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Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ACADEMYHEALTH
Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1666 K STREET NW
Room/suite: 1100

City or town, state or province, country, and ZIP or foreign postal code: WASHINTON, DC 20006

F Name and address of principal officer: AARON E CARROLL
SAME AS C ABOVE

D Employer identification number
52-1260918

E Telephone number
(202)292-6700

G Gross receipts $ 16,134,169.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ACADEMYHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1981 **M** State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	71
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	87,415.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	70,184.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,897,419.	5,268,192.
9	Program service revenue (Part VIII, line 2g)	9,795,486.	10,804,354.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,949.	59,606.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,153.	2,017.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,876,007.	16,134,169.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	227,629.	2,639,121.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,135,640.	8,845,260.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,021,963.	5,979,432.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,385,232.	17,463,813.
19	Revenue less expenses. Subtract line 18 from line 12	2,490,775.	-1,329,644.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,335,428.	12,800,272.
21	Total liabilities (Part X, line 26)	11,902,913.	8,168,392.
22	Net assets or fund balances. Subtract line 21 from line 20	5,432,515.	4,631,880.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

HOLLY HUESTON, CFO & VP, OPERATIONS
Type or print name and title

Paid Preparer Use Only

Preparer's name: RICHARD J. LOCASTRO, CPA	Preparer's signature: Richard J. Locastro	Date: 11/18/2025	Check if self-employed: ☐	PTIN: P00288314
Firm's name: GELMAN, ROSENBERG & FREEDMAN			Firm's EIN: 52-1392008	
Firm's address: 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930			Phone no. 301-951-9090	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ACADEMYHEALTH IMPROVES HEALTH AND HEALTH CARE FOR ALL BY ADVANCING EVIDENCE TO INFORM POLICY AND PRACTICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,732,947. including grants of $ 2,639,121.) (Revenue $ 6,180,411.)
ADVANCING THE HEALTH RESEARCH ECOSYSTEM:
ACADEMYHEALTH STRENGTHENS THE HEALTH SERVICES RESEARCH ECOSYSTEM BY INVESTING IN PEOPLE, PARTNERSHIPS, AND INFRASTRUCTURE. WE CONNECT RESEARCHERS WITH PATIENTS, POLICYMAKERS, AND PRACTITIONERS TO ENSURE RESEARCH ADDRESSES REAL-WORLD PRIORITIES AND DRIVES MEANINGFUL CHANGE. OUR GRANTMAKING AND PROGRAMMING SUPPORT CAREER DEVELOPMENT AT ALL LEVELS THROUGH MENTORSHIP, TRAINING, AND PEER LEARNING. WE BUILD FIELD CAPACITY BY ADVANCING RESEARCH METHODS, DATA INFRASTRUCTURE, AND SYSTEMS FOR COLLABORATION. TO INCREASE THE IMPACT OF EVIDENCE, WE HELP RESEARCHERS TRANSLATE FINDINGS INTO ACCESSIBLE, ACTIONABLE INSIGHTS FOR DECISIONMAKERS AND COMMUNITIES, AND PROVIDE TAILORED IMPLEMENTATION SUPPORT THROUGH TECHNICAL ASSISTANCE, LEARNING COLLABORATIVES, AND

4b (Code:) (Expenses $ 3,436,735. including grants of $ 0.) (Revenue $ 3,991,083.)
HOST NATIONAL CONFERENCES TO DISSEMINATE KEY FINDINGS, RESEARCH RESULTS AND FACILITATE KNOWLEDGE SHARING THAT SUPPORTS BOTH THE PRODUCTION OF EVIDENCE AND THE USE OF EVIDENCE TO INFORM POLICY AND PRACTICE.

4c (Code:) (Expenses $ 565,689. including grants of $ 0.) (Revenue $ 545,445.)
PROVIDE A COLLABORATIVE FORUM TO SUPPORT MEMBERS WITH THEIR WORK AND TO HELP ADVANCE THEIR CAREERS.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 12,735,371.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	161		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	71		
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		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			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	7d			
e	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? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
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? N/A If "Yes," complete Form 6069.	17			

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

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

Section 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 on 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?	2			X
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		X	
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
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	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed DC

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

HOLLY L. HUESTON, CFO - (202) 292-6700
1666 K STREET NW SUITE 1100, WASHINGTON, DC 20006

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA SIMPSON	55.00									
PRESIDENT AND CEO (UNTIL 3/31/24)		X		X				1,308,829.	0.	18,139.
(2) AARON CARROLL	55.00									
PRESIDENT AND CEO (FROM 3/18/24)		X		X				475,250.	0.	13,010.
(3) MARGO EDMUNDS	55.00									
VICE PRESIDENT					X			253,793.	0.	22,334.
(4) MICHAEL GLUCK	55.00									
VICE PRESIDENT					X			229,658.	0.	28,422.
(5) KRISTIN ROSENGREN	55.00									
VICE PRESIDENT					X			235,983.	0.	20,534.
(6) TEASHA POWELL PELHAM	55.00									
VICE PRESIDENT					X			205,747.	0.	34,768.
(7) ELIZABETH COPE	55.00									
VICE PRESIDENT					X			184,269.	0.	30,660.
(8) AMY HAMMER	55.00									
SENIOR DIRECTOR						X		186,814.	0.	24,769.
(9) LAUREN ADAMS	55.00									
SENIOR DIRECTOR						X		170,444.	0.	23,514.
(10) STACY HALBERT	55.00									
IT DIRECTOR						X		159,339.	0.	33,139.
(11) ANGELICA RODRIQUEZ	55.00									
MEMBERSHIP DIRECTOR						X		165,247.	0.	23,339.
(12) SUSAN KENNEDY	55.00									
SENIOR DIRECTOR						X		153,798.	0.	27,010.
(13) HOLLY HUESTON	55.00									
CFO AND VP (FROM 5/20/24)				X				149,499.	0.	8,899.
(14) DEBORAH EDWARDS	40.00									
CFO AND VP (UNTIL 5/31/24)				X				131,847.	0.	16,083.
(15) LUCY SAVITZ	2.00									
DIRECTOR - CHAIR OF THE BOARD		X		X				0.	0.	0.
(16) RASU SHRESTHA	2.00									
DIRECTOR - VICE CHAIR OF THE BOARD		X		X				0.	0.	0.
(17) MING JACK PO	2.00									
DIRECTOR - TREASURER		X		X				0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NINEZ PONCE DIRECTOR - SECRETARY	2.00	X		X				0.	0.	0.
(19) ALICE S. ADAMS DIRECTOR	2.00	X						0.	0.	0.
(20) RICHARDO CORREA DIRECTOR	2.00	X						0.	0.	0.
(21) CHERYL DAMBERG DIRECTOR	2.00	X						0.	0.	0.
(22) SHEKINAH A. FASHAW-WALTERS DIRECTOR	2.00	X						0.	0.	0.
(23) ANDREW M. IBRAHIM DIRECTOR	2.00	X						0.	0.	0.
(24) CHARLES N. KAHN, III DIRECTOR	2.00	X						0.	0.	0.
(25) LUSINE POGHOSYAN DIRECTOR	2.00	X						0.	0.	0.
(26) LUCIA SAVAGE DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								4,010,517.	0.	324,620.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,010,517.	0.	324,620.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 31

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AUDIO VISUAL ONE LTD, 9611 W FOSTER AVENUE, SCHILLER PARK, IL 60176	AV SERVICES FOR CONFERENCES	552,751.
INNOVATION HORIZONS LLC 2819 27TH ST, WASHINGTON, DC 20008	CONSULTING SERVICES	152,479.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) ERIC C. SCHNEIDER DIRECTOR	2.00	X						0.	0.	0.
(28) HONG-LUN TIUNN DIRECTOR - STUDENT REPRESENTATIVE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,268,192.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		5,268,192.			
Program Service Revenue		**Business Code**				
	2a CONTRACT SERVICES	900099	6,180,411.	6,180,411.		
	b MEETING REGISTRATION	900099	3,991,083.	3,991,083.		
	c MEMBERSHIP DUES	900099	545,445.	545,445.		
	d CAREER CENTER ADS	541800	87,415.		87,415.	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		10,804,354.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		59,606.			59,606.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		**Business Code**				
	11a OTHER REVENUE	900099	2,017.			2,017.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		2,017.			
	12 **Total revenue.** See instructions		16,134,169.	10716939.	87,415.	61,623.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,613,121.	2,613,121.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	26,000.	26,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,367,725.	1,533,596.	1,834,129.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,868,186.	2,595,683.	272,503.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	298,400.	225,154.	73,246.	
9 Other employee benefits	1,759,936.	1,200,869.	559,067.	
10 Payroll taxes	551,013.	369,056.	181,957.	
11 Fees for services (nonemployees):				
a Management				
b Legal	11,941.		11,941.	
c Accounting	62,645.		62,645.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,621,872.	1,247,804.	374,068.	
12 Advertising and promotion				
13 Office expenses	122,614.	36,179.	86,435.	
14 Information technology				
15 Royalties				
16 Occupancy	271,919.	195,255.	76,664.	
17 Travel	591,261.	483,061.	108,200.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,003,904.	993,911.	9,993.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	362,996.	107,107.	255,889.	
23 Insurance	54,984.	16,224.	38,760.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIP.& ROOM RENTAL	828,217.	819,972.	8,245.	
b SUBS. AND PUBLICATIONS	367,213.	108,352.	258,861.	
c BAD DEBT	355,608.		355,608.	
d REPAIR AND MAINT.	187,278.	55,259.	132,019.	
e All other expenses	136,980.	108,768.	28,212.	
25 **Total functional expenses.** Add lines 1 through 24e	17,463,813.	12,735,371.	4,728,442.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,626,186.	1	767,599.
	2	Savings and temporary cash investments	2,438,913.	2	769,719.
	3	Pledges and grants receivable, net	1,247,283.	3	1,597,567.
	4	Accounts receivable, net	800,292.	4	606,147.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	399,638.	9	388,416.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,837,515.			
	b	Less: accumulated depreciation — 10b: 2,758,170.	1,365,196.	10c	1,079,345.
	11	Investments - publicly traded securities	3,100,714.	11	3,680,864.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,357,206.	15	3,910,615.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	17,335,428.	16	12,800,272.
Liabilities	17	Accounts payable and accrued expenses	1,371,592.	17	1,534,707.
	18	Grants payable		18	
	19	Deferred revenue	2,850,886.	19	356,217.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,680,435.	25	6,277,468.
	26	**Total liabilities.** Add lines 17 through 25	11,902,913.	26	8,168,392.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,308,181.	27	4,085,600.
	28	Net assets with donor restrictions	1,124,334.	28	546,280.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,432,515.	32	4,631,880.
	33	Total liabilities and net assets/fund balances	17,335,428.	33	12,800,272.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,134,169.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,463,813.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,329,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,432,515.
5	Net unrealized gains (losses) on investments	5	529,009.
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	4,631,880.

Part 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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6830606.	7268097.	6106535.	7897419.	5268192.	33370849.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6830606.	7268097.	6106535.	7897419.	5268192.	33370849.
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)						15901867.
6 **Public support.** Subtract line 5 from line 4.						17468982.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6830606.	7268097.	6106535.	7897419.	5268192.	33370849.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,619.	59,978.	54,423.	61,949.	59,606.	309,575.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	44,107.	99,793.	103,924.	70,699.	70,184.	388,707.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				822.	2,017.	2,839.
11 **Total support.** Add lines 7 through 10						34071970.

