Inter	nal R	evenu	e Service	Go to w	ww.irs.gov/Form990 f	or instructions a	nd the latest	informa	ation.		Inspection				
Α	For	r the	2023 calend	lar year, or tax year begir	nning		, 2023, a	and end	ling		, 20				
в	Cheo	ck if ap	oplicable:	C Name of organization Ir	stitute for Ex	ceptional Ca	ire			D Emp	loyer identification number				
х		ress ch		Doing business as		<u> </u>					85-1278444				
Н		ne chai	•	Number and street (or P.O. bo	y if mail is not delivered to at	ant address)		Room/su	uite	E Tolon	hone number				
H			•			eet audress)		Room/st		E Telep					
H		al retur		1717 K Street					900		(202) 843-9260				
H			n/terminated	City or town, state or province		ostal code				G Gross receipts					
H		ended r		Washington, DC						\$ 1,250					
Ш	Appl	lication	n pending	F Name and address of principa	, , , , , , , , , , , , , , , , , , ,	Pham			H(a) Is this a g	group return	for subordinates? Yes X No				
				Same as C abov	7e				H(b) Are all	subordinat	tes included? Yes No				
<u> </u>	Tax-	exemp	ot status: 🛛 🗙	501(c)(3) 501(c) () (insert no.)	1947(a)(1) or	527		lf "No,"	attach a li	st. See instructions				
J	Web	site:	_	.ie-care.org					H(c) Group	exemption	number				
_		-	-		sociation Other		L Year of formati	on: 202	20 M S	State of leg	gal domicile: DC				
Pa	art		Summar	у											
		1	Briefly descr	ibe the organization's miss	sion or most significant	activities: <u>Tra</u>	nsforming	heal	thcare	for p	eople with				
e			intellec												
anc															
rn															
Governance		2	Check this b	ox 🔲 if the organization o	discontinued its operati	ons or disposed of	more than 25	5% of its	s net assets						
		3	Number of v	oting members of the gove	erning body (Part VI, lin	е 1а)				3	15				
ŝ		4	Number of ir	ndependent voting membe	rs of the governing bod	y (Part VI, line 1b)				4	14				
iti		5	Total numbe	r of individuals employed i	n calendar year 2023 (I	Part V, line 2a)				5	8				
Activities &		6	Total numbe	r of volunteers (estimate if	necessary)					6	21				
Ā				ed business revenue from		ine 12				7a	0				
		b	Net unrelate	d business taxable income	from Form 990-T, Par	t I, line 11 • • • •				7b	0				
									Prior Year		Current Year				
		8	Contribution	s and grants (Part VIII, line	• 1h) • • • • • • • • •				2,236	5.878	916,996				
ne											325,500				
en		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								85	7,967				
Revenue											0				
				e - add lines 8 through 11					2,236	963	1,250,463				
	_				· ·	, ,			2,230	,,,,,,,,,	1,230,403				
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)									0				
es			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 57 a Professional fundraising fees (Part IX, column (A), line 11e) 57								1,081,838				
Expenses											0				
ďx	•			sing expenses (Part IX, co			328,827			5,106					
ш											752,581				
				•	•	().			1,054		1,834,419				
		19	Revenue les	s expenses. Subtract line	18 from line 12	<u></u>		_	1,182		(583,956)				
s or	uce:							Begi	inning of Curr		End of Year				
set	3ala			(Part X, line 16)					1,552		1,057,300				
et A:	ĕΙ			es (Part X, line 26)						8,620	262,660				
				r fund balances. Subtract l	ine 21 from line 20				1,378	8,596	794,640				
	art			ITE Block	um including cocommonuting	abadulaa and statemen	to and to the bes	t of my lin	oulodes and b	aliaf it ia					
				claration of preparer (other than of					owiedye and b	ellel, it is					
Sig	n	⊢	Hoan Signature of office	gmai Pham											
	-		Signature of offic	er						Da	ite				
Не	re	H		gmai Pham, Presid	lent										
			Type or print nar												
P -			Print/Type pre	eparer's name	Preparer's signature		Date		Check	∐ if	PTIN				
Pa			John Mu	John Mullins 09-27-2024 self-en							mployed P01429307				
	-	arer	Firm's name	Mullins,	, PC			F	Firm's EIN						
Us	e C	Only	Firm's addres	.s 7625 Wis	sconsin Avenue			F	Phone no.						
					a MD 20814						770-6371				
May	/ the	RS	discuss this	return with the preparer sh	nown above? See instr	uctions					X Yes 🗌 No				

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public

2

Part III Statement of Program Service Accomplishments Check if Schedule 0 contains a response or note to any line in this Part III	age 2
1 Briefly describe the organization's mission: Transforming healthcare for people with intellectual and developmental disabilities, so they thrive. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 4 (Code:) (Expenses \$1,234,551 including grants of \$) (Revenue \$)	_
Transforming healthcare for people with intellectual and developmental disabilities, so they thrive. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
 thrive. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	can
prior Form 990 or 990-EZ?	
prior Form 990 or 990-EZ?	
 If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
 services?	
 If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 1,234,551 including grants of \$) (Revenue \$ 325,500 	
 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 \$ 1,234,551 including grants of \$) (Revenue \$ 325,500 	
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 \$, 234,551 including grants of \$) (Revenue \$, 325,500	
the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$	
4a (Code:) (Expenses \$1,234,551 including grants of \$) (Revenue \$325,500	
See SERVICES page for a description of this program service.)
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d Other program services (Describe on Schedule O.)	
(Expenses \$ including grants of \$) (Revenue \$)	
4e Total program service expenses 1,234,551	

Form 990 (2	2023
Part IV	(

			Exceptional	Care
Checklist of	Required S	chec	lules	

85-1278444 Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	_		
•	•	8		x
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		
10		9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x
	VII, VII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		v
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	114		x
0	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	110		~
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX · · · · · · · · · · · · · · · · · ·	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2023)

