Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Τ

ΑF	or th	e 2023 calendar year, or tax year beginning and	d ending		
B c	heck if pplicab	le: C Name of organization		D Employer identific	ation number
	Addre	BE AMERICAN COLLEGE OF NORSE-MIDWIVES			
	Name Chang	pe Doing business as		74-168553	15
	Initial	Number and street (or P.U. box if mail is not delivered to street address)	Room/suit		
	Final	409 12TH ST SW	600	(240) 485	
	termi ated			G Gross receipts \$	3,511,041.
	Amer	WASHINGION, DC 20024-2100		H(a) Is this a group re	
	Appli dition	Finance and address of principal officer. Dit • Mitchild Monarco	Ε	for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1</u>	ax-ex	empt status: 501(c)(3) 🔀 501(c) (6) (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. See instructions
	Vebs			H(c) Group exemption	
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Yea	r of formation: 1955 N	State of legal domicile: NM
Pa	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities: TO I	MPROV	E AND MAINTAI	IN THE
Governance		HEALTH AND WELL BEING OF WOMEN AND CHILD-	-BEARI	NG FAMILIES.	
rna	2	Check this box if the organization discontinued its operations or dispo	sed of mor	e than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ŝ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			21
viti	6	Total number of volunteers (estimate if necessary)		6	200
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	22,055.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	12,616.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		750,068.	651,385.
nue	9	Program service revenue (Part VIII, line 2g)		2,867,777.	2,288,872.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-90,524.	2,865.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		589,722.	567,919.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,117,043.	3,511,041.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,867,339.	1,211,533.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.
, pe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,566,977.	3,203,041.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,434,316.	4,414,574.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,317,273.	-903,533.
Net Assets or Fund Balances			E	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	L	2,631,521.	828,303.
tAs	21	Total liabilities (Part X, line 26)		2,422,241.	2,089,905.
		Net assets or fund balances. Subtract line 21 from line 20		209,280.	-1,261,602.
	art II				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	

Sign	Signature of officer			D	Date		
Here	DR. MICHELLE MUNROE, CHIE	F EXECUTIVE	OFFICER				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	FRANK SMITH	FRANK SMITH		11/20/	24 self-employed	P0063905	3
Preparer	Firm's name CBIZ ADVISORS, LL	С		F	irm's EIN 88-	1478669	
Use Only	Firm's address 1899 L STREET, NW	#850					
	WASHINGTON, DC 20	036		Р	hone no. 202 -	227-4000	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes	No
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions.	332001 12-21-23			Form 990 (2	2023)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Fai		4-1685515	Page
	Check if Schedule O contains a response or note to any line in this Part III		L
1	Briefly describe the organization's mission:		
	ACNM'S MISSION IS TO SUPPORT MIDWIVES, ADVANCE THE PRACTIC		
	MIDWIFERY, AND ACHIEVE OPTIMAL, EQUITABLE HEALTH OUTCOMES		
	COMMUNITIES AND PEOPLE MIDWIVES SERVE THROUGH INCLUSION, A	DVOCACY,	
	EDUCATION, LEADERERSHIP DEVELOPMENT AND RESEARCH.		
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	XNo
	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	XNo
	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 mea	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
ти	MEMBERSHIP - ACNM IS THE LEADING PROFESSIONAL ORGANIZATION	TN THE	
	UNITED STATES FOR CERTIFIED NURSE-MIDWIVES AND CERTIFIED M		CNIM
	2023 MEMBERSHIP WAS APPRXOIMATELY 3850 MEMBERS. ACNM DESIG		
	PROVIDES BENEFITS AND SERVICES THAT ASSIST MEMBERS IN SERV		
	PATIENTS, THEIR COMMUNITY, AND THEIR PROFESSION. RESOURCES		
	EDUCATIONAL MEETINGS, ACADEMIC PUBLICATIONS AND EVIDENCE-B		
	GUIDELINES, ADVOCACY AND CONSULTATIVE ASSISTANCE ON EMPLOY		T (7) 7
	PRACTICES, CLINICAL PRACTICE ISSUES, BILLING AND REIMBURSE		TIA
	OF CARE, PUBLIC AWARENESS, NATIONAL MARKETING CAMPAIGNS, A		
	CHAPTER SUPPORT, FEDERAL AND STATE LEGISLATIVE TRACKING, A	ND REGULAT	ORY
	PROCEEDINGS.		
	HACE BEEN CANCELLED. IN ADDITION, THE ORGANIZATION CONDUCT ON-LINE LEARNING PROGRAMS THROUGHOUT THE YEAR ON TIMELY CL TOPICS. THERE ARE MULTIPLE DELIVERY MODELS INCLUDING DIDA HANDS ON TRAINING. ACNM PARTNERS WITH INDUSTRY AND OTHER WHO SHARE SIMILAR OBJECTIVES TO ADVANCE THE MISSION AND EN MIDWIFERY MODEL OF CARE REMAINS A PART OF THE SOLUTION TO HEALTH CRISES.	INICAL CTIC AND ORGANIZATI SURE THAT	THE
4c	THE DEVELOPMENT OF RESOURCES TO ENHANCE THE PROFESSIONAL P	AREA LEADS RACTICE OF	
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Form 990 (2				OF	NURSE-MIDWIVES
Part IV	Checklist of R	equired Schec	lules		

