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

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

OMB No. 1545-0047

Department of the Treasury

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

2024 A For the 2023 calendar year, or tax year beginning SEP 2023 and ending AUG Check if applicable: C Name of organization D Employer identification number Address change DRUMM CENTER FOR CHILDREN, INC. Name change 44-0569643 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 3210 LEES SUMMIT ROAD (816)373-34343,204,626. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 64055 INDEPENDENCE, MO H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JAMES B. SMITH for subordinates? Yes X No 3210 LEES SUMMIT ROAD, INDEPENDENCE, MO 640 **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or [527 If "No," attach a list. See instructions J Website: DRUMMFORKIDS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other Year of formation: 1919 M State of legal domicile: MO Trust Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE STABLE, NURTURING Activities & Governance ENVIRONMENT FOR CHILDREN IN FOSTER CARE. KEEP SIBLINGS TOGETHER 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 3 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 63 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,562,123. 1,437,222. Contributions and grants (Part VIII, line 1h) 8 141,740. 174,398. Program service revenue (Part VIII, line 2g) -120,189.1,193,401. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 690,921. 288,732. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 3,274,595. 3,093,753. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,786,011. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,584,301. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,719,592. 1,888,901. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,303,893. 3,674,912. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -29,298. -581,159. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 21,101,929. 20,111,212 Total assets (Part X, line 16) 1,799,095. 1,321,175 21 Total liabilities (Part X, line 26) 三年 302,834. 18,790,037 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 JAMES B. SMITH, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 04/15/25 P01326474 JONATHAN MCKINZIE Paid self-employed EMERICK AND COMPANY PC Firm's EIN Preparer Firm's name Firm's address 4520 MADISON AVE, STE G Use Only Phone no. (816) 531-2822 KANSAS CITY, MO 64111

X Yes

Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			\ 3 7
	If "Yes," complete Schedule D, Part IV	9		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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		 ₩
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	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			
	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			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
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	051		x
00	Schedule L, Part I	25b		<u>├</u> ^
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>├</u> ^
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	0.7		X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\stackrel{\triangle}{\vdash}$
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	200		X
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
31		31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		1
J-7	Part V. line 1	34	х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	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?	000		
00	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			
٥.	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?	<u> </u>		<u> </u>
		38	х	
Pai		, 50		
	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 51			
b		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

Form 990 (2023) DRUMM CENTER FOR CHILDREN, INC.

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

					Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	63				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х		
За	5.11			За		Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).				
5a	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	ction?		5b		Х	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit				
	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 contribution	ons o	r gifts				
	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired				
	to file Form 8282?	 I		7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:t?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h			
h	, , , , , , , , , , , , , , , , , , , ,						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by tr	e				
_				8			
9	Sponsoring organizations maintaining donor advised funds.			0-			
a b	Did the constraint and in the contract of the			9a 9b			
10	Section 501(c)(7) organizations. Enter:			อม			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						

Form **990** (2023) 332005 12-21-23

DRUMM CENTER FOR CHILDREN, INC. 44-0569643 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 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? Did the organization have members or stockholders? 6 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: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 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 Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 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 Another's website X Upon request Own 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

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State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

JAMES B. SMITH - (816)373-3434

3210 LEES SUMMIT ROAD, INDEPENDENCE, MO

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 trustee.

- 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)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than i	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		Cei aii	uau	liecto	l / li us	lee)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	nd mo		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	indi	Insti	Officer	Key	High	Former			
(1) JAMES B. SMITH	40.00									
EXECUTIVE DIRECTOR				Х				117,806.	0.	34,501.
(2) DANICA FUIMAONO	1.50									
DIRECTOR		Х						0.	0.	0.
(3) CLIFFORD MOHN	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(4) ALAN MOORE	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(5) BRUCE KUSMIN	1.50									
DIRECTOR		Х						0.	0.	0.
(6) LARRY BLICK	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(7) SPENCER WEBSTER	1.50									_
DIRECTOR		Х						0.	0.	0.
(8) SHAQUAN CARTER	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(9) ANTHONY VAUGHN	1.50									_
DIRECTOR		Х						0.	0.	0.
(10) PAUL ANDERSON	1.50									_
BOARD CHAIR		Х		Х				0.	0.	0.
(11) JAKE LOVELESS	1.50									_
VICE CHAIR		Х		Х				0.	0.	0.
(12) KRISTINE ZERR	1.50									
TREASURER		Х		Х				0.	0.	0.
(13) GWENDOLYN HAWKS-BLUE	1.50									
SECRETARY		Х		Х				0.	0.	0.
						_				
					_		<u> </u>			
					_	_				
	<u> </u>				<u> </u>					000

