|   |  |   |   |  |   |
|   |  |   |   |  |   |
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|   | .60  |   |   |  |   |
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|   |  |   |   |  |   |
|   |  |   |   |  |   |
| Total   |  |   |   |  |   |
| List all states in which the organizatio or licensing.  | n is registered or licensed to solicit   | contributions   | or has been notified  | it is exempt from re   | gistration  |
|   |  |   |   |  |   |
|   |  |   |   |  |   |
|   |  |   |   |  |   |
|   |  |   |   |  |   |
|   |  |   |   |  |   |
|   |  |   |   |  |   |
| For Paperwork Reduction Act Notice, se  | ee the Instructions for Form 990 or  | · 990-EZ.   |   | Schedule   | e G (Form 990) 2023                                     |

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. |  |                |             |               |                |             |                         |                  |                 |
|--|---|--|----------------|-------------|---------------|----------------|-------------|-------------------------|------------------|-----------------|
|  |   |  | (a) Eve        | ent #1      | (b) Eve       | ent #2         | (c) Othe    | r events                | (d) Total        | events          |
|  |   |  | ADVENT         | JRES        |               |                |             |                         | (add col. (a)    |                 |
|  |   |  | ON THE         | HORIZ       | FALL G.       | ALA            |             | 12                      | col. (a          |                 |
| a)   |   |  | (event         | type)       | (event        | type)          | (total n    | umber)                  | COI. (           | CJ)             |
| Revenue  |   |  |                |             |               |                |             |                         |                  |                 |
| eve  | 1   | Gross receipts   | 310            | 0,277.      | 30            | 3,747.         | 94          | 4,243.                  | 1,558            | ,267.           |
| ш  |   |  |                |             |               |                |             |                         |                  |                 |
|  | 2   | Less: Contributions  | 289            | 9,111.      | 25            | 3,133.         | 54          | 8,930.                  | 1,091            | .,174.          |
|  |   |  |                |             |               |                |             |                         |                  |                 |
|  | 3   | Gross income (line 1 minus line 2)   | 2:             | 1,166.      | 5             | 0,614.         | 39          | <u>5,313.</u>           | 467              | ,093.           |
|  |   |  |                |             |               |                |             |                         |                  |                 |
|  | 4   | Cash prizes  |                |             |               |                |             |                         |                  |                 |
|  |   |  |                |             |               |                |             |                         |                  | -4-             |
|  | 5   | Noncash prizes   | -              | 2,381.      |               | <u>7,290.</u>  |             | 3,844.                  | 13               | ,515.           |
| Direct Expenses  |   |  |                | 1 400       |               | 0 500          | 10          | 0 846                   | 1.50             | 0.41            |
| pen  | 6   | Rent/facility costs  | <u> </u>       | 1,406.      |               | <u>2,789.</u>  | 12          | 9,746.                  | 153              | ,941.           |
| EX   |   |  | 1              | 450         | _             | 0 743          | 1.2         | 2 011                   | 170              | 004             |
| ect  | 7   | Food and beverages   | 10             | 5,450.      | 2             | 0,743.         | 13          | 2,811.                  | 170              | ,004.           |
| Ē  |   |  |                |             | ,             | 0 745          | 2           | 4 401                   |                  | 226             |
|  |   | Entertainment  |                | 5,479.      |               | 0,745.         |             | <u>4,481.</u><br>0,459. |                  | ,226.           |
|  |   | Other direct expenses  |                | •           |               | 3,589.         |             |                         |                  | ,527.           |
|  |   | Direct expense summary. Add lines 4 through  |                | . ,         |               |                |             |                         |                  | $\frac{1}{120}$ |
| Pa   | rt I  | Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a |                |             | 000 Part IV   |                |             |                         |                  | ,120.           |
|  |   | \$15,000 on Form 990-EZ, line 6a.  | answered re    | 55 OITFOILI | 1990, Fait IV | , 11116 19, 01 | reported mo | ie iliali               |                  |                 |
|  |   | \$10,000 0111 01111 000 EE, 11110 00.  |                |             | (b) Pull ta   | hs/instant     |             |                         | (d) Total gar    | ming (add       |
| ine  |   |  | (a) Bi         | ngo         | bingo/progre  |                | (c) Other   | gaming                  | col. (a) through |                 |
| Revenue  |   |  |                |             |               |                |             |                         |                  |                 |
| Re   | 1   | Gross revenue  |                |             |               |                |             |                         |                  |                 |
|  |   | aross revenue  |                |             |               |                |             |                         |                  |                 |
|  | 2   | Cash prizes  |                |             |               |                |             |                         |                  |                 |
| Direct Expenses  |   |  |                |             |               |                |             |                         |                  |                 |
| per  | 3   | Noncash prizes   |                |             |               |                |             |                         |                  |                 |
| t<br>Ex  |   |  |                |             |               |                |             |                         |                  |                 |
| rec.   | 4   | Rent/facility costs  |                |             |               |                |             |                         |                  |                 |
| Ö  |   |  |                |             |               |                |             |                         |                  |                 |
|  | 5   | Other direct expenses  |                |             |               |                |             |                         |                  |                 |
|  |   |  | Yes            | %           | Yes_          | %              | Yes         | %                       |                  |                 |
|  | 6   | Volunteer labor  | No No          |             | No No         |                | No No       |                         |                  |                 |
|  |   |  |                |             |               |                |             |                         |                  |                 |
|  | 7   | Direct expense summary. Add lines 2 through  | n 5 in column  | (d)         |               |                |             |                         |                  |                 |
|  |   |  |                |             |               |                |             |                         |                  |                 |
|  | 8   | Net gaming income summary. Subtract line 7   | from line 1, o | column (d)  |               |                |             |                         |                  |                 |
| _  |   |  |                |             |               |                |             |                         |                  |                 |
|  | -   | ter the state(s) in which the organization condu   |                |             |               |                |             |                         |                  |                 |
| a Is the organization licensed to conduct gaming activities in each of these states? |   |  |                |             |               |                | No          |                         |                  |                 |
| <b>b</b> If "No," explain:   |   |  |                |             |               |                |             |                         |                  |                 |
|  |   |  |                |             |               |                |             |                         |                  |                 |
| 10a  | We  | ere any of the organization's gaming licenses re   | woked ellen    | ended or to | rminated du   | ring the tay y | /ear?       |                         | Yes              | No              |
|  |   | Yes," explain:   |                |             |               |                | , our :     |                         | 163              | 140             |
| • "  |   | . 55, 53, 63, 63, 63, 63, 63, 63, 63, 63, 63, 6  |                |             |               |                |             |                         |                  |                 |
|  |   |  |                |             |               |                |             |                         |                  |                 |
|  |   |  |                |             |               |                |             |                         |                  |                 |