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				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributed 3 See Instructions 2 X 3 Did the organization requires to indirect political cangegin activities on behalf of or in opposition to candidates for public GPC # View, "complete Schedule C, Part II 3 X 4 Section 501(c)(k) organizations. Do the organization engage in lobbying activities, or have a section 501(b) election in effect 4 4 5 Is the organization as defined in Rev. Proc. 98-197 / Wrs, "complete Schedule C, Part II 5 X 5 6 Did the organization in casement of noruns in soft Mide or accounts for Which dones have the right to provide acids on the distribution or investment of noruns in soft Mide account links a caccount? Wrs," complete Schedule D, Part I 6 X 7 X Bid the organization receive or hold a conservation assement, including assements to preserve open space. 7 X 8 Did the organization receive or varids of art, historical treasure, or other similar assets? If "Yes," complete Schedule D, Part I 8 X 9 Did the organization receive or varids of ant, historical treasure, or other similar assets? If "Yes," complete Schedule D, Part I 8 X 10 the organization report an amount in Part X, line 21, or ecarbolic Schedule D, Part S, UN, UN, UN, V, X, x 8	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 Dit the cognization engage in direct or indirect political campaign activities on behall of or in opposition to candidates for public office? <i>If Yes, "complete Schedule C, Part I</i> Section 501(b) or gainizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? <i>If Yes, "complete Schedule C, Part II</i> Did the organization maintain any doorn advised turks or any similar functions are completed Schedule D, Part II Did the organization maintain any doorn advised turks or any similar functions are completed Schedule D, Part II Did the organization maintain any doorn advised turks or any similar dimession asserts of incident asserts of incident assets of the tax organization asserts of incident assets of the tax organization asserts of incident assets of the tax organization assets of the organization maintain cellectors of works of art. Nilsofoxia Ureasures, or other similar assets? <i>If Yes, "complete Schedule D, Part II</i> Did the organization report an amount in Part X, line 21, for escow or custodial account liability, serve as a taxtodian for a manufactor any and the organization, hold assets in donorrestricted endowments or in quasi-endowments? <i>If Yes, "complete Schedule D, Part II</i> Did the organization report an amount for investments - order acquiration, hold assets in donorrestricted endowments or in quasi-endowments? <i>If Yes, "complete Schedule D, Part VI</i> Did the organization report an amount for investments - order assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17. <i>Yes, "complete Schedule D, Part VI</i> 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 17. <i>Yes, "complete Schedule D, Part VI</i> Did the organization report an amount for investments. Program related in Pa					<u>X</u>
public officer <i>III</i> 'res,' complete Schedule <i>C</i> , <i>Part II</i> 3 X 4 Section 501(c)(3) organizations. Diff the organization engage in lobbying activities, or have a section 501(b) decision in effect 4 5 Is the organization a socion 501(c)(0), or 501(c)(0) organization that receives membership dues, assessments, or similar annuots as defined in Nev. Proc. 59 197 <i>II'</i> *es,' complete Schedule <i>C</i> , <i>Part II</i> . 6 6 Did the organization or aniset met of anounts in such tudio or accounts for which donors have the right to provide advice on the distribution or investment of anounts in such tudio or accounts for which donors have the right to the organization easies or instoric a donounts in such tudio or accounts for which donors have the right to the environment, historic late dass, or instoric a transmission. <i>Complete Schedule D</i> , <i>Part II</i> . 7 X 8 Did the organization report an amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, vine 21, for sercew or custodial account liability, serve as a custodian for amounts on tilted in Part X, vine 21, for sercew or custodial account liability, serve as a custodian service? 9 X 10 Did the organization, report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 11 H the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part X 111 X	2		2	<u>X</u>	
4 Section 50 (Lq)3 organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect 4 5 Is the organization a section 501(h)(h, 501(h)(h), or 501(k)(h), o	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 5 Is the organization a section Schedule C, Part III. 5 6 Did the organization markain any domo advised funds or any similar funds or accounts for which domors have the night to provide advised on the distribution or investment and manutin is sub-tab. Unds or accounts for which domors have the night to provide advised on the distribution or investment and manutin is sub-tab. Or Part II. 6 X 7 XL Did the organization markain any domo advised funds or any similar toxics or accounts for which domors have the night to provide advised on the distribution or investment and manutin is sub-tab. Organization. Part II. 7 X 8 Did the organization markain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization, finctly or through a neitad organization, hold assets in donor-restricted endowments 7 X 10 Did the organization induction of the dilowing questions is "Yes," then complete Schedule D, Part V. 10 X 11 If the organization report an amount for head sects in donor-restricted endowments 11 X 12 Did the organization report an amount for head sects in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 13 X Did the organization report an am			3	<u>X</u>	
5 Is the organization action 501(cl(d), 501(cl(d), or 501(cl(d)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98199 (2) "res"; complete Schedule D, Part III. S 6 Did the organization markain any donar 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 for which donors have the right to provide advice on the distribution or investment advised funds or accounts for which donors have the right to Did the organization markain any donar advised funds or any similar funds or accounts for which donors have the right to Did the organization markain any donar advised funds or dark, historical treasures, or other similar assets? If "res," complete Schedule D, Part II 7 X 8 Did the organization markain any donar advised funds or dark, historical treasures, or other similar assets? If "res," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted andowments II", res, complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10, If 'I'yes," complete Schedule D, Part V 10 X 11 If the organization neopt an amount for investments - other securities in Part X, line 12, If I's is 5% or more of its total assets reported in Part X, line 16'// 'Yes," complete Schedule D, Part X 11 X 12	4				