		1278444	4	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • •	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J	;	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			-	
- 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		<u>x</u>
b		1	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?				
			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· · · 2	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	· · · 2	25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	2	25b		х
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	• • • L:	26		х
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		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
ŭ	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		x
			200		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>				
			28c		<u>x</u>
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	··· 🟳	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	· · ·:	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	· · · 上	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	· · · _:	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	· · · [:	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	🛛 3	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		T		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	:	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	:	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		-		
00	19? Note : All Form 990 filers are required to complete Schedule O		38	x	
Dar		· · · ·	50	~	
Par	Check if Schedule O contains a response or note to any line in this Part V				
		<u></u>	· · ·		
		a = 🗖		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	· · · '	1c	Х	

Form 990 (2023)

Form	990 (2023) Institute for Exceptional Care 85-12784	144	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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	1.		
	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		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

-	n 990 (2023) Institute for Exceptional Care 85-12784			age 6					
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below,								
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			_					
_	Check if Schedule O contains a response or note to any line in this Part VI			x					
Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15								
	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 in line 1a, above, who are independent 1b 14								
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?								
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		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_							
	one or more members of the governing body?	7a		<u>x</u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
~	stockholders, or persons other than the governing body?	7b		<u>x</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
_	the year by the following:	0-							
a ⊾	The governing body?	8a 01-	х 						
ь 9		8b	х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		v					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		<u>x</u>					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		x					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			<u> </u>					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х						
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe on Schedule O how this was done	12c		х					
13	Did the organization have a written whistleblower policy?	13	х						
14	Did the organization have a written document retention and destruction policy?	14	х						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
b	Other officers or key employees of the organization	15b	х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		x					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
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 only) available for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,								
••	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records.								
	Institute for Exceptional Care (202)843-9260, 1717 K Street NW, Suite 900, DC 20006								

Form 990 (202		85-1278444	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employe	es, and							
Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII		🗌							
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete t	his 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 instructions for the order in which to list the persons above.

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

	elateu organiza		inhe	IISai	ieu a	any cu	nen		liusiee.	
				((C)					
(A)	(B)	(B) Position						(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated amount
	hours							compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or Inc	Ins	Q₽	Ke	Hi en	Fo	1099-MISC/	1099-MISC/	organization and
	related	direc	stituti	Officer	y en	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	nstitutional trustee		Key employee	'ee				
	below	uste	trus		/ee	nper				
	dotted line)	o o	tee			Highest compensated employee				
						, p				
(1)Hoangmai Pham	20.00									
President		x		x				255,906	0	16,203
(2)May-Lynn Andersen	40.00									
Director of Partnerships						х		156,324	0	20,531
(3)Lauren Erickson	40.00									
Policy Director						х		156,644	0	161
(4)John Stowe	30.00									
Chief Operating Officer					х	х		115,547	0	7,361
(5)Margaret Nygren	<u>1.00</u>									
Finance Chair		х						0	0	0
(6)Richard Gilfillan	<u>1.00</u>									
Director		х						0	0	0
(7)Cathy_Farmer	1.00									
Director		х						0	0	0
(8)Staci_Alexander	<u>1.00</u>									
Director		х						0	0	0
(9)Dena Gassner	<u>1.00</u>									
Education Co-Chair		х						0	0	0
(10)Vish Sankaran	<u>1.00</u>									
Director		х						0	0	0
(11)Cuong Do	1.00									
Vice Chair		x						0	0	0
(12)Julia Bascom	1.00									
Director		x						0	0	0
(13)James Perrin	<u>1.00</u>									
Director		x						0	0	0
(14)Chester Finn	<u>1.00</u>									
Director		х						0	0	0
EEA										Form 990 (2023)

	90 (2023) Institute for Exc	eptional	Car	e	-				link oot Comm		1278			Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key	Em		-	es, ar	nd I	Highest Comp	pensated	Empl	oyees	(cont	inued)
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m ss per	rson i	han one s both a /trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensatie from relate organizations	tion ted		(F) aated am of other mpensat rom the	r
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NISC/ 1099-NEC)	1099-MISC 1099-NEC		orga	nization d organiz	
	renike Giwa Onaiwu ation Co-Chair	<u>1.00</u>	x						0		0			0
	b Galvin Lopment Chair	<u>1.00</u>	x						0		0			0
-	rrill Friedman	<u>1.00</u>							0		0			0
-	rnard Rosof	2 .00			v				0		0			0
<u>(19)</u>			x		x				0					
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal			•••	• •	• •					\square			
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)		· · ·	•••	•••	•••	· · ·	•	684,421		0		44,2	256
2	Total number of individuals (including but no reportable compensation from the organiza	ot limited to								han \$100,0				_
													Yes	4 No
3	Did the organization list any former officer, directed employee on line 1a? <i>If "Yes," complete Schedule</i>			-		-						3		x
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater that	eportable co	mpens	satio	n an	d ot	her co	mpe	ensation from the					
	individual			• •	• •							4	x	
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If "Yes,</i>	•			-			-				5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest con compensation from the organization. Report	-											s tax [·]	year.
	(A)								(B)			(C)		
Hope	Name and business addres Glassberg LLC, 16 North Dutcher		ator	NY	1	0		Pro	Description of service			Compens	L68,0	000
	deis University, 415 South Street								ject Consult				L03,0	
Stra	cegic Communications & Planning,	40 West	Ever	gre	en			Des	sign/Consult:	ing		1	L01,4	441
2	Total number of independent contractors (ir	-					iose l	iste	d above) who					
	received more than \$100,000 of compensa	tion from th	ne org	janiz	zatio	on				3				