Form 990 (2023)

Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(0				(D)	(E)		(F)	
	Name and title	Average	(do		Posi		າ than d	one	Reportable	Reportable		Estima	ited
		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	۱	amoun	nt of
		week		cer an	d a di	irecto	r/trus	tee)	from	from related		othe	er
		(list any	ector						the	organizations		compens	sation
		hours for	or dir	a.			ted		organization	(W-2/1099-MIS	C/	from t	the
		related	stee	ruste			bens		(W-2/1099-MISC/	1099-NEC)		organiz	
		organizations below	al tru	onal t		loye	E S		1099-NEC)			and rela	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	itions
		11110)	١	Ë	10 f	A.	로 등	요					
							_						
			•										
			-										
									117 006		$\overline{}$	24 1	- 0 1
1b	Subtotal								117,806.		0.	34,	501.
	Total from continuation sheets to Part VI								0.		0.	24 1	0.
<u>d</u>	Total (add lines 1b and 1c)								117,806.		0.	34,	501.
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			4
	compensation from the organization											1	 1
												Yes	No No
3	Did the organization list any former officer,	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
	line 1a? If "Yes," complete Schedule J for se	uch individual										3	X
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	X
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	oers	on .					5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensat	ion from	
	the organization. Report compensation for t	· ·	-							•			
	(A)				<u> </u>				(B)			(C)	
	Name and business	address	NO	ONE	C				Description of s	ervices	С	ompensati	ion
								1					
								\dashv					
								\dashv					
								\dashv					
2	Total number of independent contractors (in	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			

Form **990** (2023)

Form 990 (2023) DRUMM C
Part VIII Statement of Revenue

		Check if Schedule O contains a	a response (or note to anv lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts								
ij d		Membership dues		219,129.				
fts,		Fundraising events		213,123.				
ig di		Related organizations		596,319.				
ns,		Government grants (contributions)	1e	390,319.				
er i	1	All other contributions, gifts, grants, an		601 774				
듗뙲		similar amounts not included above		621,774.				
d d	•	Noncash contributions included in lines 1a-1f	1g \$	101,897.	4 40= 000			
<u>0 g</u>	ŀ	Total. Add lines 1a-1f		I	1,437,222.			
				Business Code				
9	2 8	RENTAL INCOME - TENANTS		531110	124,894.	,		
e Š	k	FARM INCOME		110000	49,504.	49,504.		
Sen	(÷						
am eve	(d						
Program Service Revenue	•	•						
P	f	All other program service revenue						
	ç	Total. Add lines 2a-2f			174,398.			
	3	Investment income (including divid						
					240,697.			240,697.
	4	Income from investment of tax-exe						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	a Gross rents 6a	261,165.					
		Less: rental expenses 6b	26,229.					
		Rental income or (loss) 6c	234,936.					
		d Net rental income or (loss)	, -		234,936.			234,936.
		` '	Securities	(ii) Other				
	, ,	assets other than inventory 7a	905,704.	53,353.				
		Less: cost or other basis	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32,2321				
a			0.	6,353.				
ğ		and sales expenses 7b Gain or (loss) 7c	905,704.					
eve		. ,	-		952,704.			952,704.
her Revenue		Net gain or (loss)			332,704.			332,704.
	8 8	Gross income from fundraising events	I					
Ò		including \$ 219,129	_					
		contributions reported on line 1c).	I .	104 004				
		Part IV, line 18		104,024.				
		Less: direct expenses		78,291.	05 =00			05.500
		Net income or (loss) from fundraising		I	25,733.			25,733.
	9 a	a Gross income from gaming activities	I					
		Part IV, line 19						
		Less: direct expenses						
	(Net income or (loss) from gaming a	ctivities					
	10 a	a Gross sales of inventory, less return	ns					
		and allowances	10a					
	k	Less: cost of goods sold	10b					
	(Net income or (loss) from sales of in	nventory					
_ω				Business Code				
ő e	11 a	OTHER REVENUE		900001	28,063.	28,063.		
ane	k)						
Miscellaneous Revenue	c	·						
lisc B	(All other revenue	_ 					
2	6	Total. Add lines 11a-11d			28,063.			
	12	Total revenue. See instructions			3,093,753.	202,461.	0.	1454070.