similar amounts as defined in Rev. Proc. 98-192, <i>H</i> 'Yes,' complete Schedule D, Part II 5 X O Did the organization market may donce advised funds or any similar funds or accounts? <i>H</i> 'Yes,' complete Schedule D, Part II 6 X 7 Did the organization market means, including assemints to preserve open space, the environment, historical treasures, or other similar assets? <i>H</i> 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization market acces, or historical treasures, or other similar assets? <i>H</i> 'Yes,' complete Schedule D, Part II 8 X 9 Did the organization market acces, or historical treasures, or other assituation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donce-restricted andowments 10 X 11 The organization answer to any of the following questions is 'Yes,' than complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>H</i> 'Yes,' complete Schedule D, Part V 111a X 13 Did the organization report an amount for investments other securities in Part X, line 10? <i>H</i> 'Yes,' complete Schedule D, Part V 111a X 14 Did the organization report an amount for investments of part VI. 10 X 111a X 15 Did the organization report an amount for thines securi			4		
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 hold a conservation assemet funduing assemanted to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 7 X X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 8 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part IV 8 9 Did the organization regions of more of a consolitation consolitation distructures? 9 10 Type," complete Schedule D, Part IV 10 11 The organization regions and organization regions of more of any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, K, or X, as applicable. 11 10 Did the organization report an amount for investments - or iner assets in donor-restricted endowments asset reported in Part X, line 127 17% complete Schedule D, Part IV 11 If the organization report an amount for investments - program related in Part X, line 127 11% conservation 20 Did the organization report an amount for investments for the tax year in Conservation conservation in the UT Wes, "complete Schedule D, Part X 111 Did the org	5				
provide advice on the distribution or investment of amounts in such funds or account? 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 bit outcures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts no listel in Part X, or provide cridit cousseling, debt mangament, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 no listel in Part X, or provide cridit cousseling, debt mangament, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 X 10 Did the organization indexity or through a related organization, hold assets in donor-restricted endowments 10 X as applicable. 11 X 10 X as applicable. 11 X 11 X Did the organization report an amount for leads the Part X. 11 X 11 X Clid the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? 111 X D	_		5	<u> </u>	
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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 aggregate grants or other assistance to or for foreign individuals? 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 II and IV 16 X 17 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 G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19	b				
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22 Did the organization export more than 55,000 of grants or other assistance to or for domestic individuals on Part X, control A, inter X, inter X, income X, and X,				Yes	No
23 Dot the organization answer "Yes" to Fark WL Section A, line 3, 4, or 5, about compensation of the organization is current and former differs, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24 Dot the organization have a tax exempt bond issue with an outstanding puncipal amount of more than \$100,000 as of the tast during the year, that was assued after December 31, 2002? If "Yes," <i>anower lines 240 through 244 and complete</i> Schedule K. If Yos," <i>a top time 25a</i> . 24a X 25 Did the organization matrix any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 26 Did the organization matrix any proceeds of tax exempt bonds outstanding at any time during the year? 24d X 26 Section 501(6)(35, 501(6)(4), 601(6)(2) sorganization. Did the organization and the targanged in an excess benefit transaction have the year and this the transaction have the tay targange in a secret so the sorganization organization agrees that reagand in an excess benefit transaction have the year and this the transaction have to tay in the approximation prior tay amount on Part X, line 5 or 22. For receivables from or papables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entry or family member of any or these paranor? If "Yes," complete Schedule L, Part II 26a X 27 Did the organization approx to ta buiess targand in a december officer, director, trustee, key employee, treator or founder, substantating aconthyour or 35% cortrolled entry or family memb	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete 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 organization naves and an escow account of the tax escent bond? 24a 24b Did the organization have a tax exempt bonds beyond a temporary period exception? 24a 24b Did the organization naves and an escow account of the thm a returning escow at any time during the year to defease any tax-exempt bonds? 24d 25a Section 50 (Ic(3)), 50 (1c(4), and 50 (Ic(20) organizations. Du the organization engage in a excess benefit transaction with a disqualified period of the organization naves that it engaged in an excess benefit transaction with a disqualified period in a piror year, and that the transaction have that engaped in an excess benefit transaction with a disqualified period of the organization provide a grant or other assistance to any complete Sociedule L, Part I 25b 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 a 35% cortrolled entity fondourg, subcleantial contributors or angoly thereof, a grant societaria. The organization provide a grant or other assistance to any of these periods? If "Yes," complete Sociedule 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 societario on more affect. A grant III. 27 Did the organization negret on		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Science/Le / Za Zi Zi Za Zi Za Zi Zi Za Zi Za Zi Za Zi Za Zi Za Za Zi Za	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a DC 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 28a. 24a X 25 Debute organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 26 Do the organization mixes any proceeds of tax-exempt bond so distanding a dray time during the year 10 debase any tax-exempt bonds? 