Form 99		23) Institu	te for Ex	cept	tional Care			85-12784	144 Page 9
Part '	VIII	Statement of Reven	nue						
		Check if Schedule O co	ontains a res	pons	se or note to any	line in this Part ((A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	1a	Federated campaigns		1a					sections 512–514
ts t	b	Membership dues	•	1b					
Grar oun	С	Fundraising events		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	r	1d					
ilar	e	Government grants (contribu		1e					
Sir	f	All other contributions, gifts, g and similar amounts not inclu	-	1f	916,996				
ther	g	Noncash contributions includ			910,990				
d O T		lines 1a-1f		1g	\$				
aŭ	h	Total. Add lines 1a-1f				916,996			
					Business Code				
e	2a	Program Service Rev	renue		900099	325,500	325,500		
e Zi	b								+
i Se enu	c								1
Program Service Revenue	d								1
rog F	e								
Δ.		All other program service rever Total. Add lines 2a-2f				225 500			
						325,500			
	3	Investment income (including other similar amounts)				7,967			7,967
	4	Income from investment of tax				.,,,,,,,,			.,,,,,
		Royalties							
			(i) Real		(ii) Personal				
	6a	Gross rents 6a	a						
		Less: rental expenses 6t	b						
		Rental income or (loss) 60	-						-
		· · · · · · · · · · · · · · · · · · ·							
	7a	Gross amount from	(i) Securitie	s	(ii) Other				
		sales of assets other than inventory 7a	a						
	b	Less: cost or other basis							
ne		and sales expenses 7k	b						
ven	c	Gain or (loss) 70							
Re	d	Net gain or (loss)		· <u></u>					
Other Revenu	8a	Gross income from fundraising	g						
ð		events (not including \$							
		of contributions reported on lin							
	L .	1c). See Part IV, line 18 • • Less: direct expenses • • •		8a 8b					
		Net income or (loss) from fund			' <u> </u> 				
		Gross income from gaming							
		activities. See Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	c	Net income or (loss) from gam	ning activities						
	10a	Gross sales of inventory, less							
		returns and allowances		10a					
		Less: cost of goods sold •••		10k					
	C	Net income or (loss) from sale	es of inventory	• •					
S	11-				Business Code				
non ue	11a b								<u> </u>
ven	C C						<u> </u>		
Mis cellanous Revenue		All other revenue							1
Σ	-	Total. Add lines 11a-11d							
		Total revenue. See instruction				1,250,463	325,500	0	7,967

Form 990 (2023)

023) Institute for Exceptional Care Statement of Functional Expenses Part IX

8b, 9b, a 1 Grading 2 Grading 3 Grading 3 Grading 3 Grading 4 Bee 5 Coo 6 Coo 7 Ottl 8 Pee 9 Ottl	Check if Schedule O contains a response or n nclude amounts reported on lines 6b, 7b, nnclude amounts reported on lines 6b, 7b, number of the second of the s	(A) Total expenses 371,453 578,104 36,377	(B) Program service expenses 230,099 358,112	(C) Management and general expenses	(D) Fundraising expenses 95,508
1 Gr. ann 2 Gr. ind 3 Gr. org for 4 Be 5 Co tru 6 Co pel pel 7 Ottl 8 Pe see 9 Ottl	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21 ants and other assistance to domestic dividuals. See Part IV, line 22 ants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits	371,453 578,104	expenses	general expenses	expenses 95,508
2 Gr. ind 3 Gr. 6 Gr. 6 Co 7 Co 8 Pe 8 Pe 9 Ott	d domestic governments. See Part IV, line 21 ants and other assistance to domestic dividuals. See Part IV, line 22	578,104			
2 Gr: ind 3 Gr: org for 4 Be 5 Co tru 6 Co pei pei 7 Otti 8 Pe 8 Set 9 Otti	ants and other assistance to domestic dividuals. See Part IV, line 22 ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions)	578,104			
ind 3 Gr: org for 4 Be 5 Co tru 6 Co per 9 Per 7 Ottl 8 Pe 9 Ottl	dividuals. See Part IV, line 22	578,104			
 Grading of the second se	ants and other assistance to foreign ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members	578,104			
4 Be 5 Co tru 6 Co pei pei 7 Ottl 8 Pe see 9 Ottl	ganizations, foreign governments, and reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members ompensation of current officers, directors, stees, and key employees ompensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits	578,104			
for 4 Be 5 Co tru 6 Co pei pei 7 Otil 8 Pe sei 9 Otil	reign individuals. See Part IV, lines 15 and 16 enefits paid to or for members	578,104			
 4 Be 5 Co 6 Co pei pei 7 Otti 8 Pe see 9 Otti 	enefits paid to or for members	578,104			
5 Coo tru 6 Coo per 7 Ott 8 Pe sec 9 Ott	ompensation of current officers, directors, ustees, and key employees ompensation not included above to disqualified ursons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits	578,104			
6 Co per per 7 Ott 8 Pe sec 9 Ott	Instees, and key employees	578,104			
6 Co per per 7 Ottl 8 Pe sec 9 Ottl	ompensation not included above to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits	578,104			
per per 7 Ott 8 Pe sec 9 Ott	rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) her salaries and wages		358,112	71,351	
7 Otl 8 Pe sec 9 Otl	rsons described in section 4958(c)(3)(B) her salaries and wages		358,112	71,351	
7 Ott 8 Pe sec 9 Ott	her salaries and wages ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits		358,112	71,351	
8 Pe sec 9 Ott	ension plan accruals and contributions (include ction 401(k) and 403(b) employer contributions) her employee benefits		358,112	71,351	
sec 9 Otl	ction 401(k) and 403(b) employer contributions) her employee benefits	36.377			148,641
sec 9 Otl	ction 401(k) and 403(b) employer contributions) her employee benefits	36.377			,
9 Ot	her employee benefits		22,534	4,490	9,353
		25,191	15,605	3,109	6,477
10 Pa		70,713	43,803	8,728	18,182
11 Fe	es for services (nonemployees):	- , -	-,		
	anagement				
	gal				
	counting	10,175	8,195	1,980	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees • • • • • • • • • • • • • • • •				
	her. (If line 11g amount exceeds 10% of line 25, column				
-), amount, list line 11g expenses on Schedule O.)	623,383	502,104	121,279	
	lvertising and promotion	020,000			
	fice expenses	2,453	1,486	350	617
	ormation technology	35,269	9,380	1,866	24,023
	ovalties	33,203	3,300	1,000	
	ccupancy · · · · · · · · · · · · · · · · · · ·				
	avel	58,891	40,996	68	17,827
	yments of travel or entertainment expenses	30,031			
	any federal, state, or local public officials				
	onferences, conventions, and meetings				
	yments to affiliates				
	epreciation, depletion, and amortization				
		9,858		9,858	
	her expenses. Itemize expenses not covered	9,050		9,000	
	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column				
	· · · · ·				
), amount, list line 24e expenses on Schedule O.)	10 500	0.107	0.110	0.10
	cate Registrations	12,502	2,187	2,116	8,199
	es and Subscriptions	50	50		
с <u>–</u>					
d	ather evenence				
	other expenses		1 004		
	otal functional expenses. Add lines 1 through 24e int costs. Complete this line only if the	1,834,419	1,234,551	271,041	328,827
	ganization reported in column (B) joint costs				
fro	m a combined educational campaign and				
	ndraising solicitation. Check here 🗍 if Iowing SOP 98-2 (ASC 958-720)				