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 (**D**) Fundraising (C) Management and general expenses 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 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, 38,601. 191,880. 71,319. 81,960. 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) 1,257,154. 921,691. 267,903. 67,560. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 135,265. 216,182. 54,663. 26,254. Other employee benefits 9 120,795. 80,169. 28,219. 12,407. 10 Payroll taxes Fees for services (nonemployees): Management 5,676. 5,676. Legal 21,337. 21,337. Accounting Lobbying Professional fundraising services. See Part IV, line 17 23,135. 23,135. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 72,471. 72,471. Advertising and promotion 12 47,761. 47,761. Office expenses 13 14,554. 14,554. Information technology 14 15 Royalties 583,569. 525,212. 46,686. 11,671. 16 Occupancy 5,289. 5,289. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 21,096. 21,096. 20 Payments to affiliates 21 529,698. 476,728. 42,376. 10,594. Depreciation, depletion, and amortization 22 146,761. 132,085. 11,741. 23 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.) 94,594. 94,594. COMPASS EXTRA CURRICULAR 73,736. 73,736. 69,452. 69,452. EDUCATIONAL PROGRAM EXP 46,293. 46,293. d FARM SUPPLIES 133,479.126,648. 6,831. e All other expenses 3,674,912. 2,740,317. 648,743. 285,852. Total functional expenses. Add lines 1 through 24e 25 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)

Par	<u>t X</u>	Balance Sheet				
		Check if Schedule O contains a response or note to any line	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		166,075.	1	40,593.
	2	Savings and temporary cash investments		338,217.	2	
	3	Pledges and grants receivable, net		962,168.	3	808,100.
	4	Accounts receivable, net		274.	4	
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contri	butor, 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 4	1958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges		37,132.	9	47,501.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 1	6,143,649.	11 11 - 11		11 122 1-2
	b	Less: accumulated depreciation 10b	5,005,476.	11,417,282.	10c	11,138,173.
	11	Investments - publicly traded securities		7,744,940.	11	7,541,222.
	12	Investments - other securities. See Part IV, line 11		112,749.	12	113,954.
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	202 000	14	401 660	
	15	Other assets. See Part IV, line 11		323,092.	15	421,669.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		21,101,929.	16	20,111,212.
	17	Accounts payable and accrued expenses		175,228.	17	225,821.
	18	Grants payable		463,103.	18	439,234.
	19	Deferred revenue	403,103.	19	433,234.	
	20	Tax-exempt bond liabilities			20	
	21 22	Escrow or custodial account liability. Complete Part IV of So			21	
Liabilities	22	Loans and other payables to any current or former officer, d trustee, key employee, creator or founder, substantial contri				
<u>ii</u>		controlled entity or family member of any of these persons			22	
Lia	23	Secured mortgages and notes payable to unrelated third pa	tios	837,672.	23	234,451.
	24	Unsecured notes and loans payable to unrelated third partie		031,012.	24	231,131.
	25	Other liabilities (including federal income tax, payables to rel				
	20	parties, and other liabilities not included on lines 17-24). Cor				
		of Schedule D	·	323,092.	25	421,669.
	26	Total liabilities. Add lines 17 through 25		1,799,095.	26	1,321,175.
		Organizations that follow FASB ASC 958, check here	X			
es		and complete lines 27, 28, 32, and 33.	_			
auc	27	Net assets without donor restrictions		13,060,897.	27	12,740,347.
Bal	28	Net assets with donor restrictions		6,241,937.	28	6,049,690.
pu		Organizations that do not follow FASB ASC 958, check h				
교		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fur			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or oth			31	
Net	32	Total net assets or fund balances		19,302,834.	32	18,790,037.
	33	Total liabilities and net assets/fund balances		21,101,929.	33	20,111,212.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				12.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>59.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,	<u> 302</u>	, 83	3 4.
5	Net unrealized gains (losses) on investments	5				89.
6	Donated services and use of facilities	6		58	, 5	73.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18,	790	, 03	<u>37.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		
			_	,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule 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?		L	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	orm	990 ((2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DRUMM CENTER FOR CHILDREN, INC.

