** PUBLIC DISCLOSURE COPY **

_{=orm} 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047
2023

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α	FOI LITE	e 2023 calendar year, or tax year beginning and ending	9				
В	Check if applicabl	C Name of organization THE FOUNDATION FOR POST-ACUTE AND		D Employer identifie	cation number		
	Addre	S LONG MUDICAND MUDICAND					
	Name chang	Doing business as		52-19487	20		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	/suite	E Telephone number			
	Final return	9891 BROKEN LAND PARKWAY 101		410-992-			
	termin ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	561,621.		
F	⊥return ∏Applic	COHOMBIA, MD ZIU40		H(a) Is this a group re			
	tion pendir	F Name and address of principal officer: MICHELLE ZINNERT, CAE		for subordinates			
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemption			
		•	Year	of formation: 1996 N	State of legal domicile: MD		
P	art I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}$ ${ m { t ADVA}}$	NCE	EXCELLENCE	AND		
Activities & Governance		INNOVATION IN THE LONG-TERM CARE CONTINUUM !	ГHR	OUGH RESEAR	CH AND ITS		
ž	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of its net as			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7		
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7		
Se Se		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0		
ij		Total number of volunteers (estimate if necessary)			9		
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		·····	0.		
				Prior Year	Current Year		
ø.	8	Contributions and grants (Part VIII, line 1h)		394,641.	549,962.		
Ž		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		132.	11,659.		
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,195.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		398,968.	561,621.		
_	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		75,000.	144,406.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
G	1	Salaries other compensation, employee benefits (Part IX, column (A), lines 5.10)		140,204.	182,282.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 47,808.		0.	0.		
per	h	Total fundraising expenses (Part IX, column (D), line 25) 47, 808.		•			
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,969.	106,269.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		329,173.	432,957.		
				69,795.	128,664.		
<u> </u>	119	Revenue less expenses. Subtract line 18 from line 12	Be	ginning of Current Year	End of Year		
ets c		Total accets (Port V. line 16)	100	744,623.	876,267.		
ASSE Ball	20	Total assets (Part X, line 16)		113,528.	98,841.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	-	631,095.	777,426.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		031,093.	111,420.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	tatam	ante and to the best of m	/knowledge and belief it is		
					knowledge and bellet, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer	Tias any knowledge.			
		Signature of officer		I Date			
Sig				Duto			
He	re	MICHELLE ZINNERT, CAE, EXECUTIVE DIRECTOR Type or print name and title					
		<u> </u>	- 17	Date Check	PTIN		
<u>.</u>	_	Print/Type preparer's name Preparer's signature	/	B/21/2024 Check Lift colf ampleur	P01608821		
Pai		DIAN HOLLWANDI	3.0m /100-				
	parer	Firm's name JM&M			2-1853933		
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, SUIT	E 7				
		COLUMBIA, MD 21044		Phone no. 41	0-884-0220		
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

	1990 (2023) LONG TERM CARE MEDICINE 52-1946/20 Page 2
Pa	t III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ADVANCE EXCELLENCE AND INNOVATION IN THE LONG-TERM CARE CONTINUUM
	THROUGH RESEARCH AND ITS TRANSLATION INTO PRACTICE.
	TIMOUGH REDEARCH AND THE TRANSPARTION THIS TRACTICE.
	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 163,645 • including grants of \$ 144,406 •) (Revenue \$)
	AWARDS AND GRANTS FUNDING PROJECTS - THE FOUNDATION ACCEPTS REQUESTS
	FOR FUNDING THAT MEET ITS MISSION AREAS OF SUPPORTING RESEARCH,
	CLINICAL PRACTICE TOOLS, EDUCATION AND WORKFORCE DEVELOPMENT
	INITIATIVES. GUIDELINES FOR SUBMITTING PROPOSALS HAVE BEEN DEVELOPED
	AND PROCEDURES ARE IN PLACE FOR A COMMITTEE OF VOLUNTEERS TO REVIEW AND
	RECOMMEND FUNDING PROJECTS TO THE FOUNDATION BOARD OF DIRECTORS FOR
	APPROVAL.
4b	(Code:) (Expenses \$
	ANNUAL CONFERENCE - THE FOUNDATION PARTICIPATES IN AMDA'S ANNUAL
	CONFERENCE BY PROMOTING ITS MISSION, AND IMPACT FROM THE PRIOR YEAR,
	WHILE RECOGNIZING EXISTING DONORS AND ENCOURAGING FUTURE DONOR
	ENGAGEMENT. THE FOUNDATION ALSO RECOGNIZES EXCELLENCE IN THE FIELD OF
	POST-ACUTE AND LONG-TERM CARE ("PALTC") THROUGH ITS ANNUAL EXCELLENCE
	AWARDS PROGRAM PUBLICLY RECOGNIZING THOSE WHO HAVE BEEN NOMINATED AND
	SELECTED FOR THE FOUR NAMED INDIVIDUAL AWARDS. THE FOUNDATION FUNDS
	AMDA'S FUTURES PROGRAM, A WORKFORCE DEVELOPMENT INITIATIVE MANAGED
	WHICH IS AN INTENSIVE LEARNING EXPERIENCE DESIGNED TO EXPOSE RESIDENTS,
	FELLOWS, AND ADVANCED PRACTITIONERS TO THE CAREER OPPORTUNITIES
	AVAILABLE IN POST-ACUTE AND LONG-TERM CARE MEDICINE.
	40.000
4c	
	INDUSTRY PROGRAMS - THE FOUNDATION HOSTS AN INDUSTRY ADVISORY BOARD
	(IAB) PROGRAM TO CONNECT CORPORATE INDUSTRY LEADERS WITH PALTC
	PRACTITIONERS AND MEDICAL LEADERS FOR COLLABORATIVE DISCUSSIONS FOR THE
	BENEFIT OF THE EXCELLENCE IN THE DELIVERY OF PALTC CARE.
	Others and the Control of the Contro
4d	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 259,971.
<u>4e</u>	Total program service expenses 259,971.
	10111330 (2023)