28 Net assets with donor restrictions 835,031 28 608,356 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 835,031 28 608,356 29 Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,378,596 32 794,640	Par	t X	Balance Sheet			
Beginning of year End of year 1 Cash - non-intrest-bearing 706,951 4 432,490 2 Savings and temporary cash investments 916,951 4 422 432,490 3 Predges and grants receivable, net 935,031 3 608,336 4 Counts receivable, net 935,031 3 608,336 5 Leans and other receivables from ontheir disqualified persons (as defined under section 4958(r)(3)(6) 6 7 6 Leans and other receivables from ontheir disqualified persons (as defined under section 4958(r)(3)(6) 6 7 7 Notes and loans neceivable, net 10,234 9 16,454 10 Leans accumulated depredation 10 10 10 11 Investments - publicity traded securities 11 11 11 11 Investments - program-related. See Part IV, line 11 13 14 14 13 Investments - program-related. See Part IV, line 11 13 17 262,650 14 Itangble assets 17 21 22 <			Check if Schedule O contains a response or note to any line in this Part X			
989 1 Cash - non-interest-bearing 706, 951 1 432, 490 3 Pledges and grans receivable, net 835, 031 3 608, 356 4 Accounts receivable, net 835, 031 3 608, 356 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or fraining member of any of these persons 5 6 6 Leans and other receivables from other disqualified persons (as defined under section 49580/(3)(8) 7 8 7 Notes and clear receivable, net 7 8 7 8 Investments or for sale or use 8 10, 234 9 16, 454 10a Land, builings, and equipment: cost or other 10a 10b 10c 11 11 Investments - publicly traded securities 111 112 113 114 11 Investments - public securities 114 114 114 114 12 Investments - public securities 114 114 114 114 114 114						
get 2 Savings and temporary cash investments 2 Control 3 Control 3 Control 3 Control 3 Control Contro Contro		4	Cash non interact bearing		4	
Sector Bit State Bit State State 999 3 Pledges and grants receivable, net 835,031 3 608,356 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(7(11)), and persons described in section 4958(2(3)(B) 6 Notes and loans receivable, net 7 8 Inventories for sale or use 10, 234 9 16, 454 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 10c 1 Investments - other socurities. See Part IV, line 11 13 14 14 10 Interstments - other socurities. See Part IV, line 11 13 173,620 17 262,660 13 Investments - other socurits payable and accrued expenses 173,620 17 262,660 14 Intangible assets. Add lines 11 frough 15 (must equal line 33) 1,352,216 16 1,057,300 15 Coans and othe				706,951		432,490
4 Accounts receivable, net 4 5 Loars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f(1)), and persons described in section 4958(c)(3)(B) 5 6 Loars and other receivables from other disqualified persons (as defined under section 4958(f(1), and persons described in section 4958(c)(3)(B) 6 7 Notes and loars receivables from other disqualified persons (as defined under section 4958(f(1), and persons described in section 4958(c)(3)(B) 6 9 Prepaid expenses and deferred charges 10, 234 9 16, 454 10a 10c 10c 10c 10c 11 Investments - publicly traded securities 11 12 10c 12 Investments - publicly traded securities 11 13 14 13 Investments - publicly traded securities 17, 620 17, 620, 17 262, 660 13 Intangible assets. Add lines 1 through 15 (must equal line 33) 1, 552, 216 1, 057, 300 14 Ecrow or custodial account liability. Complete Part IV of Schedule D 20 20 22 15 Defered evenue 19 <td< th=""><td></td><td></td><td></td><td>0.05 0.01</td><td></td><td></td></td<>				0.05 0.01		
S Lears and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 G Lears and other receivables from other disqualified persons (as defined under section 4558(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for safe or use 9 9 Prepaid expenses and deferred charges 10, 234 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 11 Investments - publicly traded securities 11 11 11 Investments - publicly traded securities 11 12 12 Investments - publicly traded securities 13 14 13 Investments - program-related. See Part IV, line 11 12 12 14 Total assets. Add lines 1 through 15 (mute equal line 33) 1, 552, 216 16 1, 057, 300 14 Total assets. Add lines 1 through 15 (mute equal line 33) 1, 37, 620 17 22 12 Earcow or custodial account liability. Complete Part IV of Schedule D 21 22 22 13			• •	835,031		608,356
Substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958()(1)), and persons described in section 4958(c)(3)(B) 6 7 Alexan and other encivables from other disqualified persons (as defined under section 4958()(1), and persons described in section 4958(c)(3)(B) 6 8 Inventories for sale or use 7 7 9 Prepaid expenses and deferred charges 10,234 9 16,454 10a Land, building, and equiprent: to or other basis. Complete Part VI of Schedule D 10a 10a 10a 11 Investments - publicly traded securities 11 12 11a 11 Investments - publicly traded securities 11 13 14 12 Investments - publicly traded securities 11 13 14 14 13 Cher assets. See Part IV, line 11 13 14 14 15 14 Intangable assets 173,620 17 262,660 19 20 Tax-exempt bord liabilities 22 22 22 22 21 Loans and other payables to any current or former officer, director, t					4	
sector 5 6 Lears and other receivables from other disqualified persons (as defined under sector 4950((11)), and persons described in sector 4950((2)(8) 5 7 Notes and lears receivable, net 7 9 Prepaid expenses and deferred charges 10, 234 9 16, 454 9 Prepaid expenses and deferred charges 10a 10, 234 9 16, 454 10a Land, buildings, and equipment: cost or other basis. Compilet Part VI of Schedule D 10a 10c 10b 10c 11 Investments - publicly traded securities. 111 112 113 114 114 12 Investments - publicly traded securities. 114 123 1 1 124 1 13 Investments - publicly traded securities. 114 1 <t< th=""><td></td><td>5</td><td></td><td></td><td></td><td></td></t<>		5				
6 Lcans and other receivables from other disgualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10,234 9 16,454 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 10c 11 Investments - other securities. See Part IV, line 11 12 11 13 Investments - other securities. See Part IV, line 11 13 14 14 Intargible assets. 11 13 15 Other assets. Add lines 1 through 15 (must equal line 33) 1,552,216 16 1,057,300 17 Accounts payable and accrued expenses 173,620 17 262,660 18 Grants payable and accrued expenses 20 21 22 20 Tax-axempt bond liabilities 23 24 20 22 23 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% corticoled effity of family member of any of these persons 22					F	
999 under section 4958(f(11)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 Notes and loans receivable, net 8 10, 234 11, 4		6			5	
988 7 Notes and loans receivable, net 7 9 Prepaid expenses and deferred charges 10,234 9 16,454 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 10c 11 Investments - publicly traded securities 11 11 11 12 Investments - publicly traded securities 11 12 13 14 Intragible easets 14 13 14 15 Other assets. Sce Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,552,216 16 1,057,300 17 Accounts payable and accound tability. Complete Part IV of Schedule D 21 22 22 20 Tax-exempt bond liabilities 20 22 23 24 21 Coants payable to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons 22 23 24 24 22 Other labilities not included on lines 17-24). Complete Part X 26 26 262, 262, 660 23 24		0			6	
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Institute for Exceptional Care