Schedule G (Form 990) 2023

332082 09-13-23

| Sch | edule G (Form 990) 2023 A KID AGAIN, INC. 51   | -14400/3           | Page 3   |
|-----|--|--------------------|----------|
| 11  | Does the organization conduct gaming activities with nonmembers?   | Yes                | ☐ No     |
| 12  | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed      |                    |          |
|     | to administer charitable gaming?   | Yes                | ☐ No     |
| 13  | Indicate the percentage of gaming activity conducted in:   |                    |          |
| а   | The organization's facility  | . 13a              | %        |
|     | An outside facility  |                    | %        |
|     | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |                    |          |
|     | Name   |                    |          |
|     | Address  |                    |          |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               | Yes                | ☐ No     |
| b   | If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount                                |                    |          |
|     | of gaming revenue retained by the third party \$   |                    |          |
| С   | If "Yes," enter name and address of the third party:   |                    |          |
|     | Name   |                    |          |
|     |  |                    |          |
|     | Address  |                    |          |
| 16  | Gaming manager information:  |                    |          |
|     | Name   |                    |          |
|     | Gaming manager compensation \$   |                    |          |
|     | Description of services provided   |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     | Director/officer Employee Independent contractor   |                    |          |
| 17  | Mandatory distributions:   |                    |          |
|     | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |                    |          |
|     | retain the state gaming license?   | Yes                | ☐ No     |
| b   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |                    |          |
|     | organization's own exempt activities during the tax year \$  |                    |          |
| Pa  | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and I         | Part III, lines 9, | 9b, 10b, |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |
|     |  |                    |          |

Schedule G (Form 990)

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

Name of the organization

A KID AGAIN, INC.