Employer identification number

				OK CHILDKEN,				4-0309043
Pa	rt I	Reason for Public C	Charity Status. ((All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)		
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	Ħ	A medical research organiza					•	the hospital's name.
•	ш	city, and state:	ation operated in cor	ijanotion with a noopital	accombca	000110	170(b)(1)(A)(iii). Einoi	the neepital e name,
5		An organization operated for	or the benefit of a col	lege or university owner	d or operat	ed by a go	vernmental unit describe	ed in
3				lege of difficulty owner	or operat	cd by a gc	Werrimental unit describe	SG III
_		section 170(b)(1)(A)(iv). (C				-04 1/41/41	<i>(</i>)	
6		A federal, state, or local gov	-					
7	X	An organization that normal	•	ntial part of its support f	rom a gove	ernmental	unit or from the general i	public described in
		section 170(b)(1)(A)(vi). (Co						
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of the college	or
		university:						
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor				•	, ,	
11		An organization organized a	•	velv to test for public sa	fetv. See	section 50	09(a)(4).	
12	一	An organization organized a	•	•	•			purposes of one or
-		more publicly supported org	•	•	-		•	
		lines 12a through 12d that	-					SHOOK THE BOX OH
_		Type I. A supporting orga	* *					airina
а			· · · · · · · · · · · · · · · · · · ·		•	-		
		the supported organization	· · · · · ·		i majority d	i trie direc	ctors or trustees of the st	apporting
		organization. You must c						
b		Type II. A supporting orga						-
		control or management of			ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	veness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	r the number of supported o	organizations					
g	Prov	ride the following information	about the supported	d organization(s).				
	() Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
•								

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1526054.	2439683.	2865543.	2562123.	1437222.	10830625.	
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	1526054.	2439683.	2865543.	2562123.	1437222.	10830625.	
Ŭ	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,							
							2115120.	
_	· · · · · · · · · · · · · · · · · · ·						8715505.	
	Public support. Subtract line 5 from line 4.						0713303.	
		(=) 2010	(h) 2020	(a) 0001	(4) 2022	(a) 2022	(f) Total	
	ndar year (or fiscal year beginning in)	(a) 2019 1526054.	(b) 2020 2439683.	(c) 2021 2865543.	(d) 2022 2562123.	(e) 2023 1 4 3 7 2 2 2	(f) Total 10830625.	
	Amounts from line 4	1320034.	2433003.	2003343.	2302123.	143/222	10030023.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	F4F 200	465 250	F00 410	252 520	F01 0C0	2267261	
	and income from similar sources	545,309.	465,258.	502,412.	252,520.	5U1,86∠.	2267361.	
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			444 44-				
	assets (Explain in Part VI.)	70,543.	320,830.	101,025.	184,354.		704,815.	
11	Total support. Add lines 7 through 10						13802801.	
	Gross receipts from related activities,	•	,			12	316,138.	
13	First 5 years. If the Form 990 is for the							
_	organization, check this box and stop							
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, c	olumn (f))		14	63.14 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	62.16 %	
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	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	-	•	• • •	-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circu				-			
18	Private foundation. If the organization							
				,,	,		(Form 990) 2023	

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

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

Calendar year (or fiscal year beginning in) 1 Giffs, grants, contributions, and membership fees received. (On not include any "unusual grants.") 2 Gross necepts from admissions, more more of the company of the comp	Section A. Public Support	now, please comp	Diete Fart II.)				
1 Gills, grants, contributions, and membership teer received. (Do not include any "unusual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose incess under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the organization without change of the organization of the organization without change of the organization organization of the organization organization organization organ	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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3a		
3b		
35		
3с		
4a		
4b		
-1.5		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	ı		
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 installation)	struction	<u>s).</u>	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
	that ti	hese activities constituted substantially all of its activities.	2a		
b	Did th	he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	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	Parer	nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	he 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.

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

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.

2023
Open to Public Inspection

Name of the organization

DRUMM CENTER FOR CHILDREN, INC.

Employer identification number 44-0569643

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds 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		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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Schedule D (Form 990) 2023

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

g	End of year balance		7,541,222.	
2	Provide the estimated per	rent year end balanc	e (lin	
а	Board designated or quas	43.0000	%	
b	Permanent endowment	57.0000	_%	
С	Term endowment		%	
	The percentages on lines:	2a 2b and 2c sho	uld equal 100%.	