EEA

Form 990 (2023)

Form 990 (2023)

85-1278444

Page **11**

		85-1278444		Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	• •		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	250,	463
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	834,	419
3	Revenue less expenses. Subtract line 2 from line 1	3	(583,	956)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	378,	596
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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		794,	640
Pa	rt 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 🛛 🕱 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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ſ			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
					(0000)

Form 990 (2023)

SCHE	DU	LE	Α
(Form	990)	

Department of the Treasury

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.

st.	2023				
	Open to Public				
	Inspection				
tification number					

OMB No. 1545-0047

Interna	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection		
Name	ne of the organization Employer identification number					n number			
Inst	stitute for Exceptional Care 85-1278444							4	
Part	: 1	Reason	for Public Cha	rity Status. (Al	l organizations mus	st comple	ete this p		
The or	gai	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check of	only one b	ox.)		
1		A church, con	vention of churches,	or association of ch	urches described in sect	tion 170(b)(1)(A)(i).		
2		A school desc	ribed in section 170	(b)(1)(A)(ii). (Attach	Schedule E (Form 990).	.)			
3	\Box	A hospital or a	cooperative hospita	l service organizatio	on described in section 1	70(b)(1)(A	A)(iii).		
4	Π	A medical rese	earch organization or	perated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_		e, city, and state:	,			. ,		
5	Π		· –	enefit of a college o	r university owned or ope	erated by a	aovernme	ental unit described in	
	_	•)(1)(A)(iv). (Complet	•	, ,	,	0		
6	Π			,	unit described in section	170(b)(1)	(A)(v).		
7	x		-	-	art of its support from a g			rom the general public	
			ection 170(b)(1)(A)(5 1	
8	П				i). (Complete Part II.)				
9	П	-			tion 170(b)(1)(A)(ix) ope	erated in co	oniunction	with a land-grant colleg	1e
-		-	•		(see instructions). Enter		•) -
		university:	, a nom land grant of	linge et agricanare			ong, and e		
10		An organization receipts from a support from g	activities related to its pross investment inco	s exempt functions, ome and unrelated l	33 1/3% of its support fro subject to certain except pusiness taxable income	tions; and (less sect	(2) no mor ion 511 tax	e than 33 1/3% of its	55
		. ,	0		section 509(a)(2). (Com	•	,		
11	Н	-	•	•	test for public safety. Se				
12	П	0	v .		or the benefit of, to perfor			, , ,	
					d in section 509(a)(1) or				Спеск
			•		pe of supporting organiza		•	-	
а					vised, or controlled by its	••	-	.,	ng
			,		rly appoint or elect a maj	only of the	directors	or trustees of the	
Ŀ					t IV, Sections A and B.				
b				•	ontrolled in connection w		-	.,	
			-		ition vested in the same	persons th	at control o	or manage the support	ea
			on(s). You must cor						
С					anization operated in co				th,
-			e () (,	ou must complete Part	•			
d			-	•	g organization operated				()
				-	n generally must satisfy a			nent and an attentivene	ess
			· ,	-	te Part IV, Sections A a				
е			-		en determination from the			I, Type II, Type III	
					integrated supporting or	ganization	•		
f			er of supported organ						••••
g			wing information abo		o				1
		(i) Name of supporte	ed organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Schedu Part	Il Support Schedule for Organiz	for Exceptions Desc	ional Care	tions 170(b)	(1)(A)(iv) and	85-127844 170(b)(1)(A	4 Page 2
I UIT	(Complete only if you checked the						
	Part III. If the organization fails t				•		
Secti	ion A. Public Support	o quality and					
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	(d) 2019	(b) 2020	(C) 2021	(u) 2022	(e) 2023	(1) 10tai
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the		188,470	498,421	2,236,878	916,996	3,840,765
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 3		100.470		0.000.070		
4	-		188,470	498,421	2,236,878	916,996	3,840,765
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						331,020
6	Public support. Subtract line 5 from line 4 .						3,509,745
	on B. Total Support	() 0040	(1) 0000	() 0004	(1) 0000	() 0000	
	idar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		188,470	498,421	2,236,878	916,996	3,840,76
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
-	similar sources					7,967	7,967
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.)			73	85		158
11	Total support. Add lines 7 through 10						3,848,890
12	Gross receipts from related activities, etc	•	,			12	
13	First 5 years. If the Form 990 is for the o	•			•		
	organization, check this box and stop he						· · · · · · 2
	on C. Computation of Public Suppo		-			, ,	
14	Public support percentage for 2023 (line					14	%
15	Public support percentage from 2022 Sch		•			15	9
16a	33 1/3% support test - 2023. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ						
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		[
17a	10%-facts-and-circumstances test - 20	23. If the orga	nization did not	t check a box	on line 13, 16a	, or 16b, and li	ne 14 is
	10% or more, and if the organization mee	ets the facts-ar	nd-circumstanc	es test, check	this box and st	top here. Expl	ain in
	Part VI how the organization meets the fa	acts-and-circu	mstances test.	The organizat	ion qualifies as	a publicly sup	ported
	organization						[
b	10%-facts-and-circumstances test - 20						-
	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			-		• •	
18	Private foundation. If the organization d						-
-	instructions						_
							A (Form 990) 202