12 Gross receipts from related activities, etc. (see instructions) 12 34,321,446.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 51.27 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 58.27 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

			Yes	No
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 organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	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 organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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 disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**		

Section 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**		

Section 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**		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**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**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section 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):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **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**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

ACADEMYHEALTH

Employer identification number

52-1260918

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

ACADEMYHEALTH

Employer identification number

52-1260918

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 2,386,429.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,051,776.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 144,036.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

ACADEMYHEALTH

Employer identification number

52-1260918

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
ACADEMYHEALTH	52-1260918

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
ACADEMYHEALTH	52-1260918

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,826.	
c Total lobbying expenditures (add lines 1a and 1b)	5,826.	
d Other exempt purpose expenditures	17,457,987.	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,463,813.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	695,089.	765,829.	919,262.	1,000,000.	3,380,180.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,070,270.
c Total lobbying expenditures	146,705.			5,826.	152,531.
d Grassroots nontaxable amount	173,772.	191,457.	229,816.	250,000.	845,045.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,267,568.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,423,365.	1,654,260.	769,105.
d Equipment		1,095,592.	1,040,198.	55,394.
e Other		318,558.	63,712.	254,846.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,079,345.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SUBLEASE RECEIVABLE	170,049.
(2) OPERATING LEASE RIGHT OF USE ASSET	2,376,387.
(3) EMPLOYEE RETENTION CREDIT RECEIVABLE	1,187,067.
(4) DEPOSITS	177,112.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	3,910,615.

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) Federal income taxes	
(2) COPIER LEASE LIABILITY	4,759.
(3) RENT DEPOSIT - SUBLEASE	79,774.
(4) OPERATING LEASE LIABILITY	4,390,979.
(5) REFUNDABLE ADVANCES	1,801,956.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	6,277,468.

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	16,663,178.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	529,009.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	529,009.
3	Subtract line 2e from line 1			3	16,134,169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	16,134,169.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	17,463,813.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
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	0.
3	Subtract line 2e from line 1			3	17,463,813.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	17,463,813.

Part XIII Supplemental Information

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

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER, BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO SUPPORT THE WORK FOR THE PROJECT
NEW YORK UNIVERSITY ON BEHALF OF ITS GROSSMAN LONG ISLAND SCHOOL OF MEDICINE - 101 MINEOLA BLVD., SUITE 3-041 - MINEOLA, NY 11501	13-5562308	501(C)(3)	74,874.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, CLINICIAN AND
THE TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ACHIEVING IN THE
TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ADDRESSING OBSTACLES TO
BETH ISRAEL DEACONESS MEDICAL CENTER, INC - 330 BROOKLIN AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLIN AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	74,962.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 31.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TECH RESEARCH CORPORATION 505 10TH STREET, NW ATLANTA , GA 30332	58-0603146	501(C)(3)	37,500.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON , TX 77030	74-1761309	501(C)(3)	37,500.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	77,337.	0.			SERVES AS A STRATEGIC PARTNER PROVIDING OVERSIGHT OF 3 TASKS, ADVISING AND CONTRIBUTING
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501(C)(3)	21,596.	0.			PROVIDES ADVISING, TRAINING AND DISSEMINATION EFFORTS
FAMILY VOICES 561 VIRGINIA RD, BUILDING 4, SUITE CONCORD, MA 01742	85-0430800		94,413.	0.			PROVIDES PROJECT MANAGEMENT ASSISTANCE, AND PARTNERSHIP FOR THE MEETINGS AND WORKSHOPS
UC REGENTS/UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM ST, SUITE 425 - SAN FRANCISCO, CA 94103	94-3067788	501(C)(3)	131,173.	0.			PROVIDES OVERSIGHT OF ALL ACTIVITIES FOR THE CROSS-SITE EVALUATION IN PARTNERSHIP WITH DR.
PATIENT ADVOCACY FOUNDATION 421 BUTLER FARM RD HAMPTON , VA 23666	54-1806317	501(C)(3)	91,350.	0.			PATIENT ADVOCATE FOUNDATIONS PATIENT INSIGHT INSTITUTE WILL SERVE AS A FULLY
URBAN BABY BEGINNINGS 5700 OLD RICHMOND AVENUE, SUITE D1 RICHMOND, VA 23226	02-0805467	501(C)(3)	19,800.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH , PA 15260	25-0965591	501(C)(3)	375,231.	0.			CO LEADS AND PARTICIPATES IN THE STRATEGIC OVERSIGHT OF ALL TASKS, PROJECT AND

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN MAINE P.O. BOX 9300 PORTLAND, ME 04104	01-6000769	501(C)(3)	23,408.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
KENTUCKY DOULAS 515 CLAY LICK RD SALVISA, KY 40372	87-3743572	501(C)(3)	17,517.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
UNIVERSITY OF MARYLAND BALTIMORE COUNTY - 1000 HILLTOP CIRCLE - BALTIMORE , MD 21250	52-6002033	501(C)(3)	194,886.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
UNIVERSITY OF MICHIGAN 1109 GEDDES AVE, SUITE 3300 ANN ARBOR , MI 48109	38-6006309	501(C)(3)	118,596.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40526	61-6033693	501(C)(3)	127,238.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 912 W. FRANKLIN ST RICHMOND, VA 23284	54-6001758	501(C)(3)	106,850.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
GRAYHALL 1213 SUMMIT AVENUE ST. PAUL , MN 55105	41-1597991	501(C)(3)	100,610.	0.			PROVIDES CONSULTATIVE EXPERTISE AND RESEARCH SERVICES WHICH INCLUDE PROJECT MANAGEMENT,
UNIVERSITY OF SOUTH CAROLINA 1507 GREENE ST COLUMBIA , SC 29208	57-6002033	501(C)(3)	194,819.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
HOPES EMBRACE 138 BAYBROOK CIRCLE NICHOLASVILLE, KY 40356	81-4477394		24,172.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTH MATTERS 501 HOWARD STREET, SUITE A SPARTANBURG, SC 29303	45-4900759	501(C)(3)	56,927.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
BLACK MOTHER'S BREASTFEEDING ASSOCIATION - 19750 BURT RD, SUITE 205 - DETROIT, MI 48219	74-3235491	501(C)(3)	101,484.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
BIRTH IN COLOR 115 E BROAD ST. UNIT 1A RICHMOND, VA 23219	83-3221701		24,024.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
GENESIS BIRTH SERVICES 1307 PARK AVE #10 WILLIAMSPORT, PA 17701	82-4470819	501(C)(3)	23,595.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
MAMATOTO VILLAGE 4315 SHERIFF ROAD NE WASHINGTON, DC 20019	46-2564702	501(C)(3)	42,865.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
OREGON HEALTH & SCIENCE UNIVERSITY - 3181 S. W. SAM JACKSON PARK RD - PORTLAND, OR 97239	93-1176109	501(C)(3)	28,733.	0.			TO PROVIDE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN SUPPORT OF
SARAH GORDON/ GOLDEN STANDARD PUBLIC HEALTH - 437 SHAWMUT AVE #1 - BOSTON, MA 02118	93-3183105	501(C)(3)	20,750.	0.			TO COLLABORATE WITH CONTRACTOR WHO WILL PROVIDE TECHNICAL ASSISTANCE FOR THE
ASSOCIATION OF IMMUNIZATION MANAGERS - 451 HUNGERFORD DRIVE, SUITE 225 - ROCKVILLE, MARYLAND, CANADA 20850	52-2346043		40,002.	0.			TO PROVIDE TECHNICAL ASSISTANCE FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION
WIELL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	30,909.	0.			TO PROVIDE CONSULTATIVE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CONSULTANT/ SCHOLAR	9	26,000.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
ACADEMYHEALTH ASSIGNS EACH GRANT AWARD AN INDIVIDUAL PROJECT CODE IN THE ACCOUNTING AND TIMESHEET TRACKING SOFTWARE AND IS RECONCILED MONTHLY WITH THE GRANT'S PROJECT DIRECTOR. THE GUIDELINES FOR FINANCIAL REPORTING VARY BY GRANTOR BUT REQUIRE AT LEAST AN INTERIM REPORT DUE MIDWAY THROUGH THE PROJECT, AS WELL AS A FINAL REPORT DUE AT THE END OF THE PROJECT. ADDITIONALLY, ALL THIRD-PARTY AGREEMENTS, ADMINISTRATIVE REQUESTS AND GRANT AGREEMENT REVISIONS ARE SAVED THROUGHOUT THE GRANT'S LIFE CYCLE. ALL GRANT AGREEMENTS AND RELATED COMMUNICATIONS ARE KEPT ON FILE IN THE OFFICE OF GRANTS AND CONTRACTS' (OGC) DEPARTMENT AND ARE FORWARDED ANNUALLY TO THE ACCOUNTING DEPARTMENT FOR AUDIT PURPOSES. GRANT REVENUE RECEIVED AND THE VARIOUS RESTRICTIONS ON IT IS TRACKED AND RECONCILED ANNUALLY AGAINST THE RECORDS OF ACADEMYHEALTH'S ACCOUNTING DEPARTMENT.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOSPITAL OF PHILADELPHIA
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO SUPPORT THE WORK FOR THE PROJECT ENTITLED,CHARACTERIZING

Part IV Supplemental Information

THE PATH TO DIAGNOSIS FOR PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS: A MIXED METHODS STUDY.

NAME OF ORGANIZATION OR GOVERNMENT:
NEW YORK UNIVERSITY ON BEHALF OF ITS GROSSMAN LONG ISLAND SCHOOL OF MEDICINE
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, CLINICIAN AND SYSTEM-LEVEL FACTORS FOR DIAGNOSTIC IN HYPERTROPHIC CARDIOMYOPATHY.

NAME OF ORGANIZATION OR GOVERNMENT:
THE TRUSTEES OF UNIVERSITY OF PENNSYLVANIA
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ACHIEVING IN THE DIAGNOSIS OF BLACK MENS DISTRESS AND DEPRESSION.

NAME OF ORGANIZATION OR GOVERNMENT: TUFTS MEDICAL CENTER, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ADDRESSING OBSTACLES TO DIAGNOSTIC EXCELLENCE IN BREAST CANCER DIAGNOSIS

NAME OF ORGANIZATION OR GOVERNMENT:
BETH ISRAEL DEACONESS MEDICAL CENTER, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: DANA-FARBER CANCER INSTITUTE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGIA TECH RESEARCH CORPORATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT:
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON CHILDREN'S HOSPITAL
(H) PURPOSE OF GRANT OR ASSISTANCE: SERVES AS A STRATEGIC PARTNER PROVIDING OVERSIGHT OF 3 TASKS, ADVISING AND CONTRIBUTING TO THE COORDINATING CENTER'S THOUGHT LEADERSHIP AS WELL AS CO-LEADING AGENDA DEVELOPMENT FOR ALL LEARNING SESSIONS

NAME OF ORGANIZATION OR GOVERNMENT:
UC REGENTS/UNIVERSITY OF CALIFORNIA SAN FRANCISCO
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES OVERSIGHT OF ALL ACTIVITIES FOR THE CROSS-SITE EVALUATION IN PARTNERSHIP WITH DR. COPE, INCLUDING DATA COLLECTION, ANALYSIS, AND RELATED DISSEMINATION. THIS ROLE WILL ADDITIONALLY ENTAIL REPRESENTATION DURING MEETINGS WITH HRSA AS WELL AS CO-LEADERSHIP OF THE BLENDED ACADEMYHEALTH-UCSF MEASUREMENT & EVALUATION (TASK 3) SUPPORT TEAM

Part IV **Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: PATIENT ADVOCACY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT ADVOCATE FOUNDATIONS PATIENT INSIGHT INSTITUTE WILL SERVE AS A FULLY INTEGRATED PARTNER ON THE ESC CC SUPPLEMENT PROJECT AND ASSIST WITH LEADERSHIP, ENGAGEMENT, INFO GATHERING, TA AND DISSEMINATION ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: URBAN BABY BEGINNINGS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PITTSBURGH
(H) PURPOSE OF GRANT OR ASSISTANCE: CO LEADS AND PARTICIPATES IN THE STRATEGIC OVERSIGHT OF ALL TASKS, PROJECT AND MILESTONES, AND PROGRESS REPORTS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN MAINE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY DOULAS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF MARYLAND BALTIMORE COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA COMMONWEALTH UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: GRAYHALL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CONSULTATIVE EXPERTISE AND

Part IV Supplemental Information

RESEARCH SERVICES WHICH INCLUDE PROJECT MANAGEMENT, ENGAGEMENT, COLLABORATING WITH OTHER DOULA AGENCIES AND PRODUCE BRIEF SUMMARY OF FINDINGS.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTH CAROLINA
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: HOPES EMBRACE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: BIRTH MATTERS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT:
BLACK MOTHER'S BREASTFEEDING ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: BIRTH IN COLOR
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: GENESIS BIRTH SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: MAMATOTO VILLAGE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: OREGON HEALTH & SCIENCE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN SUPPORT OF THE MEDICAID DATA LEARNING NETWORK PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:
SARAH GORDON/ GOLDEN STANDARD PUBLIC HEALTH
(H) PURPOSE OF GRANT OR ASSISTANCE: TO COLLABORATE WITH CONTRACTOR WHO WILL PROVIDE TECHNICAL ASSISTANCE FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDED GRANT, "AH, NASHP, AND AIM PROJECT: ELIMINATING BARRIERS TO IMMUNIZATION THROUGH STATE INTERAGENCY AND COMMUNITY COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: ASSOCIATION OF IMMUNIZATION MANAGERS
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL ASSISTANCE FOR

Part IV Supplemental Information

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDED GRANT, AH, NASHP, AND AIM PROJECT: ELIMINATING BARRIERS TO IMMUNIZATION THROUGH STATE INTERAGENCY AND COMMUNITY COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: WIELL CORNELL MEDICAL COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CONSULTATIVE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN SUPPORT OF THE MEDICAID DATA LEARNING NETWORK PROJECT (PROJECT).