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? (ii) Related organizations? **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment

Schedule D (Form 990) 2023

h

С

Part IV

collection items (check all that apply).

Preservation for future generations

Public exhibition

Scholarly research

Distributions during the year

1a Beginning of year balance

Other expenditures for facilities

Contributions

Net investment earnings, gains, and losses Grants or scholarships

and programs

Administrative expenses

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a	Land		605,734.		605,734.			
b	Buildings		14,808,293.	4,427,805.	10,380,488.			
С	Leasehold improvements							
	Equipment		729,622.	577,671.	151,951.			
<u>e</u>	Other							
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))							

Schedule D (Form 990) 2023

DRIMM CENTER		N TNO AA	1 0560642 - 2
Schedule D (Form 990) 2023 DRUMM CENTE Part VII Investments - Other Securities	ER FOR CHILDRE	N, INC. 44	L-05696 4 3 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	 d-of-vear market value
	(b) Book value	(b) Method of Valuation. Good of on	a or your market value
(1) Financial derivatives(2) Closely held equity interests			
(6)			
(A) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	ol. (B))		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION LIA	BILITY		421,669.
(3)			
(4)			

(3)
(4)
(5)
(6)
(7)
(8)

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

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

Schedule D (Form 990) 2023

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,165,864.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а			9,789.		
b			58,573.		
С	, , , , , , , , , , , , , , , , , , , ,		02 125		
d	,		-23,135.		45 227
e				2e	45,227. 3,120,637.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,120,037.
4 a		4a			
a b	, , , ,		-26,884.	•	
c	, , , , , , , , , , , , , , , , , , , ,			4c	-26,884.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	3,093,753.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	3,678,661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	,	·····	26,884.		06.004
е	9			2e	26,884.
3	Subtract line 2e from line 1			3	3,651,777.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	, , , , ,		23,135.		
b	,		-	4.	23,135.
C				4c 5	3,674,912.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information			3	3,074,312.
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b a	nd 2b: Part V. line 4	: Part X	. line 2: Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, , , ,	, 1110 2, 1 411711,
	, , , , , , , , , , , , , , , , , , , ,				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
					00 105
IN	VESTMENT EXPENSES				-23,135.
ם זגם	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
LVI	KI XI, DINE 4D - OTHER ADOUGHENTS.				
REI	NTAL EXPENSES				-26,229.
					20,225
SPI	ECIAL EVENT EXPENSES				-655.
TO	TAL TO SCHEDULE D, PART XI, LINE 4B				-26,884.
	nn waa aan on on on on on on on one				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
יזים	ENIM DENIMAT				26 220
ᆫᄭ	ENT RENTAL				26,229.
SPI	ECIAL EVENTS EXPENSES				655.

Schedule D (Form 990) 2023 DRUMM CENTER FOR CHILDREN, INC.	44-0569643 Page 5
Schedule D (Form 990) 2023 DRUMM CENTER FOR CHILDREN, INC. Part XIII Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	26,884.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES	23,135.
	_

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

Open to Public Inspection

Name of the organization Employer identification number 44-0569643 DRUMM CENTER FOR CHILDREN, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule 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 gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BENEFITS	GOLF		` '
	<u> </u>			TOURNAMENT	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
æ			(CVCIII type)	(cvciii typo)	(total number)	
en			050 660	20.000	00 041	200 401
Revenue	1	Gross receipts	252,660.	38,920.	28,841.	320,421.
ш						
	2	Less: Contributions	164,497.	33,075.	19,907.	217,479.
	3	Gross income (line 1 minus line 2)	88,163.	5,845.	8,934.	102,942.
	_		, , , , , , ,	, , ,	, , , , , , , , , , , , , , , , , , , ,	, -
	1	Cash prizes				
	4	Cash prizes				
	_					
	5	Noncash prizes				
ses						
ë	6	Rent/facility costs				
Direct Expenses						
t E	7	Food and beverages				
<u>ë</u>	-					
	۰	Entortainment				
	٥	Entertainment Other divised and area	41,913.	9,839.	25,883.	77,635.
	3	Other direct expenses			-	77,635.
	10	Direct expense summary. Add lines 4 through				
D-		Net income summary. Subtract line 10 from li				25,307.
Pa	ırt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	1		T
ø.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,3-	bingo/progressive bingo	(-, gg	col. (a) through col. (c))
eke						
Œ	1	Gross revenue				
	2	Cash prizes				
Direct Expenses						
en	2	Noncash prizes				
Ä	ľ	Tronodon prizeo				
첧		Pont/facility costs				
Ë	4	Rent/facility costs				
_	_	011				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	L No	L 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, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming a				Yes No
i.	. 11	No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes No
b	If "	Yes," explain:				
b	If "`	Yes," explain:				