24d 24d 26 Do the organization mixes any proceeds of tax-exempt bond so distanding a tary time during the year? 24d 24d 26 Do the organization area tas on behalf of "issuer for bonds outstanding at any time during the year? 24d 24d 26 Do the organization area to be reported on any over Alf * Agric complete Schedule L, Part I 25a 25a 26 Do the organization proved area grant or other assittance to any current or forme officing, anerotopies thereof or family member of any of the seg parasition to any current or forme officing, an enclose thereof or family member of any of the seg parasitication proved area grant or other assittance to any current or torunder, substantial contributor or englose thereof, ragin traves area for founder, substantial contributor? J 28a X 27 Did the organization proved area grant or other assittance to any current or forme officer, director, trustes, key employee, creator or founder, substantial contributor? J 28a X 28 Did the organization memore		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 25a		any tax-exempt bonds?	24c		
transaction with a disqualified person during the year? // 'Yea,' complete Schedule L, Part I 25a b is the organization a portor year, and that the transaction and portor year, and that the transaction has not been reported on any of the organization's prior Forms 90 or 900-E27 // 'Yea,' complete Schedule L, Part I 25b 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (incluing an enployee thereof) or family member of any of these persons? If 'Yea,' complete Schedule L, Part II 26 X 27 Did the organization portoide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an enployee thereof) or family member of any of these persons? If 'Yea,' complete Schedule L, Part II 27 X 28 Was the organization 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 X 29 DA atmily member of any individual described in line 28a' I' Yea,' complete Schedule L, Part IV 28a X 20 Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions I' I' Yea,' complete Schedule L, Part IV 28a X 31 Di	d		24d		
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 spore Forms 900 or 990-E27 // **es, * complete Schedule I, Part I 256 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? // **es, * complete Schedule L, Part II 26 27 Did the organization approxibe a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or a 35% controlled entity or founder, substantial contributor or engloyee thereol) or family member of any of these persons? // **es, * complete Schedule L, Part IV 27 X 28 Was the organization a part to a buiness transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions); // **es, * complete Schedule L, Part IV 28a X 29 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // **es, * complete Schedule L, Part IV 28a X 30 Did the organization neceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // **es, * complete Schedule L, Part I 28a X 30 Did t	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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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," complete Schedule R, Part V, line 2 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ines 11b and 19? 36 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 1a 29 1a 29 14 29 0 1a 29 1a 29 1a 1a 29 1a 29 1a 1a 29 1a 1a 1a	02		32		x
sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 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 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 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	33	,			
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 36 If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? 38 X 9 Note: All Form 990 filers are required to complete Schedule O 38 X 9 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1 1 29 14 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29 1b 0 16 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X	00		33		x
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Organization complete Schedule O 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 29 Ves No b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Ves Ves c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	0,		37		x
Note: All Form 990 filers are required to complete Schedule O 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No Check if Schedule O contains a response or note to any line in this Part V Image: 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 Image: Ima	38		0/		
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C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?					
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Form 990			NURSE-MIDWIV		74-
Part V	Statements Regarding Oth	er IRS Filings and	d 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	2	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?			X	
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			<u>3b</u>	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country			-		
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5.		Х
5a 5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction file Form 8886-T?			50 50		- 23
с 6а				50		
ou	any contributions that were not tax deductible as charitable contributions?			6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b	х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the payor	? 7a		
b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	xt?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	40-	I			
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
11	Section 501(c)(12) organizations. Enter:			-		
	Gross income from members or shareholders	11a	1			
h	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			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b		_		
с	Enter the amount of reserves on hand	13c				
14a						X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			. –		v
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.					v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
47	If "Yes," complete Form 4720, Schedule O.	+;,.:+:.	2			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activative result in the imposition of an aveise tax under section 4951, 4952 or 49532			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
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Form 990	(2023)
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AMERICAN COLLEGE OF NURSE-MIDWIVES