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACADEMYHEALTH

Employer identification number

52-1260918

Part I Questions Regarding Compensation

			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		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
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**	X	
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**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA SIMPSON	(i)	313,239.	0.	995,590.	13,260.	4,879.	1,326,968.	995,590.
PRESIDENT AND CEO (UNTIL 3/31/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AARON CARROLL	(i)	460,250.	15,000.	0.	0.	13,010.	488,260.	0.
PRESIDENT AND CEO (FROM 3/18/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGO EDMUNDS	(i)	250,026.	3,767.	0.	19,661.	2,673.	276,127.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GLUCK	(i)	225,891.	3,767.	0.	18,344.	10,078.	258,080.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTIN ROSENGREN	(i)	231,950.	4,033.	0.	18,687.	1,847.	256,517.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TEASHA POWELL PELHAM	(i)	201,714.	4,033.	0.	16,971.	17,797.	240,515.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELIZABETH COPE	(i)	180,219.	4,050.	0.	14,572.	16,088.	214,929.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMY HAMMER	(i)	186,814.	0.	0.	15,018.	9,751.	211,583.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAUREN ADAMS	(i)	167,944.	2,500.	0.	13,767.	9,747.	193,958.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STACY HALBERT	(i)	156,839.	2,500.	0.	13,641.	19,498.	192,478.	0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANGELICA RODRIQUEZ	(i)	162,747.	2,500.	0.	13,598.	9,741.	188,586.	0.
MEMBERSHIP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN KENNEDY	(i)	152,798.	1,000.	0.	12,642.	14,368.	180,808.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HOLLY HUESTON	(i)	149,499.	0.	0.	0.	8,899.	158,398.	0.
CFO AND VP (FROM 5/20/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:
ACADEMYHEALTH HAD A 457(B) PLAN IN ADDITION TO A 457(F) DEFERRED
COMPENSATION PLAN FOR ITS PREVIOUS CHIEF EXECUTIVE OFFICER. THE BALANCES OF
THE PLANS WERE LIQUIDATED DURING THE YEAR ENDED DECEMBER 31, 2024.
- LISA SIMPSON $995,590
PART I, LINE 7:
BONUS COMPENSATION IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II).
BONUSES ARE BASED ON PERFORMANCE AND MEETING CERTAIN STATED GOALS.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DEBORAH EDWARDS	FORMER CFO (THROUGH	13,050.	ACADEMYHEAL		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: DEBORAH EDWARDS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
FORMER CFO (THROUGH MAY 2024)
(D) DESCRIPTION OF TRANSACTION: ACADEMYHEALTH PAID DEBORAH EDWARDS AS A CONSULTANT TO FINISH THE 2023 AUDIT.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RESOURCE HUBS.

FORM 990, PART VI, SECTION A, LINE 6:
ACADEMYHEALTH IS A MEMBER-BASED ORGANIZATION OF HEALTH SERVICES RESEARCHERS, POLICYMAKERS, AND PRACTITIONERS UNITED IN THEIR COMMITMENT TO IMPROVE HEALTH AND HEALTH CARE THROUGH EVIDENCE. TOGETHER, THEY CONTRIBUTE TO AND BENEFIT FROM ACADEMYHEALTH'S PROFESSIONAL DEVELOPMENT OFFERINGS, COLLABORATIVE LEARNING NETWORKS, AND LEADERSHIP OPPORTUNITIES. WE WORK TOGETHER TO ENSURE THAT HIGH-QUALITY, RELEVANT RESEARCH INFORMS POLICY AND PRACTICE DECISIONS ON THE MOST PRESSING HEALTH CHALLENGES.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS HAVE AN OPPORTUNITY TO AFFIRM OR COMMENT ON THE SLATE OF BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE INDEPENDENT TAX/AUDIT FIRM PREPARES THE 990 FORM. THE CFO AND CEO REVIEW THE DRAFT AND THE CEO OR THE VP WHO IS ASSISTANT SECRETARY OF BOARD SIGNS FOR ELECTRONIC SUBMISSION. ALL MEMBERS OF THE BOARD RECEIVE A COPY OF THE FORM 990 AFTER THE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY COVERS ALL MEMBERS OF THE BOARD AND OFFICERS AND IS MONITORED BY AN ANNUAL WRITTEN INFORMATION QUESTIONNAIRE FROM THE BOARD CHAIR WHICH ARE REVIEWED AND MAINTAINED BY THE BOARD LIAISON, SARAH HOYT. THE EXECUTIVE COMMITTEE REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. IF POTENTIAL OR ACTUAL CONFLICTS (PAST, PRESENT, OR FUTURE) ARE IDENTIFIED, THE PERSON DETERMINED TO HAVE A CONFLICT OF INTEREST IS RECUSED FROM THE DELIBERATIONS AND VOTING. THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH BOARD OR COMMITTEE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM AVAILIABLE DATA ON NONPROFIT CEO SALARIES AND COMPENSATION. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS. THE COMPENSATION DETERMINATION PROCESS APPLIES TO THE PRESIDENT/CEO, WITH THE MOST RECENT REVIEW AND APPROVAL COMPLETED IN NOVEMBER 2023.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer
ACADEMYHEALTH

EIN or SSN
52-1260918

Name and title of officer or person subject to tax HOLLY HUESTON
CFO & VP, OPERATIONS

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☒	**b Total tax** (Form 990-T, Part III, line 4)	6b	14,739.
7a	**Form 4720** check here	☐	**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN)_____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize GELMAN, ROSENBERG & FREEDMAN to enter my PIN 01320
ERO firm name **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52230498693
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
ACADEMYHEALTH

D Employer identification number
52-1260918

Number, street, and room or suite no. If a P.O. box, see instructions.
1666 K STREET NW, 1100

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
WASHINTON, DC 20006

F ☐ Check box if an amended return.

C Book value of all assets at end of year ..... 4,631,880.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of HOLLY L. HUESTON, CFO Telephone number (202) 292-6700

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	78,982.
2	Reserved	2	
3	Add lines 1 and 2	3	78,982.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	7,798.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	71,184.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	71,184.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	70,184.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	14,739.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	14,739.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	14,739.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	14,739.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	6,924.		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	7,956.		
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	14,880.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	67.
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	74.
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** 74. **Refunded**			11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title: CFO & VP, OPERATIONS

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD J. LOCASTRO, CPA				P00288314

Firm's name GELMAN, ROSENBERG & FREEDMAN | Firm's EIN 52-1392008

Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 | Phone no. 301-951-9090

FORM 990-T CONTRIBUTIONS STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GOVT/NON PROFIT ORGANIZATIONS	N/A	2,000,000.
TOTAL TO FORM 990-T, PART I, LINE 4		2,000,000.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
FOR TAX YEAR 2023		
TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2,000,000	
TOTAL CONTRIBUTIONS AVAILABLE	2,000,000	
TAXABLE INCOME LIMITATION AS ADJUSTED	7,798	
EXCESS CONTRIBUTIONS	1,992,202	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	1,992,202	
ALLOWABLE CONTRIBUTIONS DEDUCTION		7,798
TOTAL CONTRIBUTION DEDUCTION		7,798

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: ACADEMYHEALTH

B Employer identification number: 52-1260918

C Unrelated business activity code (see instructions): 541800

D Sequence: 1 of 1

E Describe the unrelated trade or business: ADVERTISING INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 3	12	87,415.		87,415.
13 **Total.** Combine lines 3 through 12	13	87,415.		87,415.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)			1	
2 Salaries and wages			2	
3 Repairs and maintenance			3	
4 Bad debts			4	
5 Interest (attach statement). See instructions SEE STATEMENT 4			5	622.
6 Taxes and licenses			6	6,311.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion			9	
10 Contributions to deferred compensation plans			10	
11 Employee benefit programs			11	
12 Excess exempt expenses (Part VIII)			12	
13 Excess readership costs (Part IX)			13	
14 Other deductions (attach statement) SEE STATEMENT 5			14	1,500.
15 **Total deductions.** Add lines 1 through 14			15	8,433.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	78,982.
17 Deduction for net operating loss. See instructions			17	0.
18 **Unrelated business taxable income.** Subtract line 17 from line 16			18	78,982.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2024**

LHA 423741 01-30-25

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9 Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T (A) OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
ADVERTISING - CAREER CENTER	87,415.
TOTAL TO SCHEDULE A, PART I, LINE 12	87,415.

FORM 990-T (A) INTEREST PAID STATEMENT 4

DESCRIPTION	AMOUNT
MAGNET MAIL SERVICE	622.
TOTAL TO SCHEDULE A, PART II, LINE 5	622.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,500.

GOVERNMENT COPY

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____ , 2024, and ending _____ , 20 ___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer
ACADEMYHEALTH

EIN or SSN
52-1260918

Name and title of officer or person subject to tax HOLLY HUESTON
CFO & VP, OPERATIONS

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☐	**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	☒	**b Total tax** (Form 4720, Part III, line 1)	7b	64,854.
8a	**Form 5227** check here	☐	**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize GELMAN, ROSENBERG & FREEDMAN to enter my PIN 01320
ERO firm name **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 52230498693
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **4720**

Department of the Treasury
Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)
Go to www.irs.gov/Form4720 for instructions and the latest information.

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning , 2024, and ending ,

Name of organization, entity, or person subject to tax

ACADEMYHEALTH

EIN or SSN
52-1260918

☐ Amended return

Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)
1666 K STREET NW, 1100

City or town, state or province, country, and ZIP or foreign postal code
WASHINTON, DC 20006

Check box for type of annual return:
☒ Form 990 ☐ Form 990-EZ
☐ Form 990-PF ☐ Other
☐ Form 5227

	Yes	No
A Is the organization a foreign private foundation within the meaning of section 4948(b)?		X
Show conversion rate to U.S. dollars. See instructions		
B **Entity (other than the organization) or person subject to tax:** Are you required to file Form 4720 with respect to more than one organization in the current tax year? See instructions		X

If "Yes," attach a list showing the name and EIN for each organization with respect to which you will file Form 4720 for the current tax year.

Part I Taxes on Organization

(Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1	Tax on undistributed income - Schedule B, line 4	1	
2	Tax on excess business holdings - Schedule C, line 7	2	
3	Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (f)	3	
4	Tax on taxable expenditures - Schedule E, Part I, column (h)	4	
5	Tax on political expenditures - Schedule F, Part I, column (f)	5	
6	Tax on excess lobbying expenditures - Schedule G, line 4	6	
7	Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e)	7	
8	Tax on premiums paid on personal benefit contracts	8	
9	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h)	9	
10	Tax on taxable distributions - Schedule K, Part I, column (f)	10	
11	Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12	Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2	12	
13	Tax on excess executive compensation - Schedule N	13	64,854.
14	Tax on net investment income of private colleges and universities - Schedule O	14	
15	**Total** (add lines 1 - 14)	15	64,854.