THE FOUNDATION FOR POST-ACUTE AND LONG TERM CARE MEDICINE

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	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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,"			_v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	∠UD		<u> </u>
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Form **990** (2023)

Part IV Checklist of Required Schedules (continued)

22 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, counting Nies Part IY "res," complete Schedule I. Part I and III 2 24 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 II "Yes," complete Schedule V, II "Yes," complete Schedule V, II "Yes," organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule V, II "Yes," to take 25e 24a 24b 24b 25b 24d 25c	more than \$5,000 of grants or other assistance to or for domestic individuals on If "Yes," complete Schedule I, Parts I and III ar "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current ars, trustees, key employees, and highest compensated employees? If "Yes," complete at tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the as issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete ine 25a any proceeds of tax-exempt bonds beyond a temporary period exception? ain an escrow account other than a refunding escrow at any time during the year to defease 24c 22
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, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tux-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 \$1,2002? If "Yes," answer lines 249 through 24d and complete Schedule K. If "No.", yo to line 25a 24b 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27c 28d 28d 29d 29d 29d 20d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 29d 29d 29d 29d 29d 29d 29d 29	er "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current ers, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the as issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete ine 25a any proceeds of tax-exempt bonds beyond a temporary period exception? ain an escrow account other than a refunding escrow at any time during the year to defease 24c 24c
and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Dd 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 2dd and complete Schedule I, "Two," yo to the 25a 24a 24b 24b 25c 24b 25c 24c 25c	a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the as issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete line 25a any proceeds of tax-exempt bonds beyond a temporary period exception? ain an escrow account other than a refunding escrow at any time during the year to defease 24c 24c
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 Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25s Schedule K. If "No." go to line 25s 24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year? deep any tax-exempt bonds? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? deep any tax-exempt bonds? 24c 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 b is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b b is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 25b Did the organization review thread or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 26c Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV 127 27c Did the organization aparty to a business transaction with one of the following parties? (See the Schedule L, Part IV 127 28d Schedule L, Part IV 127 28d Schedule L, Part IV 128 28d Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule L, Part IV 128 27d Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule R 128 28d Did the organization receive contributions of art, historical treasures, or	a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the as issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete ine 25a any proceeds of tax-exempt bonds beyond a temporary period exception? ain an escrow account other than a refunding escrow at any time during the year to defease 24c 24c
Schedule K. If 'No,' go to line 25a. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d d Did the organization 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)(20) 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 b Is the organization exerte 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part II 25 Did the organization report any amount on Part X. line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III 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, and the part of 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, septemple, exceptions; 27 Did the organization applies transaction with one of the following parties? (See the Schedule L, Part III 28 Was the organization applies transaction with one of the following parties? (See the Schedule L, Part III 29 Did the organization receive more than \$25.000 in noneash contributions? If 'Yes,' complete Schedule L, Part I	ine 25a any proceeds of tax-exempt bonds beyond a temporary period exception? ain an escrow account other than a refunding escrow at any time during the year to defease 24a X 24b 24b
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 27b 2	any proceeds of tax-exempt bonds beyond a temporary period exception? 24b ain an escrow account other than a refunding escrow at any time during the year to defease 24c 24c
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c	ain an escrow account other than a refunding escrow at any time during the year to defease 24c
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 b Is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 25c 25d Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27d 28d Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III) 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part III) 27 Was the organization of any individual described in line 28a? If "Yes," complete Schedule L, Part III 28 Was the organization receive more than \$25.000 in noncash contributions? If "Yes," complete Schedule L, Part III 28 Was the organization receive more than \$25.000 in noncash contributions? If "Yes," complete Schedule L, Part III 29 Did the organization receive more than \$25.000 in noncash contributions? If "Yes," complete Schedule L, Part III 29 Did the organization receive more than \$25.000 in noncash contributions? If "Yes," complete Schedule L, Part III 30 Did the organization receive more than \$25.000 in noncash contributions? If "Yes," complete Schedule III the part III III III III III III III III III I	24c
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year'. 25a Section 501(c)(A), 501(c)(A), 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 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 organizations for forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b 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-E27 If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26b Did the organization payed the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a Did the organization receive more than \$25,000 in noncash contributions? Eschedule L, Part IV 28b Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part V, Iine 2 32 Did the organization	an "on behalf of "issuer for bonds outstanding at any time during the year?
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-E27 // "Yes," complete Schedule L, Part I 25b bit the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part IV 27 Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, unsubstantial contributor? // "Yes," complete Schedule L, Part IV 28b 1 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV 28b 1 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV 28b 1 Did the organization receive more than \$25,000 in noncash contributions? // "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // "Yes," complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part // 31 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part // 31 Did the organization on with 00% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.	
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a 28 28 28 28 28 28 2	ied person during the year? If "Yes," complete Schedule L, Part I
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 37 Yes	, , , , , , , , , , , , , , , , , , ,
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1aEnter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a0bEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	
(gambling) winnings to prize winners?	e winners? 1c