Schedu	le A (Form 990) 2023 Institute f					85-1278444	4 Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the complete only if you checked	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify ur	nder Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part II	.)	
Secti	on A. Public Support						
Caler	dar 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.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•		<u>.</u>		
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's fi	rst, second, th	ird, fourth, or f	ifth tax year as a	section 501(c)(3)
	organization, check this box and stop her	е					[
Secti	on C. Computation of Public Suppo	rt Percentaç	je				
15	Public support percentage for 2023 (line 8	3, column (f), c	livided by line	13, column (f))	15	%
16	Public support percentage from 2022 Sch					16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2023 (line 10c, colur	nn (f), divided	by line 13, colu	umn (f))	17	%
18	Investment income percentage from 2022	Schedule A,	Part III, line 17	·		18	%
19a	33 1/3% support tests - 2023. If the orga	nization did n	ot check the bo	ox on line 14, a	and line 15 is mo	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this b	ox and stop h	ere. The orga	nization qualifi	es as a publicly	supported org	janization
b	33 1/3% support tests - 2022. If the organization	on did not check	a box on line 14	or line 19a, and l	line 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box a	nd see instruc	tions

Page 4

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 No Yes 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. 1 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 2 organization was described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a 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 3b organization made the determination. С 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. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a 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. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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) 4c purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." 5a 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 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. 9a b Did one or more disgualified 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. 9b Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated 10a supporting organizations)? If "Yes," answer line 10b below. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b

Schedule A (Form 990) 2023

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	tructi	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			-
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
EEA	Schedul	e A (Fo	orm 99	0) 2023

 Schedule A (Form 990) 2023
 Institute for Exceptional Care

 Part IV
 Supporting Organizations (continued)

85-1278444

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Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	izations	- 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 <i>(ex</i>	plain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ons must complete Sec	tions A through E.
Secti	on 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		
Secti	on 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		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally i	ntegrated Type III suppo	orting organization
	(see instructions).			

Institute for Exceptional Care

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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	e A (Form 990) 2023 Institute for Exceptional	Care	85-1		144 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported orgar	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par	t 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	n the organization is res	oonsive		
	(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	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	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)				
i	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				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
,	and 4c.				
8	Breakdown of line 7:				
a	E				
a b	F (0000				
	E				
 d					
e	F (0000				
	Excess from 2023				
EEA				3	chedule A (Form 990) 2023

line 17e er 1

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 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. OMB No. 1545-0047

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tion. Inspection

Name o	of the or	ganization			Employer identification number
Inst	itute	for Exceptional Care			85-1278444
_	rtl	Organizations Maintaining Donor Advised I	Funds or Other S	imilar Funds or Ac	
		Complete if the organization answered "Yes" of			
				advised funds	(b) Funds and other accounts
1	Total	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4		gate value at end of year			
5		e organization inform all donors and donor advisors in	writing that the asset	s held in donor advise	d
		are the organization's property, subject to the organiza	-		
6		e organization inform all grantees, donors, and donor a			
		or charitable purposes and not for the benefit of the do	-	-	
		rring impermissible private benefit?			
Par		Conservation Easements			
_	-	Complete if the organization answered "Yes" of	on Form 990. Part	IV. line 7.	
1	Purpo	use(s) of conservation easements held by the organizat			
•		eservation of land for public use (for example, recreation			historically important land area
		otection of natural habitat	,	-	certified historic structure
	=	eservation of open space			
2		lete lines 2a through 2d if the organization held a quali	fied conservation cor	ntribution in the form of	a conservation
_		nent on the last day of the tax year.			Held at the End of the Tax Year
а		number of conservation easements			
b		acreage restricted by conservation easements			
c		er of conservation easements on a certified historic str			
d		er of conservation easements included on line 2c, acq			
		nistoric structure listed in the National Register	•		2d
3		er of conservation easements modified, transferred, re			
-	tax ye			,	
4		er of states where property subject to conservation eas	sement is located		
5		the organization have a written policy regarding the pe		pection, handling of	
		ons, and enforcement of the conservation easements i			Yes 🗌 No
6		and volunteer hours devoted to monitoring, inspecting,			
		5, T 5,	5	, 3	5,
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	dling of violations, and	d enforcing conservation	on easements during the year
			5 ,	5	3,
8	Does	each conservation easement reported on line 2d above	e satisfv the requirem	ents of section 170(h)	(4)(B)(i)
		ection 170(h)(4)(B)(ii)?		. ,	
9		t XIII, describe how the organization reports conservat			
	sheet	, and include, if applicable, the text of the footnote to th	e organization's finar	ncial statements that de	escribes the
		ization's accounting for conservation easements	5		
Par	t III	Organizations Maintaining Collections	of Art, Historic	al Treasures, or	Other Similar Assets
		Complete if the organization answered "Yes" of	on Form 990, Part	IV, line 8.	
1a	If the	organization elected, as permitted under FASB ASC 95			d balance sheet works
		historical treasures, or other similar assets held for pu			
		e, provide in Part XIII the text of the footnote to its final			
b	If the	organization elected, as permitted under FASB ASC 95	58, to report in its reve	enue statement and ba	alance sheet works of
		storical treasures, or other similar assets held for public			
		le the following amounts relating to these items:	,		· · ·
	•	evenue included on Form 990, Part VIII, line 1 • • •			\$
	•••	ssets included in Form 990, Part X			
2		organization received or held works of art, historical tre			
-		ing amounts required to be reported under FASB ASC			3, F. C C
а		nue included on Form 990, Part VIII, line 1			\$
b		s included in Form 990, Part X • • • • • • • • • •			