Employer identification number

31-1440073

| Pa         | art I Questions Regarding Compensation  |    | )   |    |  |  |  |  |
|------------|---|----|-----|----|--|--|--|--|
|            |   |    | Yes | No |  |  |  |  |
| <b>1</b> a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,  |    |     |    |  |  |  |  |
|            | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  |    |     |    |  |  |  |  |
|            | First-class or charter travel Housing allowance or residence for personal use   |    |     |    |  |  |  |  |
|            | Travel for companions Payments for business use of personal residence   |    |     |    |  |  |  |  |
|            | Tax indemnification and gross-up payments  Health or social club dues or initiation fees  |    |     |    |  |  |  |  |
|            | Discretionary spending account  Personal services (such as maid, chauffeur, chef)   |    |     |    |  |  |  |  |
|            |   |    |     |    |  |  |  |  |
| b          | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   |    |     |    |  |  |  |  |
|            | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  | 1b |     |    |  |  |  |  |
| 2          | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |    |     |    |  |  |  |  |
|            | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   | 2  |     |    |  |  |  |  |
|            |   |    |     |    |  |  |  |  |
| 3          | Indicate which, if any, of the following the organization used to establish the compensation of the organization's  |    |     |    |  |  |  |  |
|            | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  |    |     |    |  |  |  |  |
|            | establish compensation of the CEO/Executive Director, but explain in Part III.  |    |     |    |  |  |  |  |
|            | Compensation committee Written employment contract  |    |     |    |  |  |  |  |
|            | Independent compensation consultant Compensation survey or study  |    |     |    |  |  |  |  |
|            | Form 990 of other organizations  X Approval by the board or compensation committee  |    |     |    |  |  |  |  |
|            |   |    |     |    |  |  |  |  |
| 4          | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |    |     |    |  |  |  |  |
|            | organization or a related organization:   |    |     |    |  |  |  |  |
| а          | Receive a severance payment or change-of-control payment?   | 4a |     | X  |  |  |  |  |
| b          | Participate in or receive payment from a supplemental nonqualified retirement plan?   |    |     |    |  |  |  |  |
| С          |   |    |     |    |  |  |  |  |
|            | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |    |     |    |  |  |  |  |
|            |   |    |     |    |  |  |  |  |
|            | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |    |     |    |  |  |  |  |
| 5          |   |    |     |    |  |  |  |  |
|            | contingent on the revenues of:  | 5a |     | Х  |  |  |  |  |
| a          | The organization?   |    |     |    |  |  |  |  |
| b          | Any related organization?   |    |     |    |  |  |  |  |
| _          | If "Yes" on line 5a or 5b, describe in Part III.  |    |     |    |  |  |  |  |
| 6          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |    |     |    |  |  |  |  |
|            | contingent on the net earnings of:  | 0- |     | v  |  |  |  |  |
|            | The organization?   | 6a |     | X  |  |  |  |  |
| a          | Any related organization?   | 6b |     | _^ |  |  |  |  |
| 7          | If "Yes" on line 6a or 6b, describe in Part III.  |    |     |    |  |  |  |  |
| 7          | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  |    |     |    |  |  |  |  |
| 8          | not described on lines 5 and 6? If "Yes," describe in Part III  | 7  |     | X  |  |  |  |  |
|            | 1 1 1 1 1 1 D 1 1 1 D 1 1 D 1 1 D 1 D 1   | 8  |     | x  |  |  |  |  |
| 9          | Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in |    |     |    |  |  |  |  |
| 2          | Regulations section 53.4958-6(c)?   | 9  |     |    |  |  |  |  |
|            |   |    |     |    |  |  |  |  |

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

|                         | (B) Breakdown of V       | V-2 and/or 1099-MISe<br>compensation | C and/or 1099-NEC                   | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |    |
|-------------------------|--------------------------|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|----|
| (A) Name and Title      | (i) Base<br>compensation | (ii) Bonus & incentive compensation  | (iii) Other reportable compensation | compensation                      |                         |                                    | reported as deferred<br>on prior Form 990 |    |
| (1) MEGAN KOESTER       | (i)                      | 209,015.                             | 0.                                  | 0.                                | 6,431.                  | 0.                                 | 215,446.                                  | 0. |
| PRESIDENT & C.E.O.      | (ii)                     | 0.                                   | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  | 0. |
| (2) JENNIFER KOMA       | (i)                      | 203,007.                             | 0.                                  | 0.                                | 8,336.                  | 0.                                 | 211,343.                                  | 0. |
| CHIEF OPERATING OFFICER | (ii)                     | 0.                                   | 0.                                  | 0.                                | 0.                      | 0.                                 | 0.  | 0. |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
| •                       | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (i)                      |                                      |                                     |                                   |                         |                                    |   |    |
|                         | (ii)                     |                                      |                                     |                                   |                         | 1                                  | 1   | l  |

| Part III Supplemental Information  |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

A KID AGAIN, INC.