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Dir onoto (mis seedon b requests information about politics not required by the internal nevenue seeds.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the executation have a written conflict of interest policy 2 if "No. " go to line 12	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	and Orbital In Orbital Williams and the	12c	х	
13		13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		Х
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b		X
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		160		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		21
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
S00	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an examination to make its Forms 1023 (1024 or 1024 A if applicable), 990, and 990 T (section 501(a)(3)).	o only) 0.40;1	abla
18	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 orny	, availa	BIULE
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)			
10		4 f:~ -	20:21	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u rinar	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ${\tt JEFF}$ ${\tt ECKERT}$ $ {\tt 410-992-3134}$			
	JEFF ECKERT - 410-992-3134 9891 BROKEN LAND PARKWAY, 101, COLUMBIA, MD 21046			
	JOJI DROKEN HAND FAKKWAI, IVI, COHUMDIA, MD 41040			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B) (C)							(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one			than		Reportable	Reportable	Estimated amount of other		
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from			compensation from related
	(list any	tor						the	organizations	compensation	
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the	
	related	stee o	rustee		a.	pensa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations below	nal tru	ional t		ploye	t com		1099-NEC)		and related organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) MICHELLE ZINNERT	4.00)	_	1 0					
EXECUTIVE DIRECTOR AS OF APRIL	36.00	1		Х				0.	189,548.	22,795	
(2) CHRISTOPHER E. LAXTON, CAE	4.00										
EXECUTIVE DIRECTOR UNTIL APRIL	36.00			Х				0.	146,601.	7,859	
(3) VICTORIA HANN	40.00										
FOUNDATION DIRECTOR				Х				0.	96,424.	0	
(4) SUSAN LEVY, MD, CMD, CHAIR	2.50	l								_	
UNTIL MARCH, THEN PAST CHAIR	2 50	Х		Х				0.	0.	0	
(5) HEIDI WHITE, MD, MED, MPH, CMD	2.50	,,		37						_	
CHAIR-ELECT UNTIL MARCH, THEN CHAIR	2 50	Х		Х				0.	0.	0	
(6) JAMES LETT, MD, CMDR IMMEDIATE PAST CHAIR UNTIL MARCH	2.50	X		х				0.	0.	0	
(7) CARI LEVY	2.50	^		Λ				0.	0.	0	
CHAIR-ELECT AS OF MARCH	2.30	X		Х				0.	0.	0	
(8) J. KENNETH BRUBAKER, MD, CMD	2.50										
TREASURER/SECRETARY		X		х				0.	0.	0	
(9) BARBARA ZAROWITZ, PHARMD, BCGP,	2.50										
DIRECTOR		Х						0.	0.	0	
(10) TOM HAITHCOAT	2.50										
DIRECTOR AS OF MARCH		Х						0.	0.	0	
(11) WAYNE SALTSMAN	2.50										
DIRECTOR AS OF MARCH	2.00	Х						0.	0.	0	
(12) DENISE WASSENAAR, RN, MS, NHA	2.50										
DIRECTOR UNTIL MARCH		Х						0.	0.	0	
		-									
		-									
		\vdash									
		1									
		1									
		1									

Form **990** (2023)

Par	Section A. Officers, Directors, Trus	stees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					ono	Reportable	Reportable		Es	timate	∍d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	ar	nount	of
		week	\vdash	cer an	nd a d	irecto	or/trus	tee)	from	from relate	d		other	
		(list any	ector						the	organizatior			pensa	
		hours for	Individual trustee or director	g.			ated		organization	(W-2/1099-MI			om th	
		related organizations	stee	truste		۵	bens		(W-2/1099-MISC/	1099-NEC)	_	anizat	
		below	nal tru	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				d relat	
		line)	divid	stituti	Officer	y em	ghest	Former				orga	anizati	ons
			흐	Ξ	Ð	ş.	표등	요						
									0	422 5	72		<u> </u>	F 4
1b	Subtotal Total from continuation sheets to Part V	II Soction A							0.	432,5	0.		0,6	0.
	Total (add lines 1b and 1c)								0.	432,5		3	0,6	
2	Total number of individuals (including but r												0,0	5 1 •
	compensation from the organization	iot iii iiitod to ti	.000	11000	ou ui		o, wi	10 11		,,000 01 Toportus	,,,,			0
											ı		Yes	No
3	Did the organization list any former officer	•		•		•		_		•		3		X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	 le co		ensa	ation	n and	l	her compensation from	the organization				
•	and related organizations greater than \$15									the organization		4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services	3			
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	uch ,	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest control the organization. Report compensation for	•									npens	ation 1	rom	
	(A)	trie caleridar y	ear	enai	ng v	VILII	Or W	ILITIII	(B)	year.		(()	
	Name and business	address	N	ONE	3				Description of s	services	С		nsatio	n
								\dashv						
2	Total number of independent contractors (\$100,000 of compensation from the organ	_	ot li	mite	d to		se lis 0	sted	d above) who received n	nore than				
	4 100,000 of compensation from the organ	izatioi i										Form	aan /	2022)