	e D (Form 990) 2023 Institute for 1					_	-	85-1278			Page 2
Par	t III Organizations Maintaining	j Coll	ections of	Art, His	torical	Treasures	s, or O	ther Similar As	sets (conti	nued)
3	Using the organization's acquisition, access	sion, a	nd other record	ds, check a	any of the f	following that	make si	gnificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	🗌 Loan o	r exchange p	orogram				
b	Scholarly research			е	_		-				
c	Preservation for future generations										-
4	Provide a description of the organization's of	collecti	ons and explai	in how the	v further th	e organizatio	n's ever	ont nurnose in Part			
-	XIII.	0011000			y fullation at	o organizatio					
F	During the year, did the organization solicit	or room	nivo donationa	of ort biot	orical trace	ouroo or oth	or oimilor				
5				-						. Г	٦
Dar	assets to be sold to raise funds rather than tIV Escrow and Custodial Arr			part of the	organizati	on's collectio	n	<u></u>	Ye	s	No
Fai		•		lan Fan	000 F) ant IV / line	0	reported on one	a unt au		
	Complete if the organization	ans	wered tes		n 990, F	ran iv, ine	9,01	reported an am	ount of		[[]
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo								_	_	_
	included on Form 990, Part X?	• • •							. 🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XI	II and o	complete the fo	ollowing ta	ble.						
								Amo	ount		
с	Beginning balance						. 10	:			
d	Additions during the year						. 1d	1			
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on									s	No
b	If "Yes," explain the arrangement in Part XI							-		_	Ī
Par				, Apianation			T art An			· _	
	Complete if the organization	ansi	vered "Yes"	' on Fori	m 990 F	Part IV line	10 د				
		1							1		
4 -		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years back	(e) Fou	ir years	back
1a	Beginning of year balance	<u> </u>									
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	Irrent y	ear end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment %										
с	Term endowment %										
-	The percentages on lines 2a, 2b, and 2c sh	nould e	gual 100%								
3a	Are there endowment funds not in the poss		•	ation that	are held ar	nd administer	red for th	e			
ou	organization by:	0001011	for the organiz					•		Yes	No
	(i) Unrelated organizations?								32(1)	103	
	(ii) Related organizations?								3a(i)		+
									3a(ii)		_
b	If "Yes" on line 3a(ii), are the related organi		•			• • • • • •	• • • •		3b		
4	Describe in Part XIII the intended uses of the	<u> </u>		owment fu	nds.						
Par				. –	000 F						4.0
	Complete if the organization	ans\	vered "Yes"	on For	m 990, F	art IV, line	e 11a. 3	See Form 990,	Part X,	line	10.
	Description of property		(a) Cost or othe	er basis	(b) Cost o	r other basis	• • •	Accumulated	(d) Boo	ok value	3
			(investme	ent)	(other)	d	epreciation			
1a	Land	••									
b	Buildings										
с	Leasehold improvements										
d					1						
e	Other										
	Add lines 1a through 1e. (Column (d) must e		orm 990 Part	X line 10c	column (l	B)					
		yuai r	onn 990, Fail i		, counni (I	-, ••••			dule D (F	orm of	00) 2022
EEA								JUIE		21111 32	, uj 2023

Schedule D (Form 990) 2023 Institute for Exce Part VII Investments - Other Securities	eptional Care	85-1278444 Page 3
Complete if the organization answered	"Yes" on Form 990. Part IV. line 1	1b. See Form 990, Part X. line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Part VIII Investments - Program Related		
Complete if the organization answered	"Yes" on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets Complete if the organization answered	"Ves" on Form 000 Part IV line 1	1d Soc Form 000 Part X line 15
· · ·		
(a) Desc	cription	(b) Book value
<u>(1)</u>		
(2)		
- <u>(3)</u> (4)		
(5)		
(6) (7)		
(7) (8)		
(8)		

Part X

Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	umn (b) must equal Form 990, Part X, line 25 col. ((B)) · ·

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

Schedul	e D (Form 990) 2023 Institute for Exceptional Care XI Reconciliation of Revenue per Audited Financial Stateme		85-12784	
Part			er Return	
	Complete if the organization answered "Yes" on Form 990, P			
1	Total revenue, gains, and other support per audited financial statements		1	1,250,463
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	a .		
a L	Net unrealized gains (losses) on investments	2a	-	
b	Donated services and use of facilities	2b	_	
C	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d		
e	Subtract line 2e from line 1		2e 3	1 050 460
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	1,250,463
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)	4a 4b	-	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).		5	1 250 463
Part			-	1,250,463
. urt	Complete if the organization answered "Yes" on Form 990, P	-	po:	
1	Total expenses and losses per audited financial statements		1	1,834,419
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	1,034,419
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	-		3	1,834,419
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,001,110
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) •		5	1,834,419
Part	XIII Supplemental Information			
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li	ines 1b and 2b; Part V, line 4	; Part X, line	9
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		
<u>01. I</u>	Cootnote for uncertain tax position under FIN 48 (Part)	()		
The (organization is a tax-exempt entity under Code Section 5	501(c)(3) of the Ir	ternal	Revenue
Code	the Code), and are exempt from federal income taxes on	related income pur	suant t	o Section
501 (a	a) of the Code and is not considered to be a private for	undation. In additi	on, the	Organization
is su	bject to income tax on net income that is derived from	business activitie	es that	are unrelated
to th	eir exempt purposes. Management has determined that the	e entity is not sub	ject to	unrelated
		_		
busir	ess income tax and has not filed an Exempt Organization	n Business Income 1	'ax Retu	<u>rn (Form 990-T</u>)
with	the IRS. Accordingly, no provision for income taxes is	included in the fi	nancial	statements.
The (organization has filed all of its known and required tag	<pre>returns in a time</pre>	ly mann	er, including
20 -	mmitted allowed extensions			
as pe	ermitted, allowed extensions.			