Part II Taxes on a Manager, Self-Dealer, Disqualified Person, Donor, Donor Advisor, or Related Person

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

Name and address of related organization; city or town, state or province, country, ZIP or foreign postal code		Employer identification number	
1	Tax on self-dealing - Schedule A, Part II, column (d); and Part III, column (d)	1	
2	Tax on investments that jeopardize charitable purposes - Schedule D, Part II, column (d)	2	
3	Tax on taxable expenditures - Schedule E, Part II, column (d)	3	
4	Tax on political expenditures - Schedule F, Part II, column (d)	4	
5	Tax on disqualifying lobbying expenditures - Schedule H, Part II, column (d)	5	
6	Tax on excess benefit transactions - Schedule I, Part II, column (d); and Part III, column (d)	6	
7	Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, column (d)	7	
8	Tax on taxable distributions - Schedule K, Part II, column (d)	8	
9	Tax on prohibited benefits - Schedule L, Part II, column (d); and Part III, column (d)	9	
10	**Total** - Add lines 1 through 9	10	

Part III Tax Payments

1	Total tax (Part I, line 15 or Part II, line 10)	1	64,854.
2	Total payments including amount paid with Form 8868 (see instructions)	2	
3	**Tax due.** If line 1 is larger than line 2, enter amount owed (see instructions)	3	64,854.
4	**Overpayment.** If line 1 is smaller than line 2, enter the difference. This is your refund	4	

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

Form **4720** (2024)

LHA 424061 12-08-24

SCHEDULE A - Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation

(a) Act number	(b) Date of act	(c) Correction made? Yes	(c) Correction made? No	(d) Description of act
1				
2				
3				
4				
5				

(e) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VIII, applicable to the act	(f) Amount involved in act	(g) Initial tax on self-dealer (10% of col. (f))	(h) Tax on foundation managers (if applicable) (lesser of $20,000 or 5% of col. (f))

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments

(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE B - Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2023 (from Form 990-PF for 2024, Part XII, line 6d)	1	
2	Undistributed income for 2023 (from Form 990-PF for 2024, Part XII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2024 and subject to tax under section 4942 (add lines 1 and 2)	3	
4	**Tax** - Enter 30% of line 3 here and on Part I, line 1	4	

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 Foundation holdings in business enterprise	1			
2 Permitted holdings in business enterprise	2			
3 Value of excess holdings in business enterprise	3			
4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)	4			
5 Taxable excess holdings in business enterprise - line 3 minus line 4	5			
6 **Tax** - Enter 10% of line 5	6			
7 **Total tax** - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	7			

	Yes	No
8 Did the organization dispose of excess holdings subject to tax reported on line 6? Attach a statement explaining (i) corrective action taken, or (ii) why corrective action has not been taken.		

SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Correction made? Yes	(c) Correction made? No	(d) Description of investment	(e) Amount of investment	(f) Initial tax on foundation (10% of col. (e))	(g) Initial tax on foundation managers (if applicable) - (lesser of $10,000 or 10% of col. (e))
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 3							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made? Yes	(d) Correction made? No	(e) Name and address of recipient
1					
2					
3					
4					
5					

(f) Description of expenditure and purposes for which made	(g) Question number from Form 990-PF, Part VI-B, or Form 5227, Part VIII, applicable to the expenditure	(h) Initial tax imposed on foundation (20% of col. (b))	(i) Initial tax imposed on foundation managers (if applicable)- (lesser of $10,000 or 5% of col. (b))
Total - Column (h). Enter here and on Part I, line 4			
Total - Column (i). Enter total (or prorated amount) here and in Part II, column (c), below			

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (i), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE F - Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Correction made? Yes	(d) Correction made? No	(e) Description of political expenditure	(f) Initial tax imposed on organization or foundation (10% of col. (b))	(g) Initial tax imposed on managers (if applicable) (lesser of $5,000 or 2½% of col. (b))
1							
2							
3							
4							
5							
Total - Column (f). Enter here and on Part I, line 5							
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below							

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments

(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE G - Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures - enter the larger of line 1 or line 2	3	
4	**Tax** - Enter 25% of line 3 here and on Part I, line 6	4	

SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable) - (5% of col. (b))
1					
2					
3					
4					
5					
Total - Column (e). Enter here and on Part I, line 7					
Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation

(a) Transaction number	(b) Date of transaction	(c) Correction made? Yes	(c) Correction made? No	(d) Description of transaction	(e) Amount of excess benefit	(f) Initial tax on disqualified persons (25% of col. (e))	(g) Tax on organization managers (if applicable) (lesser of $20,000 or 10% of col. (e))
1							
2							
3							
4							
5							

SCHEDULE I - Initial Taxes on Excess Benefit Transactions (Section 4958) *Continued*

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity

(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1 - Listed 2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction
1			
2			
3			
4			
5			

(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Yes	No	(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)

Total - Column (h). Enter here and on Part I, line 9 .....

Part II **Tax Imposed on Entity Managers** (Section 4965) *Continued*

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax - enter $20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I **Taxable Distributions and Tax Computation**

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution
1		
2		
3		
4		

(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))	(g) Tax on fund managers (lesser of 5% of col. (e) or $10,000)
Total - Column (f). Enter here and on Part I, line 10			
Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below			

Part II **Summary of Tax Liability of Fund Managers and Proration of Payments**

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)

SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		

(d) Amount of prohibited benefit	(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or $10,000) (see instructions)

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)

Part III Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1	
2	**Tax** - Enter $50,000 multiplied by line 1 here and on Part I, line 12	2	

SCHEDULE N - Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1	SEE STATEMENT 1			
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1 - 6)				308,829.
Tax. Enter 21% of the amount above here and on Part I, line 13				64,854.

SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

		(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)
1	Filing Organization						
2	Related Organization						
3	Related Organization						
4	Related Organization						
5	Total from attachment, if necessary						
6	**Total**						
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14						

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee	Title	Date
	CFO & VP, OPERATIONS	

Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date

May the IRS discuss this return with the preparer shown below? (see instructions) ..... [X] Yes [ ] No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
RICHARD J. LOCASTRO, CPA				P00288314

Firm's name	Firm's EIN
GELMAN, ROSENBERG & FREEDMAN	52-1392008
Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. 301-951-9090

FORM 4720 SCHEDULE N - TAX ON EXECUTIVE COMPENSATION STATEMENT 1

(A) ITEM NO	(B) NAME OF COVERED EMPLOYEE	(C) EXCESS REMUNERATION	(D) EXCESS PARACHUTE PAYMENT	(E) TOTAL
1	LISA SIMPSON	308,829.		308,829.
TOTAL EXCESS EXECUTIVE COMPENSATION				308,829.

STATE COPY

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.

Make your check or money order (US dollars) payable to the DC Treasurer.
Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96019
Washington, DC 20090-6019

Notes:

- If the amount of your payment due for a period exceeds $5,000, you shall pay electronically. Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

443472 10-17-24

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

250204S11019

Quarterly Payment (Dollars only) .00

Taxpayer Identification Number: 521260918

Tax Period Ending (MMDDYYYY): 12312025

SOFTWARE DEVELOPER USE ONLY
VENDOR # 1019

Business name or Designated Agent Name: ACADEMYHEALTH

Business mailing address line #1: 1666 K STREET NW

Business mailing address line #2:

City: WASHINTON

State: DC

ZIP Code + 4: 20006

Voucher Number: 1

Due Date: 04152025

Rev. 09/2024

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.

Make your check or money order (US dollars) payable to the DC Treasurer.
Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96019
Washington, DC 20090-6019

Notes:

- If the amount of your payment due for a period exceeds $5,000, you shall pay electronically. Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

443472 10-17-24

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

250204S11019

Quarterly Payment (Dollars only) .00

Taxpayer Identification Number: 521260918

Tax Period Ending (MMDDYYYY): 12312025

SOFTWARE DEVELOPER USE ONLY
VENDOR # 1019

Business name or Designated Agent Name: ACADEMYHEALTH

Business mailing address line #1: 1666 K STREET NW

Business mailing address line #2:

City: WASHINTON

State: DC

ZIP Code + 4: 20006

Voucher Number: 2

Due Date: 06162025

Rev. 09/2024

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.

Make your check or money order (US dollars) payable to the DC Treasurer.
Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96019
Washington, DC 20090-6019

Notes:

- If the amount of your payment due for a period exceeds $5,000, you shall pay electronically. Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

443472 10-17-24

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

250204S11019

Quarterly Payment (Dollars only) .00

Taxpayer Identification Number: 521260918

Tax Period Ending (MMDDYYYY): 12312025

SOFTWARE DEVELOPER USE ONLY
VENDOR # 1019

Business name or Designated Agent Name: ACADEMYHEALTH

Business mailing address line #1: 1666 K STREET NW

Business mailing address line #2:

City: WASHINTON

State: DC

ZIP Code + 4: 20006

Voucher Number: 3

Due Date: 09152025

Rev. 09/2024

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
- Enter your Federal Employer Identification Number (FEIN)
- Enter the tax period ending date of the tax period you are filing for. (MMDDYYYY)
- Enter the business or designated agent name and address exactly as they appear on the franchise tax return.

Make your check or money order (US dollars) payable to the DC Treasurer.
Include your FEIN, "D-20ES", tax period, name and address on your payment.

Mail this return and payment to:
DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96019
Washington, DC 20090-6019

Notes:

- If the amount of your payment due for a period exceeds $5,000, you shall pay electronically. Visit www.MyTax.DC.gov
- **For electronic filers**, in order to comply new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by **money order (US dollars)** or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

443472 10-17-24

Government of the District of Columbia

2025 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

250204S11019

Quarterly Payment (Dollars only) 6161 .**00**

SOFTWARE DEVELOPER USE ONLY

VENDOR # 1019

Taxpayer Identification Number: 521260918

Tax Period Ending (MMDDYYYY): 12312025

Business name or Designated Agent Name: ACADEMYHEALTH

Business mailing address line #1: 1666 K STREET NW

Business mailing address line #2:

City: WASHINTON

State: DC

ZIP Code + 4: 20006

Voucher Number: 4

Due Date: 12152025

Rev. 09/2024

Government of the District of Columbia 2024

D-20 SUB Corporation Franchise Tax Return

240203S11019

Taxpayer Identification Number (TIN): 521260918

Number of business locations: In DC: 1 Outside DC: 0

SOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1019

Name of corporation: ACADEMYHEALTH

Tax period ending (MMDDYYYY): 12312024

Mark if: Amended Return
Mark if: Final Return
Mark if: 52-53 week filer

Mark if: Combined Report* *You must fill in the Designated Agent info below
Mark if: Worldwide** **Worldwide form must be filed with this return
Mark if: Certified QHTC
Mark if: QHTC located in DC Ballpark TIF Area

Business mailing address #1: 1666 K STREET NW

Business mailing address #2:

City: WASHINTON

State: DC

ZIP code+4: 20006

Designated Agent Name

Designated Agent TIN

● READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank, if minus, enter amount and fill in space.