11 990 (20	123)	TOTAC	THILL	CILL	1.11
art VIII	Statement	of Reve	nue		

			Check if Schedule O contai	ns a resnor	se or note to	any lin	e in this Part VIII			
			Officer if Gerieddic & cortial	по а гозрог	isc of flote to	l arry	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenuè excluded
									business revenue	from tax under
40										sections 512 - 514
nts	1 :	а	Federated campaigns	1a						
in Sign	I	b	Membership dues	1b						
Contributions, Gifts, Grants and Other Similar Amounts		С	Fundraising events	1c						
a it			Related organizations		17,6	515.				
S,E			Government grants (contributio							
Sign			All other contributions, gifts, grants							
E E	'	•	similar amounts not included above	1 1	532,3	347.				
걸리					332,					
S E		_	Noncash contributions included in lines 1	a-1f 1g \$			549,962.			
9		<u>n</u>	Total. Add lines 1a-1f				349,302.			
					Business	Code				
ခ္င	2	a			_					
2 0	I	b			_					
Sul		С								
ev		d								
Program Service Revenue		е								
<u>~</u>	1	f	All other program service reven	ue	_					
			Total. Add lines 2a-2f							
	3	9	Investment income (including d							
			, ,				11,659.			11,659.
	4		Income from investment of tax-				11,0000			11,0000
				•	•	ŀ				
	5		Royalties	(i) Real	(ii) Pers					
			I. F	(i) Real	(II) Pers	sonai				
	6		Gross rents 6a							
	I		Less: rental expenses 6b							
		С	Rental income or (loss) 6c							
		d	Net rental income or (loss)							
	7 :	а	Gross amount from sales of	(i) Securitie	es (ii) Ot	her				
			assets other than inventory 7a							
		b	Less: cost or other basis							
e l			and sales expenses 7b							
Ģ	١.	_	Gain or (loss) 7c							
Revenue			Net gain or (loss)		1					
ther			Gross income from fundraising ever		· · · · · · · · · · · · · · · · · · ·					
Ġ.	0	а	•	` -						
١			including \$	of						
			contributions reported on line 1							
			Part IV, line 18		8a					
			Less: direct expenses	_	8b					
			Net income or (loss) from fundra		ts					
	9 :	а	Gross income from gaming acti	vities. See						
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from gamir	ng activities						
			Gross sales of inventory, less re	· .						
			and allowances		10a					
		h	Less: cost of goods sold	Г	10b					
			Net income or (loss) from sales							
_		C	Net income or (loss) from sales	or inventory		Codo				
şņ					Business	coae				
e e	11 :	а			_					
e la		b			_					
Miscellaneous Revenue		С			_					
ΞĘ-			All other revenue							
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instructions				561,621.	0.	0.	11,659.

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).

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	144 406	144 406		
	and domestic governments. See Part IV, line 21	144,406.	144,406.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	06 424	20 560	20 570	10 205
_	trustees, and key employees	96,424.	38,569.	38,570.	19,285
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	FO 420	22 275	22 276	11 607
7	Other salaries and wages	58,438.	23,375.	23,376.	11,687
8	Pension plan accruals and contributions (include	24	4.4	4 4	_
	section 401(k) and 403(b) employer contributions)	34.	14.	14.	6
9	Other employee benefits	15,244.	6,098.	6,096.	3,050
10	Payroll taxes	12,142.	4,856.	4,858.	2,428
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,700.		8,700.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	541.		541.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	14,156.	14,034.	122.	
12	Advertising and promotion	2,000.	2,000.		
13	Office expenses	12,994.	1,439.	11,263.	292
14	Information technology	14,048.	20.	12,404.	1,624
15	Royalties				
16	Occupancy	4,251.	1,700.	1,701.	850
17	Travel	10,358.	4,229.	5,339.	790
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,432.	16,432.		
20	Interest				
21	Payments to affiliates	5,976.		5,976.	
22	Depreciation, depletion, and amortization	4,462.	1,784.	1,786.	892
 23	Insurance	2,339.	-	935.	1,404
-0 24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	10,012.	1,015.	3,497.	5,500
b		,	=,	-,	- /
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	432,957.	259,971.	125,178.	47,808
25 26	Joint costs. Complete this line only if the organization	202,0014	200,011.	220,270	17,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2023)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	330,770.	1	141,544		
	2	Savings and temporary cash investments		237,412.	2	375,031	
	3	Pledges and grants receivable, net			3	35,000	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pe	rsons		5	
	6	Loans and other receivables from other disqu	ualified p				
		under section 4958(f)(1)), and persons descri	bed in s	ection 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9					9	
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	13,385.			
	b			8,219.	9,627.	10c	5,166
	11	Investments - publicly traded securities		11	5,166 319,526		
	12	Investments - other securities. See Part IV, lir	166,814.	12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			744,623.	16	876,267
	17	Accounts payable and accrued expenses	5,608.	17	7,086		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ا ي	22	Loans and other payables to any current or f					
<u> </u>		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		· ·		22	
ן בֿ	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D			107,920.	25	91,755
	26	Total liabilities. Add lines 17 through 25			113,528.		98,841
		Organizations that follow FASB ASC 958, o					
Ses		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27	Net assets without donor restrictions			580,149.	27	654,442
Bal	28	Net assets with donor restrictions	50,946.	28	122,984		
ן מ		Organizations that do not follow FASB ASG					
<u>.</u> F		and complete lines 29 through 33.					
s of	29	Capital stock or trust principal, or current fun	ds			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
<u>ĕ</u>	32	Total net assets or fund balances			631,095.	32	777,426
-	33	Total liabilities and net assets/fund balances			744,623.	33	876,267

Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			95.
5	Net unrealized gains (losses) on investments	5	1	7,6	<u>67.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			,
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	77	7,4	26.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , ,			990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

THE FOUNDATION FOR POST-ACUTE AND Employer identification number Name of the organization LONG TERM CARE MEDICINE 52-1948720 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(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.")	263,418.	286,076.	280,784.	394,641.	549,962.	1774881.
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	263,418.	286,076.	280,784.	394,641.	549,962.	1774881.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						405,596.
6	Public support. Subtract line 5 from line 4.						1369285.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	263,418.	286,076.	280,784.	394,641.	549,962.	1774881.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,295.	694.	41.	132.	11,659.	14,821.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1789702.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	219,566.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop	here					
	ction C. Computation of Publ						
14	Public support percentage for 2023 (14	76.51 %
15	Public support percentage from 2022					15	70.66 %
16a	33 1/3% support test - 2023. If the o	-					77
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2022. If the d						
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			· · · · · · · · · · · · · · · · · · ·		_	
	meets the facts-and-circumstances to	ŭ	•	,		17 15 15:-	
b	10% -facts-and-circumstances tes	•					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ						
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2023

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

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

General year (or fiscal year regioning in) Gitts, grants, contributions, and membrachip less received. (Do not include any "unusual grants.") Gross received (Do not include any "unusual grants.") Gross received from admissions. Formatic or facilities furnished in any activity that a related to the organization's tax-exempt purpose Gross received from admissions. Formatic or facilities furnished in any activity that a related to the organization's tax-exempt purpose Gross received from admissions formation and the section 513 4 Tax revenues levide for the organization's tax-exempt purpose Gross received from admissions formation and the section 513 5 The value of sections of facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines if through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts from lines 1, 2, and 3 received from disqualified persons b Amounts from lines 1, 2, and 3 received from disqualified persons b Amounts from lines 1, 2, and 3 received from disqualified persons b Amounts from lines 1, 2, and 3 received from disqualified persons b Amounts from lines 1, 2, and 3 received from ministration of the second in 3 for large and 7 larg	Sec	ction A. Public Support	elow, please com	ipiete Fart II.)				
1 Giffs, grants, contributions, and membership feer received, (Do not include any 'unusual grants,') 2 Gross energible from admission, membrandise sold or services per format, or the contribution and the contribution of the contribution of any activity that is related to the organization's trave-empt purpose 3 Gross receipts from admission, membrandise sold or services purpose 3 Gross receipts from admission, membrandise and any activity that is related to the organization is two-empt purpose 3 Gross receipts from admission or the company of the contribution o	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any tunusual grants.*) 2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travesempt purpose 3. Gross receipts from activities that are not an unrelated trade or bus iness under section 513 4. Tax revenues levied for the organization's terminated bursten or the part of the organization in the part of the organization or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1.2, and 3 received from disqualified persons by a furnished by a governmental unit to the organization of lines and the part of the organization of the degulate provise that exceed the part of the organization of the degulate provise that exceed the part of the						, ,		,,
2. Gross receipts from admissions, merchandles sold or services per formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513. 4. Tax revenues leviel for the organization's travel provided on its behalf or expended on its behalf or expend		membership fees received. (Do not						
merchandise sold of services per- formed, or facilities furnished in any activity that is related to the organization is trave-empt purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without change 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons by Amounts fortuned rives 2 and seasons from the travellage of the seasons from the seasons the sea		include any "unusual grants.")						
formed, or facilities furnished in any activity that is related to the organization's tax-esempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons between the second in the s	2	Gross receipts from admissions,						
any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from activities that are not an unrelated trade of business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expanded on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expanded on its behalf 6. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. Ta Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 1, 2, and 3 received from disqualified persons 1. Amounts included on lines 4 and 3 seeked from disqualified persons 1. Amounts included on lines 4 and 3 seeked from disqualified persons 1. Amounts included on lines 4 and 3 seeked from other than disqualified persons 1. Amounts included on lines 4 and 3 seeked from other than disqualified persons 1. Amounts from line 6 and 1. Amounts fro		·						
organization's tax-exempt purpose 3 Cross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons business that the disqualified persons business b		•						
3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total, Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3 roceaved from disqualified persons but were already as a section of the services of								
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 Announts included on lines 1, 2, and 3 received from disqualified persons be Annuaris exituded on lines 1, 2, and 3 received from disqualified persons be Annuaris exituded on lines 1, 2, and 3 received from disqualified persons be Annuaris exituded on lines 1, 2, and a resident for other than disqualified persons be Annuaris exituded on lines 1, 2, and a resident for other than disqualified persons be Annuaris exituded on lines 1, 2, and a resident for other than disqualified persons be Annuaris exituded on lines 1, 2, and a resident for other than disqualified persons be Annuaris exituded for other than disqualified persons be annuarised for other than disqualified persons be Annuarised for other than disqualified persons be Annuarised for the than the annuarised for the than disqualified persons be annuarised for the than disqualified as a publicly supported organization in the 13 and fine 16 is more than 33 1/3%, and line 16 is not now than 33 1/3%, check this box and stop here. The organization did not check a box	3	· · · · ·						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be anount included on lines 1, 2, and 3 received from disqualified persons be anount included on lines 1, 2, and 3 received from disqualified persons be anount on lines 18 to the year of a did lines 1 strough 5 and 1 to 1 t		'						
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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
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4d		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	1		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
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Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u></u>
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
	ion of Type in eapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sact	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	<u> 3</u>		<u> </u>
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.	·)-		
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructio	ns)	
	Activities Test. Answer lines 2a and 2b below.	ion dono.	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	1 1	1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion 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-function	ally integrate	ed Type III supporting org	anization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _{(contin}	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ıs	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			- 1	
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				