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

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

	tion A. Governing Body and Management					
1-	Enter the number of voting members of the governing body at the and of the tay year	4-		14	Yes	No
ia	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	<u>1a</u>		<u>+ +</u>		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th					+
0				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's as					X
5	Did the organization have members or stockholders?				X	+
7 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
-	persons other than the governing body?			76	х	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
a	The governing body?		•	8a	x	
b	Each committee with authority to act on behalf of the governing body?				X	
ĩ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)			
					Yes	N
a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
		•	, ,	10b	х	
а	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-	-			
a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "					
	on Schedule O how this was done	,		120	х	
3	Did the organization have a written whistleblower policy?			40	Х	
ŀ	Did the organization have a written document retention and destruction policy?				Х	
5	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
àa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment wi	th a			
	taxable entity during the year?			. 16 a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	s			
	exempt status with respect to such arrangements?			16 b		
ec	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed MD					
,	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-	T (section 501(c))(3)s only) availa	able
,	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply	and 990-	T (section 501(c)(3)s only) availa	able
	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)			able
	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	n on Sc	hedule O)			able
7 3	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>Another's website</u> <u>X</u> Upon request <u>Other (explain</u> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	<i>n on Sc</i> onflict o	<i>hedule O)</i> f interest policy,			able
7 3	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>Another's website</u> <u>X</u> Upon request <u>Other (<i>explain</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo</u>	<i>n on Sc</i> onflict o	<i>hedule O)</i> f interest policy,			able
ec 7 3	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>Another's website</u> <u>X</u> Upon request <u>Other (explain</u> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo <u>KEVIN THOMAS - 240-485-1858</u>	<i>n on Sc</i> onflict o	<i>hedule O)</i> f interest policy,			able
, ;)	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>Another's website</u> <u>X</u> Upon request <u>Other (<i>explain</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo</u>	<i>n on Sc</i> onflict o	<i>hedule O)</i> f interest policy,	and fina	ncial	
7 3 9	List the states with which a copy of this Form 990 is required to be filed <u>MD</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. <u>X</u> Own website <u>Another's website</u> <u>X</u> Upon request <u>Other (explain</u> Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo <u>KEVIN THOMAS - 240-485-1858</u>	<i>n on Sc</i> onflict o	<i>hedule O)</i> f interest policy,	and fina		

Dort VII	Compensation of Officers,	Directore Tructore	Kay Employees	Linhast Company	0
Part VII	compensation of Onicers,	Directors, Trustees,	, key Employees,	rignest Compensat	.eu
	Employees, and Independe	ent 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)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		itior more		one	Reportable	Reportable	Estimated
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau	reciu	i/irus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1033-NEO)	and related
	below	dual t	nstitutional trustee	-	Key employee	st co	Ŀ			organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			0
(1) KAREN JEFFERSON	40.00									
DIRECTOR OF MIDWIFERY PRACTICE	0.00					X		129,972.	0.	45,088.
(2) AMY KOHL	40.00									
DIRECTOR OF ADVOCACY & GOV	0.00					Х		127,496.	0.	6,776.
(3) KATRINA HOLLAND	40.00									
CEO (TO 4/2023)	0.00			Х				82,026.	0.	4,206.
(4) KEVIN THOMAS	1.00									
DIRECTOR OF FINANCE				Х				68,619.	0.	6,194.
(5) MICHELLE MUNROE	40.00									
CEO (AS OF 5/2023)	0.00			Х				69,797.	0.	0.
(6) HEATHER CLARK	1.00									
PRESIDENT	0.00	Х		Х				20,000.	0.	0.
(7) ALEXIS DUNN-AMORE	1.00									
VICE PRESIDENT	0.00	Х		Х				0.	0.	0.
(8) BRIDGET HOWARD	1.00									_
SECRETARY	0.00	Х		Х				0.	0.	0.
(9) CARA KRULEWITCH	1.00									-
TREASURER	0.00	Х		Х				0.	0.	0.
(10) CAROLYN CURTIS	1.00									-
MIDWIVES OF COLOR COMMITTEE (AS OF 5	0.00	Х						0.	0.	0.
(11) CARRIE NEERLAND	1.00									-
REGION V	0.00	Х						0.	0.	0.
(12) CHARLOTTE MORRIS	1.00									-
MIDWIVES OF COLOR COMMITTEE (TO 5/20	0.00	Х						0.	0.	0.
(13) JESSICA ANDERSON	1.00									-
REGION VI (TO 5/2023)	0.00	Х						0.	0.	0.
(14) JESSICA BRUMLEY	1.00									•
PRESIDENT ELECT	0.00	Х		Х				0.	0.	0.
(15) JESSICA ELLIS	1.00									<u> </u>
REGION VI (AS OF 5/2023)	0.00	Х						0.	0.	0.
(16) KATIE LAVERY	1.00								•	<u>^</u>
REGION IV	0.00	Х						0.	0.	0.
(17) MICHELLE PALMER	1.00								•	<u>^</u>
REGION I	0.00	Х						0.	0.	0.