GROSS INCOME	1	Gross receipts, minus returns and allowances			1	0 .00
	2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)			2	.00
	3	Gross profit from sales and/or operations Line 1 minus Line 2		Mark if minus	3	.00
	4	Dividends from Form D-20, Schedule B			4	.00
	5	Interest (attach statement)			5	.00
	6	Gross rental income from D-20, Schedule I, Column 3, Line 6			6	.00
	7	Gross royalties (attach statement)			7	.00
	8	(a) Net capital gain (loss) (attach a copy of your federal Schedule D)		Mark if minus	8(a)	.00
		(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)		Mark if minus	8(b)	.00
	9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund			9	.00
	10	Other income (loss) (attach statement)	STATEMENT 1	Mark if minus	10	87415 .00
	11	**Total gross income.** Add Lines 3 - 10		Mark if minus	11	87415 .00
DEDUCTIONS	12	Compensation of officers from Form D-20, Schedule C			12	.00
	13	Salaries and wages			13	.00
	14	Repairs			14	.00
	15	Bad debts			15	.00
	16	Rent			16	.00
	17	Taxes From Form D-20, Schedule D			17	.00
	18	(a) Interest payments		.00		
		(b) Minus nondeductible payments to related entities		.00 =	18c	.00
	19	Contributions and/or gifts (attach statement)			19	.00
	20	Amortization (attach a copy of your federal Form 4562)			20	.00
	21	Depreciation (attach a copy of your federal Form 4562) Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)			21	.00
	22	Depletion (attach statement)			22	.00
	23	(a) Enter royalty payments made		.00		
		(b) Minus nondeductible payments to related entities		.00 =	23c	.00

Taxpayer Name: ACADEMYHEALTH

Taxpayer Identification Number (TIN) 521260918

240203S21019

Enter dollar amounts only

DEDUCTIONS 24	Pension, profit-sharing plans		24	.00
25	Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund		25	.00
26	Other deductions (attach statement) STATEMENT 2		26	10920 .00
27	**Total deductions.** Add Lines 12-26		27	10920 .00
28	Net income Line 11 minus Line 27	Mark if minus	28	76495 .00
29	(a) Non-business income/state adjustment (attach statement)	Mark if minus	29a	.00
	(b) Expense related to non-business income (attach statement)		29b	.00
	(c) 29(a) minus 29(b)	Mark if minus	29c	.00
30	Net income subject to apportionment Line 28 minus Line 29(c)	Mark if minus	30	76495 .00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5 if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9		31	1.000000
32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor	Mark if minus	32	76495 .00
33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	0 .00
TAXABLE INCOME 34	Total taxable income *before* apportioned NOL deduction Line 32 plus or minus Line 33	Mark if minus	34	76495 .00
35	Apportioned NOL deduction (Losses occurring in year 2000 and later) *		35	.00
	*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)			
36	**Total DC taxable income.** Line 34 minus Line 35	Mark if minus	36	76495 .00
37	Tax 8.25% of Line 36		37	6311 .00
38	Minus nonrefundable credits from Schedule UB, Line 9		38	.00
39	Total DC gross receipts from Line '4' MTLGR Worksheet STATEMENT 3			.00
40	Net tax. Line 37 minus Line 38. The minimum tax is $250 if DC gross receipts are $1M or less or $1,000 if DC gross receipts are greater than $1M		40	6311 .00
TAX - PAYMENTS AND CREDITS 41	Payments and refundable credits:			
	(a) Tax paid, if any, with request for an extension of time to file		41a	.00
	(b) Tax paid, if any, with original return if this is an amended return		41b	.00
	(c) 2024 estimated franchise tax payments		41c	7100 .00
	(d) Refundable credits *from Schedule UB, Line 12*		41d	.00
42	If this is an amended 2024 return, enter refund requested with original return.		42	.00
43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.		43	7100 .00
44	Estimated tax interest *(Mark if D-2220 attached)*		44	.00
45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.		45	.00
	Will this payment come from an account outside of the U.S.? Yes No *See instructions*			
46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.		46	789 .00
47	Amount you want to apply to your 2025 estimated franchise tax		47	789 .00
48	Amount to be refunded. Line 46 minus Line 47.		48	.00

Third party designee To authorize another person to discuss this return with OTR, mark here and enter the name and phone number of that person. See instructions.

Designee's name Phone number

PLEASE SIGN HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Officer's signature Title Date 2022926700 Telephone number of person to contact

PAID PREPARER ONLY

GELMAN, ROSENBERBETHESDA, MD 2081

Preparer's signature (if other than taxpayer) Date Firm name Firm address

Preparer's PTIN P00288314

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here. X

Email Address

NPTAX@GRFCPA.COM

240203S31019

Taxpayer Name: ACADEMYHEALTH
Taxpayer Identification Number (TIN) 521260918

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)

1.	Inventory at beginning of year	
2.	Merchandise bought for manufacture or sale	
3.	Salaries and wages	
4.	Other costs per books (attach statement) (Additional federal depreciation and additional IRC § 179 expenses are not allowable.)	
5.	Total	
6.	Minus: Inventory at end of tax year	
7.	Cost of goods sold (Enter here and on D-20, Line 2.)	

Method of inventory valuation:

Schedule B - Dividends (See specific instructions for Line 4.)

NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
Total Dividends	
Minus deduction for Subpart F Income.	
Minus deduction for dividends received from wholly-owned subsidiary	
TOTAL (Enter here and on D-20, Line 4.)	

Schedule C - Compensation of officers (See specific instructions for Line 12. If more than 3 officers attach additional sheets as needed.)

Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 12.)						

Schedule D - Taxes (See specific instructions for Line 17.)

EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
		TOTAL (Enter here and on D-20, Line 17.)	

Schedule E - Reconciliation of the net income reported on Federal and DC returns

1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	78982	7. Total DC taxable income reported (from D-20, Line 36).	76495
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME			
2. Income taxes (see specific instructions for line 17).	0		
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.	0	**NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS** 8. Net income apportioned or allocated to outside DC.	0
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.	0	9. Other non-taxable income and additional deductions including NOL (itemize):	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(a)	
(a) UNALLOWABLE FEDERAL	76495	(b)	
(b)			0
6. TOTAL of Lines 1-5.	155477	10. TOTAL of Lines 7, 8 and 9.	76495

Taxpayer Name: ACADEMYHEALTH
Taxpayer Identification Number (TIN) 521260918

240203S41019

Schedule F - DC apportionment factor (See instructions.)

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

	Column 1: TOTAL	Column 2: in DC	Column 3: Factor (Column 2 divided by Column 1)
1. **SALES FACTOR:** All gross receipts of the business other than gross receipts from non-business income.	. 00	. 00	

For Financial Institutions:

2. **SALES FACTOR:** All gross income of the financial institution other than gross income from non-business income.	. 00	. 00	
3. **PAYROLL FACTOR:** Total compensation paid or accrued by the financial institution.	. 00	. 00	
4. **SUM OF FACTORS:** (For Financial Institutions add Lines 2 and 3 of Column 3)			

5. **DC APPORTIONMENT FACTOR:** For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31
For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.

Schedule G- Balance Sheets

	Beginning of Taxable Year		End of Taxable Year	
	(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS				
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc.				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
LIABILITIES AND CAPITAL				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock				
26. TOTAL LIABILITIES AND CAPITAL				

Taxpayer Name: ACADEMYHEALTH

Taxpayer Identification Number (TIN) 521260918

240203S51019

Schedule H-1 - Reconciliation of Income (Loss) per Books With Income (Loss) per Return

1. Net income per books		7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest	
2. Federal income tax			
3. Excess of capital losses over capital gains			
4. Taxable income not recorded on books this year (itemize)			
5. Expenses recorded on books this year and not deducted on this return (itemize). (a) Depreciation (b) Depletion		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation (b) Depletion	
6. TOTAL of Lines 1 through 5		9. TOTAL of Lines 7 and 8	
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	

Schedule H-2 - Analysis of Unappropriated Retained Earnings per Books

1. Balance at beginning of year		5. Distributions: (a) Cash	
2. Net income per books		(b) Stock	
3. Other increases (itemize)		(c) Property	
		6. Other decreases (itemize).	
4. TOTAL of Lines 1, 2 and 3		7. TOTAL of Lines 5 and 6	
		8. Balance at end of year (Line 4 minus Line 7)	

Schedule I - Income from Rent

	Col. 1: Address of Property	Col. 2: Kind of Property	Col. 3: Gross Amount of Rent	Col. 4: Depreciation* or Amortization (per Federal Form 4562)	Col. 5: Repairs (Explain in Sch. I-1)	Col. 6: Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1.						
2.						
3.						
4.						
5.						
6. TOTAL (Enter the total of Column 3 on D-20, Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)						

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 - Explanation of deductions claimed in Column 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount

Taxpayer Name: ACADEMYHEALTH

Taxpayer Identification Number (TIN) 521260918

240203S61019

*

Schedule K - Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)

Disregarded Entity Name	TIN

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
DC	04/21/1981	04/21/1981	OGDEN, UT

4. THE CORPORATION'S BOOKS ARE IN THE CARE OF - HOLLY HUESTON CFO

5. LOCATED AT - 1666 K STREET NW SUITE 1100 WASHINGTON, DC 20006

6. During 2024, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES NO X

If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.

If you have already provided OTR with a detailed statement, enter the date it was sent. MM/DD/YYYY

7. Is this corporation unitary with another entity?		YES	X NO	If yes, explain:	
8. Is this return made on the accrual basis?	X	YES	NO	If no, indicate basis used:	Cash Basis / Other (specify)
9. Did you file a franchise tax return with DC for the year 2023?	X	YES	NO	If no, state reason:	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2024?	X	YES	NO	If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2024?	X	YES	NO		
12. (a) Has the business been terminated?		YES	X NO	If yes, explain and give date:	
(b) Have you moved out of DC?		YES	X NO		
13. Did you file an annual ballpark fee return?		YES	X NO		

*Schedule J has been deleted.

DC FORM D-20 OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
ADVERTISING - CAREER CENTER	87,415.
TOTAL TO FORM D-20, PAGE 1, LINE 9	87,415.

DC FORM D-20 OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
DIRECT EXPENSES	622.
SPECIFIC DEDUCTION	1,000.
CHARITABLE CONTRIBUTIONS	7,798.
TAX PREP FEE	1,500.
TOTAL TO FORM D-20, PAGE 2, LINE 24	10,920.

DC FORM D-20 MINIMUM TAX LIABILITY GROSS RECEIPTS (MTLGR) STATEMENT 3

1. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONMENT FACTOR FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. FINANCIAL INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, LINE 2, COLUMN 2 OF D-20.	0.
2. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPRECIATION) FOR WHICH GAINS REPORTED IN LINE 1	0.
3. ADD NON-BUSINESS INCOME ALLOCATED TO DC REPORTED PER D-20, LINE 33	0.
4. TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39	0.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ACADEMYHEALTH
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 1666 K STREET NW
Room/suite 1100

City or town, state or province, country, and ZIP or foreign postal code
WASHINTON, DC 20006

F Name and address of principal officer: AARON E CARROLL
SAME AS C ABOVE

D Employer identification number
52-1260918

E Telephone number
(202)292-6700

G Gross receipts $ 16,134,169.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ACADEMYHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1981 **M** State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	71
6	Total number of volunteers (estimate if necessary)	6	14
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	87,415.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	70,184.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,897,419.	5,268,192.
9	Program service revenue (Part VIII, line 2g)	9,795,486.	10,804,354.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	61,949.	59,606.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,153.	2,017.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,876,007.	16,134,169.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	227,629.	2,639,121.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,135,640.	8,845,260.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,021,963.	5,979,432.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,385,232.	17,463,813.
19	Revenue less expenses. Subtract line 18 from line 12	2,490,775.	-1,329,644.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,335,428.	12,800,272.
21	Total liabilities (Part X, line 26)	11,902,913.	8,168,392.
22	Net assets or fund balances. Subtract line 21 from line 20	5,432,515.	4,631,880.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer — Date

HOLLY HUESTON, CFO & VP, OPERATIONS
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICHARD J. LOCASTRO, CPA			☐	P00288314

Firm's name GELMAN, ROSENBERG & FREEDMAN — Firm's EIN 52-1392008

Firm's address 4550 MONTGOMERY AVE SUITE 800N
BETHESDA, MD 20814-2930 — Phone no. 301-951-9090

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
ACADEMYHEALTH IMPROVES HEALTH AND HEALTH CARE FOR ALL BY ADVANCING EVIDENCE TO INFORM POLICY AND PRACTICE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 8,732,947. including grants of $ 2,639,121.) (Revenue $ 6,180,411.)
ADVANCING THE HEALTH RESEARCH ECOSYSTEM:
ACADEMYHEALTH STRENGTHENS THE HEALTH SERVICES RESEARCH ECOSYSTEM BY INVESTING IN PEOPLE, PARTNERSHIPS, AND INFRASTRUCTURE. WE CONNECT RESEARCHERS WITH PATIENTS, POLICYMAKERS, AND PRACTITIONERS TO ENSURE RESEARCH ADDRESSES REAL-WORLD PRIORITIES AND DRIVES MEANINGFUL CHANGE. OUR GRANTMAKING AND PROGRAMMING SUPPORT CAREER DEVELOPMENT AT ALL LEVELS THROUGH MENTORSHIP, TRAINING, AND PEER LEARNING. WE BUILD FIELD CAPACITY BY ADVANCING RESEARCH METHODS, DATA INFRASTRUCTURE, AND SYSTEMS FOR COLLABORATION. TO INCREASE THE IMPACT OF EVIDENCE, WE HELP RESEARCHERS TRANSLATE FINDINGS INTO ACCESSIBLE, ACTIONABLE INSIGHTS FOR DECISIONMAKERS AND COMMUNITIES, AND PROVIDE TAILORED IMPLEMENTATION SUPPORT THROUGH TECHNICAL ASSISTANCE, LEARNING COLLABORATIVES, AND

4b (Code: _____) (Expenses $ 3,436,735. including grants of $ 0.) (Revenue $ 3,991,083.)
HOST NATIONAL CONFERENCES TO DISSEMINATE KEY FINDINGS, RESEARCH RESULTS AND FACILITATE KNOWLEDGE SHARING THAT SUPPORTS BOTH THE PRODUCTION OF EVIDENCE AND THE USE OF EVIDENCE TO INFORM POLICY AND PRACTICE.