Schedule A (Form 990) 2023

c Excess from 2021d Excess from 2022e Excess from 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

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

Name of the organization

THE FOUNDATION FOR POST-ACUTE AND LONG TERM CARE MEDICINE

Employer identification number

52 - 1948720

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year\$		
answer "	: An organization tha No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).		

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

Schedule B (Form 990) (2023)

Name of organization
THE FOUNDATION FOR POST-ACUTE AND
LONG TERM CARE MEDICINE

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 21,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$32,500 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization
THE FOUNDATION FOR POST-ACUTE AND
LONG TERM CARE MEDICINE

Employer identification number

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$35,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
THE FOUNDATION FOR POST-ACUTE AND
LONG TERM CARE MEDICINE

Employer identification number

(a) No. (b) Description of noncash property given (a) No. (c) (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received the property given (See instructions.) (e) No. (from Description of noncash property given (See instructions.) (for the property of the property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.) (g) No. (h) Description of noncash property given (See instructions.)			(0)	
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Name of organization

THE FOUNDATION FOR POST-ACUTE AND
LONG TERM CARE MEDICINE

Employer identification number

52-1948720

	IERM CARE MEDICINE			JZ 17407Z0
Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a)	through (e) and the following line	entry. For or	ganizations
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000	or less for the	e year. (Enter this info. once.) $\Psi_{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$
, , , , , ,	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	# \ B	() 11 () 15		() 5
Trom Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
raiti				
_			_	
L				
		(e) Transfer of	aift	
		(1)	J	
L	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No.		<u>'</u>		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(5): 4:: 555 5: 9::1	(6, 555 51 g)		(4) 2000
		-	_	
T T		(a) Turnefau of	:	
		(e) Transfer of	girt	
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from	(b) Purpose of gift	(c) Use of gift	I	(d) Description of how gift is held
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Ī		(e) Transfer of	aift	
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	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
<u> </u>	,			•
		<u></u>		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

THE FOUNDATION FOR POST-ACUTE AND LONG TERM CARE MEDICINE

Employer identification number 52-1948720

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied conservation contribution in the form	
	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 str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
			4
8	Does each conservation easement reported on line 2d above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial staten	nents that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures or C	Other Similar Assets
ı aı	Complete if the organization answered "Yes" on Form		Assets.
10			and balance about works
ıa	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul		
L	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fun	rierance of public service,
	provide the following amounts relating to these items.		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A	_	¢
a h	Revenue included on Form 990, Part VIII, line 1		\$

332051 09-28-23

Schedule D (Form 990) 2023

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

THE FOUNDATION FOR POST-ACUTE AND 52-1948720 Page 2 LONG TERM CARE MEDICINE Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). ☐ Public exhibition Loan or exchange program b Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included Nο on Form 990, Part X? 」Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year e Distributions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 166,814, 196,520 156,351 136,047 130,518. **1a** Beginning of year balance **b** Contributions 108,981, 25,000. 20,000 5,000. 14,585. -29,706. 15,169. 304. 529. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses 290,380. 166,814. 196,520. 156,351, End of year balance 136,047. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 67.7300 **a** Board designated or quasi-endowment **b** Permanent endowment 32.2700 Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? X X (ii) Related organizations? 3a(ii) 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 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							
b Buildings							
c Leasehold improvements							
d Equipment		13,385.	8,219.	5,166.			
e Other							
Total Add lines 1a through 1a (Column (d) must equal Form 990, Part X, line 10c, column (B))							

Schedule D (Form 990) 2023

	CARE MEDICINE	ACOID AND	52-1948720 Page 3
Part VII Investments - Other Securities	<u> </u>		31 1310,10 Tage C
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost	
(1) Financial derivatives	 		•
(2) Closely held equity interests			
(3) Other			
(A)			
	+		
(B)			
(C)	+		
(D)	+		
<u>(E)</u>			
<u>(F)</u>	+		
(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		-	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	•		
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 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, c			
Part X Other Liabilities	on (<i>D</i>)//		
Complete if the organization answered "Yes	" on Form 990 Part IV line	11e or 11f See Form 990 Part X I	line 25
(a) Description of liability		7 110 01 1111 000 1 01111 000, 1 411 7, 1	(b) Book value
			(B) Book value
(1) Federal income taxes (2) DUE TO AFFILIATE (AMDA)			91,755.
(-)			31,733.
(3)			
(4)			
(5)			
(6)			
(8)			

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... X

Schedule D (Form 990) 2023

91,755.