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Form 990 (2023)

Form 990 (2023) AMERICAN	COLLEGE	: 0	F	NU	RS	5E-3	MI	DWIVES	74-16	855	515	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B) Average hours per week	box	not cł , unles	Pos heck i ss per	rson i) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F) Estima amoun othe	ted t of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		compens from t organiza and rela organiza	sation he ation ated
(18) NATALIE SAN LUIS STUDENT REP.	1.00	x						0.		0.		0.
(19) NICOLE WARDLAW	1.00	Δ						0.		••		0.
REGION II	0.00	х						0.		0.		0.
(20) NIKIA GRAYSON	1.00									-		
REGION III	0.00	Х						0.		0.		0.
(21) THERESA COLEY-KOUADIO REGION VII	1.00	x						0.		0.		0.
	0.00									0.		0.
1b Subtotal								497,910.		0.	62,2	264.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								<u> </u>		0.	62,2	0.
2 Total number of individuals (including but n											•=,.	_
compensation from the organization											N.	2
3 Did the organization list any former officer,	-			•	-			• •		ſ	Yes	
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su											3	X
and related organizations greater than \$150	,										4 X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5	x
Section B. Independent Contractors		2010	<u>JI 50</u>		Jers	011 .				···· I	0	
1 Complete this table for your five highest control the organization. Report compensation for the organization for	•	•							•	ensati	on from	
(A)	ne calendar ye		nuin	ig w			<u></u>	(B)			(C)	
Name and business	address							Description of s	ervices	Co	ompensati	on
CARIBE ROYALE HOTEL 8101 WORLD CENTER DR, ORL	ANDO, F	L	32	82	1		_	MEETING ROOM	S		208,0	566.
CORDIA RESOURCES 4201 WILSON BLVD #300, AR	LINGTON		VA	2	22	03		ACCOUNTING S	ERVICES		139,0	565.
PROJECTION VIDEO SERVICES ROLLING ROAD, SUITE 200,	, INC.,	5	80	2				VIDEO AND PRO			101,0	
2 Total number of independent contractors (ii	0	ot lin	nited	l to i			ed	above) who received mo	ore than			
\$100,000 of compensation from the organiz	zation)					-orm 990	(2023)

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8 2023.05000 AMERICAN COLLEGE OF NURSE 191953_1

Ра	π	/111							
			Check if Schedule O contains a	response	or note to any lin	e in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	٦		Federated campaigns	1a		-			
Gra			Membership dues	1b		4			
ts, An			Fundraising events	1c		-			
Gif			Related organizations	1d		-			
ns, Sim			Government grants (contributions)	1e		-			
er (f	All other contributions, gifts, grants, and		CE1 20E				
Oth			similar amounts not included above \dots	1f	<u>651,385.</u>	-			
ont		-	Noncash contributions included in lines 1a-1f	1g \$		661 206			
<u>a</u> O		h	Total. Add lines 1a-1f		Duration of the	651,385.			
			MEEMINGG AND EVILLD	тта	Business Code	1 107 252	1 107 252		
Program Service Revenue	2		MEETINGS AND EXHIB	TTS		1,107,253.			
er v			MEMBERSHIP DUES	<u> </u>		1,025,760.			
n S /eni			ADMINISTRATIVE FEE	5	900099		104,675.		
Jrar Rev			OTHER PROGRAMS		900099	29,085.			
roç			PUBLICATIONS		900099	22,099.	22,099.		
4			All other program service revenue						
						2,288,872.			
	3		Investment income (including divide		•	2 9 6 5			
	_					2,865.			2,865.
	4		Income from investment of tax-exem	• •		465 020			465 020
	5		Royalties			465,938.			465,938.
	_			i) Real	(ii) Personal	-			
	6		Gross rents 6a			-			
			Less: rental expenses 6b			-			
			Rental income or (loss)						
	_		Net rental income or (loss)		(ii) Other				
	'	а		ecurities	(ii) Other	4			
			assets other than inventory 7a			-			
0		D	Less: cost or other basis						
Revenue		_	and sales expenses 7b Gain or (loss) 7c			-			
eve									
r B			Net gain or (loss)		I				
Othe	8	а	Gross income from fundraising events (r						
0			including \$						
			contributions reported on line 1c). S						
			Part IV, line 18			-			
			Less: direct expenses	·····					
	~		Net income or (loss) from fundraising		·····				
	э	a	Gross income from gaming activities						
		k	Part IV, line 19 Less: direct expenses						
				·····					
	10		Net income or (loss) from gaming ac Gross sales of inventory, less returns						
	10	a	and allowances						
		h	Less: cost of goods sold			1			
			Net income or (loss) from sales of in		1				
		U	Not moome or (1055) norm sales OF IT	ventory	Business Code				
sn	44	2	MISCELLANEOUS		900099	79,926.	79,926.		
neo			SALES - PRODUCT &	ΑΡΡΔ	900099	22,055.		22,055.	<u> </u>
∳llar ven		и С		<u></u>					<u> </u>
Miscellaneous Revenue			All other revenue						
Σ					L	101,981.			
	12		Total revenue. See instructions			3,511,041.	2,368.798.	22,055.	468,803.
33200							,,,	,,	Form 990 (2023)