4c (Code: _____) (Expenses $ 565,689. including grants of $ 0.) (Revenue $ 545,445.)
PROVIDE A COLLABORATIVE FORUM TO SUPPORT MEMBERS WITH THEIR WORK AND TO HELP ADVANCE THEIR CAREERS.

4d Other program services (Describe on Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 12,735,371.

Form 990 (2024)

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	161		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	71		
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		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		X	
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			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	7d			
e	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? N/A	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17			
	If "Yes," complete Form 6069.				

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

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

Section 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 on 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?	2			X
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		X	
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
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	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed DC

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA SIMPSON PRESIDENT AND CEO (UNTIL 3/31/24)	55.00	X		X				1,308,829.	0.	18,139.
(2) AARON CARROLL PRESIDENT AND CEO (FROM 3/18/24)	55.00	X		X				475,250.	0.	13,010.
(3) MARGO EDMUNDS VICE PRESIDENT	55.00				X			253,793.	0.	22,334.
(4) MICHAEL GLUCK VICE PRESIDENT	55.00				X			229,658.	0.	28,422.
(5) KRISTIN ROSENGREN VICE PRESIDENT	55.00				X			235,983.	0.	20,534.
(6) TEASHA POWELL PELHAM VICE PRESIDENT	55.00				X			205,747.	0.	34,768.
(7) ELIZABETH COPE VICE PRESIDENT	55.00				X			184,269.	0.	30,660.
(8) AMY HAMMER SENIOR DIRECTOR	55.00					X		186,814.	0.	24,769.
(9) LAUREN ADAMS SENIOR DIRECTOR	55.00					X		170,444.	0.	23,514.
(10) STACY HALBERT IT DIRECTOR	55.00					X		159,339.	0.	33,139.
(11) ANGELICA RODRIQUEZ MEMBERSHIP DIRECTOR	55.00					X		165,247.	0.	23,339.
(12) SUSAN KENNEDY SENIOR DIRECTOR	55.00					X		153,798.	0.	27,010.
(13) HOLLY HUESTON CFO AND VP (FROM 5/20/24)	55.00			X				149,499.	0.	8,899.
(14) DEBORAH EDWARDS CFO AND VP (UNTIL 5/31/24)	40.00			X				131,847.	0.	16,083.
(15) LUCY SAVITZ DIRECTOR - CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(16) RASU SHRESTHA DIRECTOR - VICE CHAIR OF THE BOARD	2.00	X		X				0.	0.	0.
(17) MING JACK PO DIRECTOR - TREASURER	2.00	X		X				0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NINEZ PONCE DIRECTOR - SECRETARY	2.00	X		X				0.	0.	0.
(19) ALICE S. ADAMS DIRECTOR	2.00	X						0.	0.	0.
(20) RICHARDO CORREA DIRECTOR	2.00	X						0.	0.	0.
(21) CHERYL DAMBERG DIRECTOR	2.00	X						0.	0.	0.
(22) SHEKINAH A. FASHAW-WALTERS DIRECTOR	2.00	X						0.	0.	0.
(23) ANDREW M. IBRAHIM DIRECTOR	2.00	X						0.	0.	0.
(24) CHARLES N. KAHN, III DIRECTOR	2.00	X						0.	0.	0.
(25) LUSINE POGHOSYAN DIRECTOR	2.00	X						0.	0.	0.
(26) LUCIA SAVAGE DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								4,010,517.	0.	324,620.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,010,517.	0.	324,620.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 31

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AUDIO VISUAL ONE LTD, 9611 W FOSTER AVENUE, SCHILLER PARK, IL 60176	AV SERVICES FOR CONFERENCES	552,751.
INNOVATION HORIZONS LLC 2819 27TH ST, WASHINGTON, DC 20008	CONSULTING SERVICES	152,479.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ERIC C. SCHNEIDER DIRECTOR	2.00	X						0.	0.	0.
(28) HONG-LUN TIUNN DIRECTOR - STUDENT REPRESENTATIVE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,268,192.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h **Total.** Add lines 1a-1f		5,268,192.			
Program Service Revenue		**Business Code**				
	2a CONTRACT SERVICES	900099	6,180,411.	6,180,411.		
	b MEETING REGISTRATION	900099	3,991,083.	3,991,083.		
	c MEMBERSHIP DUES	900099	545,445.	545,445.		
	d CAREER CENTER ADS	541800	87,415.		87,415.	
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		10,804,354.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		59,606.			59,606.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 9a					
	b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		**Business Code**				
	11a OTHER REVENUE	900099	2,017.			2,017.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		2,017.			
	12 **Total revenue.** See instructions		16,134,169.	10716939.	87,415.	61,623.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,613,121.	2,613,121.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	26,000.	26,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,367,725.	1,533,596.	1,834,129.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,868,186.	2,595,683.	272,503.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	298,400.	225,154.	73,246.	
9 Other employee benefits	1,759,936.	1,200,869.	559,067.	
10 Payroll taxes	551,013.	369,056.	181,957.	
11 Fees for services (nonemployees):				
a Management				
b Legal	11,941.		11,941.	
c Accounting	62,645.		62,645.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,621,872.	1,247,804.	374,068.	
12 Advertising and promotion				
13 Office expenses	122,614.	36,179.	86,435.	
14 Information technology				
15 Royalties				
16 Occupancy	271,919.	195,255.	76,664.	
17 Travel	591,261.	483,061.	108,200.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,003,904.	993,911.	9,993.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	362,996.	107,107.	255,889.	
23 Insurance	54,984.	16,224.	38,760.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIP.& ROOM RENTAL	828,217.	819,972.	8,245.	
b SUBS. AND PUBLICATIONS	367,213.	108,352.	258,861.	
c BAD DEBT	355,608.		355,608.	
d REPAIR AND MAINT.	187,278.	55,259.	132,019.	
e All other expenses	136,980.	108,768.	28,212.	
25 **Total functional expenses.** Add lines 1 through 24e	17,463,813.	12,735,371.	4,728,442.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,626,186.	1	767,599.
	2	Savings and temporary cash investments	2,438,913.	2	769,719.
	3	Pledges and grants receivable, net	1,247,283.	3	1,597,567.
	4	Accounts receivable, net	800,292.	4	606,147.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	399,638.	9	388,416.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,837,515.			
	b	Less: accumulated depreciation — 10b: 2,758,170.	1,365,196.	10c	1,079,345.
	11	Investments - publicly traded securities	3,100,714.	11	3,680,864.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,357,206.	15	3,910,615.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	17,335,428.	16	12,800,272.
Liabilities	17	Accounts payable and accrued expenses	1,371,592.	17	1,534,707.
	18	Grants payable		18	
	19	Deferred revenue	2,850,886.	19	356,217.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,680,435.	25	6,277,468.
	26	**Total liabilities.** Add lines 17 through 25	11,902,913.	26	8,168,392.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,308,181.	27	4,085,600.
	28	Net assets with donor restrictions	1,124,334.	28	546,280.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	5,432,515.	32	4,631,880.
	33	Total liabilities and net assets/fund balances	17,335,428.	33	12,800,272.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,134,169.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,463,813.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,329,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,432,515.
5	Net unrealized gains (losses) on investments	5	529,009.
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	4,631,880.

Part 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? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6830606.	7268097.	6106535.	7897419.	5268192.	33370849.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6830606.	7268097.	6106535.	7897419.	5268192.	33370849.
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)						15901867.
6 **Public support.** Subtract line 5 from line 4.						17468982.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6830606.	7268097.	6106535.	7897419.	5268192.	33370849.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,619.	59,978.	54,423.	61,949.	59,606.	309,575.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	44,107.	99,793.	103,924.	70,699.	70,184.	388,707.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				822.	2,017.	2,839.
11 **Total support.** Add lines 7 through 10						34071970.

12 Gross receipts from related activities, etc. (see instructions) 12 34,321,446.

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 51.27 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 58.27 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						
c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

			Yes	No
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 organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	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 organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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 disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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**	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	**11c**	

Section 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**	

Section 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**	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

		Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**		
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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.**		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**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**	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section 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):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **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**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

ACADEMYHEALTH

Employer identification number

52-1260918

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

ACADEMYHEALTH

Employer identification number

52-1260918

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 2,386,429.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,051,776.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 144,036.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

ACADEMYHEALTH

Employer identification number

52-1260918

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
ACADEMYHEALTH	52-1260918

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
ACADEMYHEALTH	52-1260918

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	5,826.	
c Total lobbying expenditures (add lines 1a and 1b)	5,826.	
d Other exempt purpose expenditures	17,457,987.	
e Total exempt purpose expenditures (add lines 1c and 1d)	17,463,813.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	695,089.	765,829.	919,262.	1,000,000.	3,380,180.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,070,270.
c Total lobbying expenditures	146,705.			5,826.	152,531.
d Grassroots nontaxable amount	173,772.	191,457.	229,816.	250,000.	845,045.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,267,568.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,423,365.	1,654,260.	769,105.
d Equipment		1,095,592.	1,040,198.	55,394.
e Other		318,558.	63,712.	254,846.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,079,345.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SUBLEASE RECEIVABLE	170,049.
(2) OPERATING LEASE RIGHT OF USE ASSET	2,376,387.
(3) EMPLOYEE RETENTION CREDIT RECEIVABLE	1,187,067.
(4) DEPOSITS	177,112.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	3,910,615.

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) Federal income taxes	
(2) COPIER LEASE LIABILITY	4,759.
(3) RENT DEPOSIT - SUBLEASE	79,774.
(4) OPERATING LEASE LIABILITY	4,390,979.
(5) REFUNDABLE ADVANCES	1,801,956.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	6,277,468.

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 ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	16,663,178.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	529,009.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	529,009.
3	Subtract line 2e from line 1			3	16,134,169.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	16,134,169.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	17,463,813.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
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	0.
3	Subtract line 2e from line 1			3	17,463,813.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	17,463,813.

Part XIII Supplemental Information

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

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER, BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO SUPPORT THE WORK FOR THE PROJECT
NEW YORK UNIVERSITY ON BEHALF OF ITS GROSSMAN LONG ISLAND SCHOOL OF MEDICINE - 101 MINEOLA BLVD., SUITE 3-041 - MINEOLA, NY 11501	13-5562308	501(C)(3)	74,874.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, CLINICIAN AND
THE TRUSTEES OF UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ACHIEVING IN THE
TUFTS MEDICAL CENTER, INC. 800 WASHINGTON STREET BOSTON, MA 02111	04-3400617	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ADDRESSING OBSTACLES TO
BETH ISRAEL DEACONESS MEDICAL CENTER, INC - 330 BROOKLIN AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	75,000.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO
DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLIN AVENUE BOSTON, MA 02215	04-2263040	501(C)(3)	74,962.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 31.