(9)

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

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With	Revenue per R	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	583,247.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	17,667. 4,500.		
b	Donated services and use of facilities	2b	4,500.		
С					
d					
е				2e	22,167.
3	Subtract line 2e from line 1			3	561,080.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	541.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	541.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	561,621.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	ı Expenses per	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total expenses and losses per audited financial statements			1	436,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,500.		
b					
С		_			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	4,500.
3	Subtract line 2e from line 1			3	432,416.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	541.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	541.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	432,957.
Pa	rt XIII Supplemental Information				
lines	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			.,,,	
THI	E FOUNDATION BELIEVES IT HAS APPROPRIAT	E SUPPORT	FOR ANY T	'AX P(OSITION
TAI	KEN, AND AS SUCH, DOES NOT HAVE ANY UNC	ERTAIN TA	X POSITION	IS TH	AT ARE
	TERIAL TO THE FINANCIAL STATEMENTS OR T				
'I'A	X-EXEMPT STATUS. THERE ARE NO UNRECOGNI	ZED TAX B.	ENEFITS OR	LIAI	BILITIES
THZ	AT NEED TO BE RECORDED.				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

THE FOUNDATION FOR POST-ACUTE AND Name of the organization **Employer identification number** 52-1948720 LONG TERM CARE MEDICINE Part I General Information on Grants and Assistance

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

1 Does the organization maintain records t	o substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	cedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	5,000. Part II ca	n be duplicated if addi	tional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							CMDS IN NURSING HOMES: AN
MCGARRY CONSULTING							EVALUATION OF THE CURRENT
2562 HIGHLAND AVE.							LANDSCAPE, THEIR
ROCHESTER, NY 14610	88-1682177	N/A	25,000.	0.			ASSOCIATION WITH QUALITY,
							DR. CHARLES SEMELKA:
WAKE FOREST UNIVERSITY HEALTH							POST-ACUTE CARE
SCIENCES - P.O. BOX 604096 -							UTILIZATION PATTERNS AND
CHARLOTTE, NC 28260	22-3849199	501(C)(3)	25,000.	0.			OUTCOMES FOR FRAIL OLDER
AMDA - THE SOCIETY FOR POST -							DRIVE TO DEPRESCRIBE
ACUTE AND LONG - TERM CARE							PROGRAM; COMMUNITY
MEDICINE - 9891 BROKEN LAND							PLATFORM FOR AMDA
PARKWAY, #101 - COLUMBIA, MD 21046	52-1950426	501(C)(6)	94,406.	0.			MEMBERSHIP; 2023 FUTURES
2 Enter total number of section 501(c)(3) a	nd government o		he line 1 table		l		1.

30

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

THE FOUNDATION FOR POST-ACUTE AND

LONG TERM CARE MEDICINE 52-1948720 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: GRANT FUNDS ARE MONITORED BY REPORTS REQUIRED ON PROGRESS MADE WITH THE PROGRAM FOR WHICH THE GRANT WAS AWARDED. PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: MCGARRY CONSULTING (H) PURPOSE OF GRANT OR ASSISTANCE: CMDS IN NURSING HOMES: AN EVALUATION OF THE CURRENT LANDSCAPE, THEIR ASSOCIATION WITH QUALITY, AND EARLY

IMPACTS OF CALIFORNIA LAW AB749

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT:
WAKE FOREST UNIVERSITY HEALTH SCIENCES
(H) PURPOSE OF GRANT OR ASSISTANCE: DR. CHARLES SEMELKA: POST-ACUTE CARE
UTILIZATION PATTERNS AND OUTCOMES FOR FRAIL OLDER ADULTS
NAME OF ORGANIZATION OR GOVERNMENT:
AMDA - THE SOCIETY FOR POST - ACUTE AND LONG - TERM CARE MEDICINE
(H) PURPOSE OF GRANT OR ASSISTANCE: DRIVE TO DEPRESCRIBE PROGRAM;
COMMUNITY PLATFORM FOR AMDA MEMBERSHIP; 2023 FUTURES PROGRAM REGISTRATION
FEES, TRAVEL, MEALS, ETC. FOR 86 FUTURES PROGRAM ATTENDEES; STAFF SUPPORT
FUNDS FOR AMDA ALL STAFF MEETING

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I | Questions Regarding Compensation

THE FOUNDATION FOR POST-ACUTE AND LONG TERM CARE MEDICINE

Employer identification number 52-1948720

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Δ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
c	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		21
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ש		