SCHEDULE J	
(Form 990)	

Compensation Information

OMB No. 1545-0047 2023

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.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 85-1278444

Insti	tute for Exceptional Care 85-1278444			
Part	Questions Regarding Compensation			
10	Check the appropriate bay(co) if the organization provided any of the following to or for a parson listed on Form		Yes	No
1a	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 Descent for personal use Descent for business and periods and			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments			
	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			
	Independent compensation consultant Compensation survey or study			
	x Form 990 of other organizations x Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		х
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			
5	compensation contingent on the revenues of:			
2		5a		
a b	Any related organization?	5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	อม		х
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:			
а	The organization?	6a		х
b	Any related organization?	6b		x
	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 not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
Eor Do	nerwork Reduction Act Notice, see the Instructions for Form 990 Schedule 1	(Earm	0001	2022

Schedule J (Form 990) 2023 Institute for Exceptional Care

85-1278444 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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.

(A) Name and Title		(B)Breakdown of W-2 an (i) Base compensation	d/or 1099-MISC and/or (ii) Bonus & incentive compensation	1099-NEC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Hoangmai Pham	(i)	255,906	0	0	16,042	161	272,109	0
1 President	(ii)	0	0	0	0	0	0	0
May-Lynn Andersen	(i)	156,324	0	0	9,920	10,611	176,855	0
2 Director of Partnerships	(ii)	0	0	0	0	0	0	0
Lauren Erickson	(i)	156,644	0	0	0	161	156,805	0
3 Policy Director	(ii)	0	0	0	0	0	0	0
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							 ule J (Form 990) 2023

Schedule J (Form 990) 2023

Page 2

EEA

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Institute for Exceptional Care

Employer identification number 85-1278444

01. Form 990 governing body review (Part VI, line 11)

The IRS Form 990 was prepared by an indpendent CPA and provided to the full Board prior to

filing.

02. CEO, executive director, top management comp (Part VI, line 15a)

The executive committee conducts an annual review of the performance of the CEO, including

setting compensation for the year. the CEO is responsible for setting the compensation of

other key employees of the organization within the parameters of the budget approved by

the board of directors. in setting salaries, the CEO reviews information on similar

positions at comparable organizations from salary surveys.

03. Other officer or key employee compensation (Part VI, line 15b

Compensation is determined through the annual budgeting process.

04. Governing documents, etc, available to public (Part VI, line 19)

These documents are available upon request

05. List of other fees for services expenses (Part IX, line 11g)

Other Professioanal Fees and Consulting \$610,691

Payroll Service Fees \$10,672

Benefits Processing Fee \$2,020

Statement of Program Service Accomplishments

Name(s) as shown on return

Institute for Exceptional Care

2023 PG01 Your Social Security Number

85-1278444

Statement #4

Form 990-Part III(a) Statement of Service Accomplishment

Program Service Code	
Program Service Expenses	\$1234551
Grants and allocations included in above expense	\$0
Program Services Revenue	\$325500

Explanation

Thought Leadership: Institute for Exceptional Care (IEC) chaired the Planning Committee for a public workshop of the National Academy of Science, Engineering, and Medicine, on the policy, clinical, and business actions needed to build an integrated system of care for people with intellectual and/or developmental disabilities (I/DD). The workshop featured over 30 stakeholders and experts in the field, addressing the critical topics of better coordination of support services across clinical and home- and community-based sectors, improving the cultural and technical preparedness of the general clinical workforce to care for people with I/DD, and improving financing and payment to sustain effective care models. IEC also: Led the design of all disability-related discussions at a national health equity conference with over 9,000 attendees from across the fields of clinical care and health policy. Produced an analysis of federal policy options to improve mental health outcomes for people with I/DD. Co-chaired other workshops and publications from the National Academy of Medicine on policy and programmatic options for improving the health of communities, particularly for vulnerable populations including people with I/DD. Research and Analysis: IEC sponsored three critical analyses to support the design of better care systems for people with I/DD: (1) Case studies of financing and payment innovations across the United States; (2) reviews of the strengths and weaknesses of current approaches to coordination between clinical and non-clinical service sectors, identification of 13 key coordination functions, and the design of an alternative framework for coordination that specifies which stakeholders should be responsible for which functions; and (3) review of current methods for risk stratification and producing a conceptual framework for predicting the types and levels of clinical and non-clinical services that a person with I/DD will need, in order to support better budgeting, financing, and payment. Education: IEC sponsored a webinar for a community of students, alumni, and staff at an independent residential school for children with I/DD, on the elements of "neurodiverse friendly" healthcare. The webinar addressed important physical accommodations in clinical practices, the potential and challenges of telehealth, and suggestions for how people with I/DD and caregivers can advocate for better care. Additional Info: •IEC provided thought leadership through multiple speaking engagements to state and federal government agencies, academic institutions, healthcare conferences, webinars, and blogs. •Creation of the IDD Advocate Corps, a grass-roots advocacy network of passionate health professionals partnering with community members with lived experience of IDD. The Corps began planning its approach to governance, training, research and education, and making change in specific sectors of healthcare, beginning with healthcare delivery organizations. Additional Info: -Completed first phase of IIDDEAL project to define what health outcomes matter most to people with IDD -Convened the IIDDEAL Consensus Working Group in-person to develop national goals for improving health outcomes that matter -Held a Policy Summit on IIDDEAL findings -Completed first phase of technical design of the Always Uniquely Me app -Completed drafting the National Roadmap for Disability Inclusive Healthcare

ame(s) as shown on return	omplishments	2023 PG01 Your Social Security Number
institute for Exceptional Care		85-1278444
Form 990-Part III(b		Statement #4
Statement of Service Accom	Iprisiment	
Program Service Code		
5	\$0	
Program Service Expenses Frants and allocations included in above expense	\$0 \$0	

me(s) as shown on return	Federal Supporting Statements	2023 PG01 Tax ID Number PG01
nstitute fo	r Exceptional Care	85-127844
	Form 990, Part VI, Section C, line 17	Statement #01
. .		
s required	e a copy of this Form 990 to be filed:	
California		
Connecticu		
	f Columbia	
Florida		
Illinois		
Massachuse	LTS	
Maryland		
New Jersey Nevada		
Virginia		
Virginia		