3 Enter total number of other organizations listed in the line 1 table ..... 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 432101 01-02-25

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA TECH RESEARCH CORPORATION 505 10TH STREET, NW ATLANTA , GA 30332	58-0603146	501(C)(3)	37,500.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON , TX 77030	74-1761309	501(C)(3)	37,500.	0.			THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)(3)	77,337.	0.			SERVES AS A STRATEGIC PARTNER PROVIDING OVERSIGHT OF 3 TASKS, ADVISING AND CONTRIBUTING
AMERICAN ACADEMY OF PEDIATRICS 345 PARK BLVD ITASCA, IL 60143	36-2275597	501(C)(3)	21,596.	0.			PROVIDES ADVISING, TRAINING AND DISSEMINATION EFFORTS
FAMILY VOICES 561 VIRGINIA RD, BUILDING 4, SUITE CONCORD, MA 01742	85-0430800		94,413.	0.			PROVIDES PROJECT MANAGEMENT ASSISTANCE, AND PARTNERSHIP FOR THE MEETINGS AND WORKSHOPS
UC REGENTS/UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 1855 FOLSOM ST, SUITE 425 - SAN FRANCISCO, CA 94103	94-3067788	501(C)(3)	131,173.	0.			PROVIDES OVERSIGHT OF ALL ACTIVITIES FOR THE CROSS-SITE EVALUATION IN PARTNERSHIP WITH DR.
PATIENT ADVOCACY FOUNDATION 421 BUTLER FARM RD HAMPTON , VA 23666	54-1806317	501(C)(3)	91,350.	0.			PATIENT ADVOCATE FOUNDATIONS PATIENT INSIGHT INSTITUTE WILL SERVE AS A FULLY
URBAN BABY BEGINNINGS 5700 OLD RICHMOND AVENUE, SUITE D1 RICHMOND, VA 23226	02-0805467	501(C)(3)	19,800.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVENUE PITTSBURGH , PA 15260	25-0965591	501(C)(3)	375,231.	0.			CO LEADS AND PARTICIPATES IN THE STRATEGIC OVERSIGHT OF ALL TASKS, PROJECT AND

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN MAINE P.O. BOX 9300 PORTLAND, ME 04104	01-6000769	501(C)(3)	23,408.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
KENTUCKY DOULAS 515 CLAY LICK RD SALVISA, KY 40372	87-3743572	501(C)(3)	17,517.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
UNIVERSITY OF MARYLAND BALTIMORE COUNTY - 1000 HILLTOP CIRCLE - BALTIMORE , MD 21250	52-6002033	501(C)(3)	194,886.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
UNIVERSITY OF MICHIGAN 1109 GEDDES AVE, SUITE 3300 ANN ARBOR , MI 48109	38-6006309	501(C)(3)	118,596.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40526	61-6033693	501(C)(3)	127,238.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 912 W. FRANKLIN ST RICHMOND, VA 23284	54-6001758	501(C)(3)	106,850.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
GRAYHALL 1213 SUMMIT AVENUE ST. PAUL , MN 55105	41-1597991	501(C)(3)	100,610.	0.			PROVIDES CONSULTATIVE EXPERTISE AND RESEARCH SERVICES WHICH INCLUDE PROJECT MANAGEMENT,
UNIVERSITY OF SOUTH CAROLINA 1507 GREENE ST COLUMBIA , SC 29208	57-6002033	501(C)(3)	194,819.	0.			PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH
HOPES EMBRACE 138 BAYBROOK CIRCLE NICHOLASVILLE, KY 40356	81-4477394		24,172.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTH MATTERS 501 HOWARD STREET, SUITE A SPARTANBURG, SC 29303	45-4900759	501(C)(3)	56,927.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
BLACK MOTHER'S BREASTFEEDING ASSOCIATION - 19750 BURT RD, SUITE 205 - DETROIT, MI 48219	74-3235491	501(C)(3)	101,484.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
BIRTH IN COLOR 115 E BROAD ST. UNIT 1A RICHMOND, VA 23219	83-3221701		24,024.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
GENESIS BIRTH SERVICES 1307 PARK AVE #10 WILLIAMSPORT, PA 17701	82-4470819	501(C)(3)	23,595.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
MAMATOTO VILLAGE 4315 SHERIFF ROAD NE WASHINGTON, DC 20019	46-2564702	501(C)(3)	42,865.	0.			PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH
OREGON HEALTH & SCIENCE UNIVERSITY - 3181 S. W. SAM JACKSON PARK RD - PORTLAND, OR 97239	93-1176109	501(C)(3)	28,733.	0.			TO PROVIDE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN SUPPORT OF
SARAH GORDON/ GOLDEN STANDARD PUBLIC HEALTH - 437 SHAWMUT AVE #1 - BOSTON, MA 02118	93-3183105	501(C)(3)	20,750.	0.			TO COLLABORATE WITH CONTRACTOR WHO WILL PROVIDE TECHNICAL ASSISTANCE FOR THE
ASSOCIATION OF IMMUNIZATION MANAGERS - 451 HUNGERFORD DRIVE, SUITE 225 - ROCKVILLE, MARYLAND, CANADA 20850	52-2346043		40,002.	0.			TO PROVIDE TECHNICAL ASSISTANCE FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION
WIELL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	30,909.	0.			TO PROVIDE CONSULTATIVE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CONSULTANT/ SCHOLAR	9	26,000.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
ACADEMYHEALTH ASSIGNS EACH GRANT AWARD AN INDIVIDUAL PROJECT CODE IN THE ACCOUNTING AND TIMESHEET TRACKING SOFTWARE AND IS RECONCILED MONTHLY WITH THE GRANT'S PROJECT DIRECTOR. THE GUIDELINES FOR FINANCIAL REPORTING VARY BY GRANTOR BUT REQUIRE AT LEAST AN INTERIM REPORT DUE MIDWAY THROUGH THE PROJECT, AS WELL AS A FINAL REPORT DUE AT THE END OF THE PROJECT. ADDITIONALLY, ALL THIRD-PARTY AGREEMENTS, ADMINISTRATIVE REQUESTS AND GRANT AGREEMENT REVISIONS ARE SAVED THROUGHOUT THE GRANT'S LIFE CYCLE. ALL GRANT AGREEMENTS AND RELATED COMMUNICATIONS ARE KEPT ON FILE IN THE OFFICE OF GRANTS AND CONTRACTS' (OGC) DEPARTMENT AND ARE FORWARDED ANNUALLY TO THE ACCOUNTING DEPARTMENT FOR AUDIT PURPOSES. GRANT REVENUE RECEIVED AND THE VARIOUS RESTRICTIONS ON IT IS TRACKED AND RECONCILED ANNUALLY AGAINST THE RECORDS OF ACADEMYHEALTH'S ACCOUNTING DEPARTMENT.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S HOSPITAL OF PHILADELPHIA
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO SUPPORT THE WORK FOR THE PROJECT ENTITLED,CHARACTERIZING

Part IV Supplemental Information

THE PATH TO DIAGNOSIS FOR PATIENTS WITH JUVENILE IDIOPATHIC ARTHRITIS: A MIXED METHODS STUDY.

NAME OF ORGANIZATION OR GOVERNMENT:
NEW YORK UNIVERSITY ON BEHALF OF ITS GROSSMAN LONG ISLAND SCHOOL OF MEDICINE
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, CLINICIAN AND SYSTEM-LEVEL FACTORS FOR DIAGNOSTIC IN HYPERTROPHIC CARDIOMYOPATHY.

NAME OF ORGANIZATION OR GOVERNMENT:
THE TRUSTEES OF UNIVERSITY OF PENNSYLVANIA
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ACHIEVING IN THE DIAGNOSIS OF BLACK MENS DISTRESS AND DEPRESSION.

NAME OF ORGANIZATION OR GOVERNMENT: TUFTS MEDICAL CENTER, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT FOR THE PROJECT ENTITLED, ADDRESSING OBSTACLES TO DIAGNOSTIC EXCELLENCE IN BREAST CANCER DIAGNOSIS

NAME OF ORGANIZATION OR GOVERNMENT:
BETH ISRAEL DEACONESS MEDICAL CENTER, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: DANA-FARBER CANCER INSTITUTE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT: GEORGIA TECH RESEARCH CORPORATION
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT:
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON
(H) PURPOSE OF GRANT OR ASSISTANCE: THE CHARITABLE PURPOSE OF THIS SUBGRANT IS TO UNDERSTAND THE POTENTIAL OF AND CHALLENGES TO USING INTERNET DATA TO FACILITATE TIMELY, ACCURATE DIAGNOSIS AND TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: BOSTON CHILDREN'S HOSPITAL
(H) PURPOSE OF GRANT OR ASSISTANCE: SERVES AS A STRATEGIC PARTNER PROVIDING OVERSIGHT OF 3 TASKS, ADVISING AND CONTRIBUTING TO THE COORDINATING CENTER'S THOUGHT LEADERSHIP AS WELL AS CO-LEADING AGENDA DEVELOPMENT FOR ALL LEARNING SESSIONS

NAME OF ORGANIZATION OR GOVERNMENT:
UC REGENTS/UNIVERSITY OF CALIFORNIA SAN FRANCISCO
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES OVERSIGHT OF ALL ACTIVITIES FOR THE CROSS-SITE EVALUATION IN PARTNERSHIP WITH DR. COPE, INCLUDING DATA COLLECTION, ANALYSIS, AND RELATED DISSEMINATION. THIS ROLE WILL ADDITIONALLY ENTAIL REPRESENTATION DURING MEETINGS WITH HRSA AS WELL AS CO-LEADERSHIP OF THE BLENDED ACADEMYHEALTH-UCSF MEASUREMENT & EVALUATION (TASK 3) SUPPORT TEAM

Part IV **Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: PATIENT ADVOCACY FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PATIENT ADVOCATE FOUNDATIONS PATIENT INSIGHT INSTITUTE WILL SERVE AS A FULLY INTEGRATED PARTNER ON THE ESC CC SUPPLEMENT PROJECT AND ASSIST WITH LEADERSHIP, ENGAGEMENT, INFO GATHERING, TA AND DISSEMINATION ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: URBAN BABY BEGINNINGS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF PITTSBURGH
(H) PURPOSE OF GRANT OR ASSISTANCE: CO LEADS AND PARTICIPATES IN THE STRATEGIC OVERSIGHT OF ALL TASKS, PROJECT AND MILESTONES, AND PROGRESS REPORTS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTHERN MAINE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY DOULAS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF MARYLAND BALTIMORE COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MICHIGAN
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: VIRGINIA COMMONWEALTH UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: GRAYHALL
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES CONSULTATIVE EXPERTISE AND

Part IV Supplemental Information

RESEARCH SERVICES WHICH INCLUDE PROJECT MANAGEMENT, ENGAGEMENT, COLLABORATING WITH OTHER DOULA AGENCIES AND PRODUCE BRIEF SUMMARY OF FINDINGS.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF SOUTH CAROLINA
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES GUIDANCE ON ALL ASPECTS OF THE PROJECT RELATED TO QUANTITATIVE AND QUALITATIVE RESEARCH IN SUPPORT OF THE IMPLEMENTING DOULA CARE PROGRAMS IN MEDICAID TO ADVANCE RACIAL IN SEVERE MATERNAL MORBIDITY PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: HOPES EMBRACE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: BIRTH MATTERS
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT:
BLACK MOTHER'S BREASTFEEDING ASSOCIATION
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: BIRTH IN COLOR
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: GENESIS BIRTH SERVICES
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: MAMATOTO VILLAGE
(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES SUBJECT MATTER EXPERTISE ON SURVEY AND FOCUS GROUP INSTRUMENTS AND ASSIST WITH OUTREACH TO MEDICAID BENEFICIARIES

NAME OF ORGANIZATION OR GOVERNMENT: OREGON HEALTH & SCIENCE UNIVERSITY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN SUPPORT OF THE MEDICAID DATA LEARNING NETWORK PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:
SARAH GORDON/ GOLDEN STANDARD PUBLIC HEALTH
(H) PURPOSE OF GRANT OR ASSISTANCE: TO COLLABORATE WITH CONTRACTOR WHO WILL PROVIDE TECHNICAL ASSISTANCE FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDED GRANT, "AH, NASHP, AND AIM PROJECT: ELIMINATING BARRIERS TO IMMUNIZATION THROUGH STATE INTERAGENCY AND COMMUNITY COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: ASSOCIATION OF IMMUNIZATION MANAGERS
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TECHNICAL ASSISTANCE FOR

Part IV Supplemental Information

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) FUNDED GRANT, AH, NASHP, AND AIM PROJECT: ELIMINATING BARRIERS TO IMMUNIZATION THROUGH STATE INTERAGENCY AND COMMUNITY COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: WIELL CORNELL MEDICAL COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CONSULTATIVE SERVICES THROUGH SUBJECT MATTER EXPERTISE AND CONTENT DEVELOPMENT IN SUPPORT OF THE MEDICAID DATA LEARNING NETWORK PROJECT (PROJECT).