AMERICAN COLLEGE OF NURSE-MIDWIVES

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Form 990 (2023)

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 Form 990 (2023)
 AMERICAN COLLEGE OF NURSE-MIDWIVES

 Part IX
 Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 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	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	560,174.			
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	534,742.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,764.			
9	Other employee benefits	33,404.			
10	Payroll taxes	75,449.			
11	Fees for services (nonemployees):				
а	Management	0 000			
b	Legal	9,203.			
c	Accounting	258,464.			
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,	1,278,496.			
40	column (A), amount, list line 11g expenses on Sch 0.)	1,270,490.			
12	Advertising and promotion	131,782.			
13	Office expenses	151,702.			
14 15	Information technology				
15 16	Royalties	296,581.			
17	Occupancy	22,296.			
18	Travel Payments of travel or entertainment expenses	22,290.			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	528,895.			
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,306.			
23	Insurance	26,005.			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	120 701			
	LOSS ON DISPOSAL OF FIX	429,781.			
b	DUES AND SUBSCRIPTIONS	73,290.			
C d	OVERHEAD	<u>33,274</u> . 23,668.			
d	OTHER	43,000.			
-	All other expenses	4,414,574.			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,414,0/4.			
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)				
	CHOCK HOLD III IOIIOWING SOF 98-2 (ASC 958-720)			I	000

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Form **990** (2023)

16011120 150872 191953

AMERICAN	COLLECE	$\cap \mathbf{F}$	NURSE-MIDWIVES
AMERICAN	COTTEGE	Оr	NOKOG-WIDMIAGO

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га		Dalance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		<u></u>	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			368,669.	1	275,242.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		956,524.	3	102,560.	
	4	Accounts receivable, net			340,833.	4	31,660.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied pers				
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			58,120.	8	0.
As	9	Prepaid expenses and deferred charges			56,976.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	609,108.			
	b	Less: accumulated depreciation		213,021.	784,364.	10c	396,087.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line -				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			66,035.	15	22,754.
	16	Total assets. Add lines 1 through 15 (must equa			2,631,521.	16	828,303.
	17	Accounts payable and accrued expenses			750,286.	17	1,129,535.
	18	Grants payable			432,213.	18	0.
	19	Deferred revenue			935,526.	19	647,268.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV c	of Schedule D		21	
S	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
abi		controlled entity or family member of any of thes	e perso	ins		22	
	23	Secured mortgages and notes payable to unrela	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, page	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			304,216.	25	313,102.
	26	Total liabilities. Add lines 17 through 25			2,422,241.	26	2,089,905.
		Organizations that follow FASB ASC 958, che	ck here				
češ		and complete lines 27, 28, 32, and 33.					1 0 6 1 6 0 0
Fund Balances	27			······ -	209,280.	27	-1,261,602.
B	28	Net assets with donor restrictions				28	
oun		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
Se	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or	31	Retained earnings, endowment, accumulated inc			000 000	31	
Se	32	Total net assets or fund balances		······ -	209,280.	32	-1,261,602.
	33	Total liabilities and net assets/fund balances			2,631,521.	33	828,303.