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE ZINNERT (i	0.		0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR AS OF APRIL (ii		0.	0.	1,450.	21,345.	212,343.	0.
(2) CHRISTOPHER E. LAXTON, CAE (i	0.		0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR UNTIL APRIL (ii		0.	0.	3,033.	4,826.	154,460.	0.
(i)						
(ii)						
(i)						
(ii)						
į (i)						
(ii)						
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Schedule J (Form 990) 2023

THE FOUNDATION FOR POST-ACUTE AND LONG TERM CARE MEDICINE

Schedule J (Form 990) 2023

52-1948720

Page 3

Schedule J (Form 990) 2023

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE FOUNDATION FOR POST-ACUTE AND LONG TERM CARE MEDICINE

Employer identification number 52-1948720

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TRANSLATION INTO PRACTICE. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD OF DIRECTORS ARE ALL SENT A COPY OF THE DRAFT FORM 990 FOR REVIEW. ONCE IT IS FINALIZED, IT IS SIGNED BY THE EXECUTIVE DIRECTOR AND FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: APPROPRIATE PERSONNEL AND VOLUNTEERS, INCLUDING BOARD MEMBERS, ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM EACH YEAR. THE EXECUTIVE DIRECTOR FOLLOWS UP TO ENSURE ALL FORMS ARE SIGNED AND SUBMITTED IN A TIMELY MANNER. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY AMDA'S BOARD OF

DIRECTORS THROUGH USE OF A COMPENSATION STUDY INCLUDING COMPARABILITY DATA. THE FOUNDATION STAFF IS PAID THROUGH AMDA AND THE FOUNDATION REIMBURSES

AMDA FOR THESE COSTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC 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.

2023 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

THE FOUNDATION FOR POST-ACUTE AND **Employer identification number** Name of the organization 52-1948720 LONG TERM CARE MEDICINE Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-vear assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled status (if section of related organization section entity entity? foreign country) 501(c)(3)) Yes No AMDA - THE SOCIETY FOR POST - ACUTE AND LONG TO PROMOTE AND ENHANCE THE TERM CARE MEDICINE - 52-19504, 9891 BROKEN DEVLOPMENT OF Х LAND PARKWAY, #101, COLUMBIA, MD 21046 501(C)(6) PROCTITIONERS AND LEADERS. MARYLAND AMERICAN BOARD OF POST - ACUTE AND LONG CERTIFYING MEDICAL TERM CARE MEDICINE INC. - 52-1920 9891 DIRECTORS OF LONG TERM BROKEN LAND PARKWAY #101 COLUMBIA MD CARE FACILITIES MARYLAND 501(C)(6) Х

THE FOUNDATION FOR POST-ACUTE AND

LONG TERM CARE MEDICINE 52-1948720

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)	(h)	(i)	(j)	(k)				
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,		g Predominant income (related, unrelated, income	Predominant income	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of related organization		(state or	entity				end-of-year	allocations?		amount in box	manag	ownership			
		foreign		excluded from tax under		assets	Yes No		20 of Schedule	V					
		country)		300010113 3 12 3 14)			Yes	NO	K-1 (1 01111 1003)	resir	10				
										+					
										$\perp \perp$					

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	(i) Section 512(b)(13) controlled entity?			
		country)		,				Yes	No		
	1										
	1										
	1	20				<u> </u>	1				

Page 2

Schedule R (Form 990) 2023

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No		
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-l	V?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/				1a		X		
	b Gift, grant, or capital contribution to related organization(s)									
С	c Gift, grant, or capital contribution from related organization(s)									
d	d Loans or loan guarantees to or for related organization(s)									
е	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)					1f		X		
g	Sale of assets to related organization(s)					1g		Х		
h	Purchase of assets from related organization(s)					1h		Х		
i	Exchange of assets with related organization(s)					1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)					<u>1j</u>		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)					1k	X	<u> </u>		
	Performance of services or membership or fundraising solicitations for related organizations							Х		
	Performance of services or membership or fundraising solicitations by related organizations						X			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х	<u> </u>		
0	Sharing of paid employees with related organization(s)					10	Х			
							1,7			
	Reimbursement paid to related organization(s) for expenses						X	177		
q	Reimbursement paid by related organization(s) for expenses					1q		Х		
								37		
	Other transfer of cash or property to related organization(s)					1r		X		
	Other transfer of cash or property from related organization(s)					1s				
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t I	his line, including covered	relationship I	os and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved		(d) Method of determining amount in	volved				
Ž	AMDA - THE SOCIETY FOR POST-ACUTE AND									
	ONG-TERM MEDICINE, INC.	0	182,282.	COST						
7	MDA - THE SOCIETY FOR POST-ACUTE AND									
	LONG-TERM MEDICINE, INC.	E	91,755.	COST						
Z	AMDA - THE SOCIETY FOR POST-ACUTE AND									
3)]	ONG-TERM MEDICINE, INC.	M	65,500.	COST						
4)										
5)										
6)										

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)	(e) Are all partners se 501(c)(3 orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tiona allocati Yes	por- te ons?	Gener mana partn Yes	al or P ging ner?	(k) Percentage ownership

Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.						
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:						
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:						
AMERICAN BOARD OF POST - ACUTE AND LONG - TERM CARE						
MEDICINE, INC.						
EIN: 52-1920740						
9891 BROKEN LAND PARKWAY, #101						
COLUMBIA, MD 21046						