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ACADEMYHEALTH

Employer identification number

52-1260918

Part I Questions Regarding Compensation

			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		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
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**	X	
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**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LISA SIMPSON	(i)	313,239.	0.	995,590.	13,260.	4,879.	1,326,968.	995,590.
PRESIDENT AND CEO (UNTIL 3/31/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AARON CARROLL	(i)	460,250.	15,000.	0.	0.	13,010.	488,260.	0.
PRESIDENT AND CEO (FROM 3/18/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARGO EDMUNDS	(i)	250,026.	3,767.	0.	19,661.	2,673.	276,127.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL GLUCK	(i)	225,891.	3,767.	0.	18,344.	10,078.	258,080.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTIN ROSENGREN	(i)	231,950.	4,033.	0.	18,687.	1,847.	256,517.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TEASHA POWELL PELHAM	(i)	201,714.	4,033.	0.	16,971.	17,797.	240,515.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ELIZABETH COPE	(i)	180,219.	4,050.	0.	14,572.	16,088.	214,929.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) AMY HAMMER	(i)	186,814.	0.	0.	15,018.	9,751.	211,583.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LAUREN ADAMS	(i)	167,944.	2,500.	0.	13,767.	9,747.	193,958.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STACY HALBERT	(i)	156,839.	2,500.	0.	13,641.	19,498.	192,478.	0.
IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANGELICA RODRIQUEZ	(i)	162,747.	2,500.	0.	13,598.	9,741.	188,586.	0.
MEMBERSHIP DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SUSAN KENNEDY	(i)	152,798.	1,000.	0.	12,642.	14,368.	180,808.	0.
SENIOR DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HOLLY HUESTON	(i)	149,499.	0.	0.	0.	8,899.	158,398.	0.
CFO AND VP (FROM 5/20/24)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B:
ACADEMYHEALTH HAD A 457(B) PLAN IN ADDITION TO A 457(F) DEFERRED COMPENSATION PLAN FOR ITS PREVIOUS CHIEF EXECUTIVE OFFICER. THE BALANCES OF THE PLANS WERE LIQUIDATED DURING THE YEAR ENDED DECEMBER 31, 2024.
- LISA SIMPSON $995,590
PART I, LINE 7:
BONUS COMPENSATION IS REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II).
BONUSES ARE BASED ON PERFORMANCE AND MEETING CERTAIN STATED GOALS.

SCHEDULE L
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 **(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DEBORAH EDWARDS	FORMER CFO (THROUGH	13,050.	ACADEMYHEAL		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: DEBORAH EDWARDS
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
FORMER CFO (THROUGH MAY 2024)
(D) DESCRIPTION OF TRANSACTION: ACADEMYHEALTH PAID DEBORAH EDWARDS AS A CONSULTANT TO FINISH THE 2023 AUDIT.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ACADEMYHEALTH

Employer identification number
52-1260918

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
RESOURCE HUBS.

FORM 990, PART VI, SECTION A, LINE 6:
ACADEMYHEALTH IS A MEMBER-BASED ORGANIZATION OF HEALTH SERVICES RESEARCHERS, POLICYMAKERS, AND PRACTITIONERS UNITED IN THEIR COMMITMENT TO IMPROVE HEALTH AND HEALTH CARE THROUGH EVIDENCE. TOGETHER, THEY CONTRIBUTE TO AND BENEFIT FROM ACADEMYHEALTH'S PROFESSIONAL DEVELOPMENT OFFERINGS, COLLABORATIVE LEARNING NETWORKS, AND LEADERSHIP OPPORTUNITIES. WE WORK TOGETHER TO ENSURE THAT HIGH-QUALITY, RELEVANT RESEARCH INFORMS POLICY AND PRACTICE DECISIONS ON THE MOST PRESSING HEALTH CHALLENGES.

FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS HAVE AN OPPORTUNITY TO AFFIRM OR COMMENT ON THE SLATE OF BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:
THE INDEPENDENT TAX/AUDIT FIRM PREPARES THE 990 FORM. THE CFO AND CEO REVIEW THE DRAFT AND THE CEO OR THE VP WHO IS ASSISTANT SECRETARY OF BOARD SIGNS FOR ELECTRONIC SUBMISSION. ALL MEMBERS OF THE BOARD RECEIVE A COPY OF THE FORM 990 AFTER THE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY COVERS ALL MEMBERS OF THE BOARD AND OFFICERS AND IS MONITORED BY AN ANNUAL WRITTEN INFORMATION QUESTIONNAIRE FROM THE BOARD CHAIR WHICH ARE REVIEWED AND MAINTAINED BY THE BOARD LIAISON, SARAH HOYT. THE EXECUTIVE COMMITTEE REVIEWS EACH TRANSACTION TO COME BEFORE THE BOARD FOR POTENTIAL OR ACTUAL CONFLICTS OF INTEREST. IF POTENTIAL OR ACTUAL CONFLICTS (PAST, PRESENT, OR FUTURE) ARE IDENTIFIED, THE PERSON DETERMINED TO HAVE A CONFLICT OF INTEREST IS RECUSED FROM THE DELIBERATIONS AND VOTING. THE IDENTIFIED CONFLICTS OF INTEREST AND APPROPRIATE RECUSALS ARE DOCUMENTED IN THE MINUTES OF EACH BOARD OR COMMITTEE MEETING.

FORM 990, PART VI, SECTION B, LINE 15:
THE PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDES A REVIEW AND APPROVAL BY THE EXECUTIVE COMMITTEE OF THE BOARD. COMPARABILITY DATA USED IN THE REVIEW PROCESS IS OBTAINED FROM AVAILIABLE DATA ON NONPROFIT CEO SALARIES AND COMPENSATION. THE DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD MEETINGS. THE COMPENSATION DETERMINATION PROCESS APPLIES TO THE PRESIDENT/CEO, WITH THE MOST RECENT REVIEW AND APPROVAL COMPLETED IN NOVEMBER 2023.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning _____ , and ending _____ .

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed.

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
ACADEMYHEALTH

D Employer identification number
52-1260918

Number, street, and room or suite no. If a P.O. box, see instructions.
1666 K STREET NW, 1100

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
WASHINTON, DC 20006

F ☐ Check box if an amended return.

C Book value of all assets at end of year ..... 4,631,880.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ☐

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of HOLLY L. HUESTON, CFO Telephone number (202) 292-6700

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	78,982.
2	Reserved	2	
3	Add lines 1 and 2	3	78,982.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	7,798.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	71,184.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	71,184.
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	70,184.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	14,739.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	14,739.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	14,739.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	14,739.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	6,924.		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	7,956.		
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	14,880.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	67.
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	74.
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** 74. **Refunded**			11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title: CFO & VP, OPERATIONS

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RICHARD J. LOCASTRO, CPA				P00288314

Firm's name GELMAN, ROSENBERG & FREEDMAN | Firm's EIN 52-1392008

Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930 | Phone no. 301-951-9090

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

Open to Public Inspection for 501(c)(3) Organizations Only

A Name of the organization: ACADEMYHEALTH

B Employer identification number: 52-1260918

C Unrelated business activity code (see instructions): 541800

D Sequence: 1 of 1

E Describe the unrelated trade or business: ADVERTISING INCOME

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales _____ b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 3	12	87,415.		87,415.
13 **Total.** Combine lines 3 through 12	13	87,415.		87,415.

Part II **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions SEE STATEMENT 4		5	622.
6	Taxes and licenses		6	6,311.
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATEMENT 5		14	1,500.
15	**Total deductions.** Add lines 1 through 14		15	8,433.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	78,982.
17	Deduction for net operating loss. See instructions		17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16		18	78,982.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations: 7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

FORM 990-T CONTRIBUTIONS STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GOVT/NON PROFIT ORGANIZATIONS	N/A	2,000,000.
TOTAL TO FORM 990-T, PART I, LINE 4		2,000,000.

FORM 990-T CONTRIBUTIONS SUMMARY STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2019		
FOR TAX YEAR 2020		
FOR TAX YEAR 2021		
FOR TAX YEAR 2022		
FOR TAX YEAR 2023		
TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2,000,000	
TOTAL CONTRIBUTIONS AVAILABLE	2,000,000	
TAXABLE INCOME LIMITATION AS ADJUSTED	7,798	
EXCESS CONTRIBUTIONS	1,992,202	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	1,992,202	
ALLOWABLE CONTRIBUTIONS DEDUCTION		7,798
TOTAL CONTRIBUTION DEDUCTION		7,798

FORM 990-T (A) OTHER INCOME STATEMENT 3

DESCRIPTION	AMOUNT
ADVERTISING - CAREER CENTER	87,415.
TOTAL TO SCHEDULE A, PART I, LINE 12	87,415.

FORM 990-T (A) INTEREST PAID STATEMENT 4

DESCRIPTION	AMOUNT
MAGNET MAIL SERVICE	622.
TOTAL TO SCHEDULE A, PART II, LINE 5	622.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	1,500.
TOTAL TO SCHEDULE A, PART II, LINE 14	1,500.

Government of the District of Columbia

2024 D-20E SUB

District of Columbia Corporation Franchise Tax Declaration for Electronic Filing

Tax period ending 12 31 2024

Name of Corporation
ACADEMYHEALTH

Taxpayer Identification Number
521260918

Business Mailing Address
1666 K STREET NW

City
WASHINTON

State
DC

ZIP code + 4
20006

PART I - **TAX RETURN INFORMATION (Whole dollars only)**

		PLEASE ENTER WHOLE DOLLAR AMOUNTS
1. Total DC Taxable Income (D-20, Line 36)	Mark if minus	76,495 .00
2. Total DC Gross Receipts (D-20, Line 39)		.00
3. Net tax (D-20, Line 40)		6,311 .00
4. Total amount Due or Overpayment (D-20, Line 4 5 or 46)		789 .00

PART II - **PAYMENT METHOD** Direct Debit Paper Check

For Direct Debit enter the following information:

I authorize the DC government to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment.

9. Routing Number* *Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.
10. Account Number
11 Type of Account Checking Savings

PART III - **DECLARATION OF CORPORATION OFFICER**

Under penalties of perjury, I declare that the above amounts agree with the amounts shown on the corresponding lines of the electronic portion of the 2024 Corporation Franchise Tax Return. I have also examined a copy of the return(s) being filed electronically with the District of Columbia, and all accompanying schedules and statements. To the best of my knowledge and belief, they are true, correct and complete. Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Officer's Signature Date

PART IV - **DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the above corporation return and that the entries on the D-20E are complete and correct to the best of my knowledge. The officer representing the corporation will have signed this form before I submit the return. I will give the corporation or officer representing the corporation a copy of all forms and information to be filed with D.C. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Mark if also paid preparer

ERO's Signature Date P00288314 ERO Taxpayer Identification Number

ERO's Use Only

Firm's name (or yours if self-employed) GELMAN, ROSENBERG & FREEDMAN

4550 MONTGOMERY AVE SUITE 800N 2081 Address and ZIP Code

52-1392008 EIN

301-951-9090 Phone Number

Under penalties of perjury, I declare that I have examined the above corporation return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, complete. Declaration of preparer is based on all information of which I have any knowledge.

Paid Preparer Use Only

Preparer's name (type/print)	RICHARD J LOCASTRO CPA
Preparer's signature	
PTIN	P00288314
Firm's name	GELMAN ROSENBERG & FREEDMAN
Firm's address	4550 MONTGOMERY AVE SUITE 800N, BET
Firm's EIN	521392008

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.