Inspection Employer identification number 31-1440073

| Par             | rt I Types of Property   |                               |   |   |  |     |     |
|-----------------|--|-------------------------------|---|---|--|-----|-----|
|                 |  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of deter<br>noncash contribution |     | s   |
| 1               | Art - Works of art   |                               |   |   |  |     |     |
| 2               | Art - Historical treasures                                       |                               |   |   |  |     |     |
| 3               | Art - Fractional interests                                       |                               |   |   |  |     |     |
| 4               | Books and publications   |                               |   |   |  |     |     |
| 5               | Clothing and household goods                                     |                               |   |   |  |     |     |
| 6               | Cars and other vehicles  |                               |   |   |  |     |     |
| 7               | Boats and planes   |                               |   |   |  |     |     |
| 8               | Intellectual property  |                               |   |   |  |     |     |
| 9               | Securities - Publicly traded                                     |                               |   |   |  |     |     |
| 10              | Securities - Closely held stock                                  |                               |   |   |  |     |     |
| 11              | Securities - Partnership, LLC, or                                |                               |   |   |  |     |     |
|                 | trust interests  |                               |   |   |  |     |     |
| 12              | Securities - Miscellaneous                                       |                               |   |   |  |     |     |
| 13              | Qualified conservation contribution -                            |                               |   |   |  |     |     |
|                 | Historic structures  |                               |   |   |  |     |     |
| 14              | Qualified conservation contribution - Other                      |                               |   |   |  |     |     |
| 15              | Real estate - Residential  |                               |   |   |  |     |     |
| 16              | Real estate - Commercial   |                               |   |   |  |     |     |
| 17              | Real estate - Other  |                               |   |   |  |     |     |
| 18              | Collectibles   |                               |   |   |  |     |     |
| 19              | Food inventory   |                               |   |   |  |     |     |
| 20              | Drugs and medical supplies                                       |                               |   |   |  |     |     |
| 21              | Taxidermy  |                               |   |   |  |     |     |
| 22              | Historical artifacts   |                               |   |   |  |     |     |
| 23              | Scientific specimens   |                               |   |   |  |     |     |
| 24              | Archeological artifacts  | 37                            | 221   | 2 060 606   |  |     |     |
| 25              | Other (ADVENTURE EXPER)  | X                             | 221   | 2,868,686.  |  |     |     |
| 26              | Other ()   |                               |   |   |  |     |     |
| 27              | Other (  |                               |   |   |  |     |     |
| <u>28</u><br>29 | Other ( )  <br>Number of Forms 8283 received by the organization | otion during                  | the tax year for a  | antributions  |  |     |     |
| 29              | for which the organization completed Form 828                    | -                             | •   |   |  |     |     |
|                 | for which the organization completed Form 828                    | o, rait v, d                  | onee Acknowledge  | ement 29  |  | Yes | No  |
| 30a             | During the year, did the organization receive by                 | contributio                   | n any property rep  | orted in Part I lines 1 throug  | sh 28 that it                                  | 163 | 140 |
| ooa             | must hold for at least 3 years from the date of the              |                               |   |   |  |     |     |
|                 | exempt purposes for the entire holding period?                   |                               |   | orrior required to be doed  | l .  | 80a | х   |
| b               | If "Yes," describe the arrangement in Part II.                   |                               |   |   |  |     |     |
| 31              | Does the organization have a gift acceptance po                  | olicy that re                 | quires the review o                                       | of any nonstandard contribut  | tions?   | 31  | х   |
|                 | Does the organization hire or use third parties o                |                               |   |   |  |     |     |
|                 | contributions?   |                               |   |   | з  | 2a  | Х   |
| b               | If "Yes," describe in Part II.                                   |                               |   |   |  |     |     |
| 33              | If the organization didn't report an amount in co                | olumn (c) for                 | a type of property  | for which column (a) is ched  | cked,  |     |     |
|                 | describe in Part II.   |                               |   |   |  |     |     |
|                 |  |                               |   |   |  |     |     |

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

## **SCHEDULE 0** (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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

31-1440073 A KID AGAIN, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THREATENING CONDITIONS. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW, COMMENT APPROVAL BEFORE THE 990 IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE REQUIRED TO ANNUALLY COMPLETE THE CONFLICT OF INTEREST DISCLOSURE AND AFFIRMATION FORM. WHENEVER AN OFFICER/DIRECTOR HAD FINANCIAL OR PERSONAL INTEREST IN ANY MATTER COMING BEFORE THE BOARD, AFFECTED PERSON SHALL (A) FULLY DISCLOSE THE NATURE OF THE INTEREST AND LOBBYING AND VOTING ON THE MATTER. WITHDRAW FROM DISCUSSION, FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS THE COMPENSATION PACKAGE ON AN ANNUAL BASIS. PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS FOR A KID AGAIN ARE DISPLAYED ON THEIR WEBSITE. THE GOVERNING DOCUMENTS AND POLICIES OF THE ORGANIZATION ARE AVAILABLE TO PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

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

Schedule O (Form 990) 2023