Schedule G (Form 990) 2023

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Schedule G (Form 990) 2023 DRUMM CENTER FOR CHILDREN, INC.	44-0569643 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 form	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	13a %
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes
h If "Voo " ontor the amount of gaming revenue received by the arganization.	no amount
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the organization and the organization and the organization are the organization and the organization and the organization are the organization are the organization and the organization are the organization are the organization and the organization are the organization are the organization are the organization and the organization are the	ie amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Nama	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a 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 s	
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) are	nd (v): and Part III lines 9, 9b, 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	14 (7), 4.14 1 4.1 111, 111.00 0, 00, 100,
100, 100, 10, and 170, as applicable. Also provide any additional information. Good instructions.	

Schedule G	G (Form 990)	DRUMM	CENTER	FOR	CHILDREN,	INC.	44-0569643	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (c	ontinued)					
		(00	ontinaca)					
-								
-								
ī								
-								
-								

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.

Inspection Employer identification number

	DRUMM CENTER	FOR C	HILDREN,	INC.			44-0	<u> 569</u>	643	
Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on		(d) Method of de cash contribu		_	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		21,	895.	FAIR	MARKET	VAI	JUE	
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									
25	Other (AUCTION ITEMS)	X	114	55,	497.	<u>FAIR</u>	MARKET	VAI	LUE	
26	Other (HOLIDAY ITEMS)	X	25	24,	505.	<u>FAIR</u>	MARKET	VAI	LUE	
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz									
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29					
									Yes	No
30a	During the year, did the organization receive by			·	•	-	it it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period?	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	-	•	•		ons?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell no	oncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.									

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

Schedule M (Form 990) 2023

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Schedule M (Form 990) 2023

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

> DRUMM CENTER FOR CHILDREN, INC.

Employer identification number 44-0569643

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WHENEVER POSSIBLE. INSPIRE LIFE-LONG CONNECTIONS BY BEING A RESOURCE
FOR CHILDREN AND FAMILIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS INITIALLY REVIEWED BY THE FINANCE COMMITTEE. UPON APPROVAL
BY THE FINANCE COMMITTEE IT IS PRESENTED TO THE FULL BOARD FOR REVIEW AND
APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
ENFORCEMENT OF CONFLICTS POLICY REVIEWED ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD ANNUALLY REVIEWS EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION.
COMPENSATION IS BASED IN PART BY REVIEW OF PUBLISHED ANNUAL SURVEY OF
EXECUTIVE DIRECTORS FOR NON-PROFIT ORGANIZATIONS IN THE LOCAL AREA.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DRUMM CENTER	FOR CHILDREN, INC.	•				<u>44-05696</u>	43	
Part I Identification of Disregarded Entities. Com	plete if the organization answered "Y	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		Direct c	(f) ontrolling ntity)
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	 nizations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more	related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f) et controlling entity	Section 5 contr	olled
DRUMM FOUNDATION - 43-1679248				501(c)(3))			Yes	No
3210 LEE'S SUMMIT ROAD INDEPENDENCE, MO 64055	FOSTER CARE	MISSOURI	501					х

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	lo
										$\dagger \dagger$	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-	-								
	-								

Schedule R (Form 990) 2023

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Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				. 1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	Х
						X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	Х
g	Sale of assets to related organization(s)				1g	X
	Purchase of assets from related organization(s)					Х
i	Exchange of assets with related organization(s)				1i	X
	Lease of facilities, equipment, or other assets to related organization(s)					Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
	Performance of services or membership or fundraising solicitations for related organ					Х
	Performance of services or membership or fundraising solicitations by related organ					Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х
						Х
	5 1 1 , 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
р	Reimbursement paid to related organization(s) for expenses				1p	X
	Reimbursement paid by related organization(s) for expenses					X
-	· · · · · · · · · · · · · · · · · · ·					
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				. 1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	nis line, including covered rela-	tionships and transaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved	
(1)						
(2)						
(-)						
(3)						
(4)						
•						
(5)						
(6)						
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000