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

Form 990 (2023)	AMERICAN COLLEGE OF NURSE-MIDWIVES	74-1	1685515	Pag	_{ge} 12
Part XI Reconciliati	on of Net Assets				
Check if Schedu	ule O contains a response or note to any line in this Part XI				
1 Total revenue (must e	qual Part VIII, column (A), line 12)	1	3,511		
2 Total expenses (must	equal Part IX, column (A), line 25)	2	4,414		
3 Revenue less expense	es. Subtract line 2 from line 1	3	-903		
4 Net assets or fund ba	lances at beginning of year (must equal Part X, line 32, column (A))	4	209	9,28	80.
5 Net unrealized gains (losses) on investments	5			
6 Donated services and	use of facilities	6			
7 Investment expenses		7			
8 Prior period adjustme	nts	8	-56	7,34	
9 Other changes in net	assets or fund balances (explain on Schedule O)	9			0.
10 Net assets or fund ba	lances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
		10	-1,261	L,60	02.
Part XII Financial St	atements and Reporting				
Check if Schedu	ule O contains a response or note to any line in this Part XII				
				Yes	No
1 Accounting method u	sed to prepare the Form 990: 🗌 Cash 🛛 X Accrual 🗌 Other		_		
If the organization cha	anged its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a Were the organization	's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box	below to indicate whether the financial statements for the year were compiled or reviewed	on a			
separate basis, conso	lidated basis, or both:				
Separate basis	Consolidated basis Both consolidated and separate basis				
•	's financial statements audited by an independent accountant?		2b		<u>X</u>
If "Yes," check a box	below to indicate whether the financial statements for the year were audited on a separate	basis,			
consolidated basis, or					
Separate basis	Consolidated basis Both consolidated and separate basis				
	b, does the organization have a committee that assumes responsibility for oversight of the				
	of its financial statements and selection of an independent accountant?		2c		
-	anged either its oversight process or selection process during the tax year, explain on Sche	edule O.			
	I award, was the organization required to undergo an audit or audits as set forth in the				
,	C.F.R. Part 200, Subpart F?		3a		<u>X</u>
	ization undergo the required audit or audits? If the organization did not undergo the requir				
or audits, explain why	on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2023)

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

MERICAN	COLLEGE	OF	NURSE-MIDWIVES	

74-1685515

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(6) (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

X 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

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 for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

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).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

AMERICAN COLLEGE OF NURSE-MIDWIVES

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 57,419. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 8,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 6,100. Noncash \$ (Complete Part II for noncash contributions.)

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Employer identification number

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Name of organization

AMERICAN COLLEGE OF NURSE-MIDWIVES

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 6,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 5,050. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 8,550. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 14,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 12,200. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 31,320. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 15 16011120 150872 191953

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

(b)

(a)

Employer identification number

(d)

74-1685515

(c)

Schedule B (Form 990) (2023)

organization

AMERICAN COLLEGE OF NURSE-MIDWIVES

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 9,150. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 55,486. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

.

323452 12-26-23

16011120 150872 191953

Employer identification number

Page 2

74-1685515

Name of organization

		\$	
(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
		\$	
23453 12-26	³⁻²³ 17		Schedule B (Form 990)

AMERICAN COLLEGE OF NURSE-MIDWIVES

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

(b)

Description of noncash property given

(b)

Description of noncash property given

Schedule B (Form 990) (2023) Name of organization

(a)

No.

from

Part I

(a)

No.

from

Part I

3234

Employer identification number

(d)

Date received

(d)

Date received

74-1685515

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

\$

2023.05000 AMERICAN COLLEGE OF NURSE 191953_1

16011120 150872 191953

Schedule	B (Form 990) (2023)			Page 4				
	organization			Employer identification number				
AMERI	CAN COLLEGE OF NURSE-MII	OWIVES		74-1685515				
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in	section 501(c)(7), (8), or (1					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line e charitable, etc., contributions of \$1,000 c	ntry. For organizations or less for the year. (Enter this in	nfo. once.) \$				
	Use duplicate copies of Part III if additional s	space is needed.	- · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held				
		(e) Transfer of g	 gift					
	Transferee's name, address, a			transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) [Description of how gift is held				
Part I								
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held				
		(e) Transfer of g	 gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee				
323454 12-26	6-23			Schedule B (Form 990) (2023)				

18 2023.05000 AMERICAN COLLEGE OF NURSE 191953_1

S	CH	IEC)UI	LE	С

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

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 B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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.

Nar	ne of organization				Employ	er identificatio	on number
	AMERICA	N COLLEGE OF NURSE	E-MIDWIVES			74-16855	515
Pa	art I-A Complete if the org	anization is exempt under	section 501(c) or	is a section 52	?7 orga	inization.	
1	Provide a description of the organiz	ation's direct and indirect political	campaign activities in I	Part IV.			
2	Political campaign activity expendit	ures	-		\$		0.
3	Volunteer hours for political campai	gn activities					0.
_		·					
Pa	art I-B Complete if the org	anization 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	n 4955 tax, did it file Form 4720 for	this year?			Yes	No No
4a	Was a correction made?					Yes	No No
	If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	anization is exempt under	section 501(c), e	xcept section 5	i01(c)(3).	
1	Enter the amount directly expended	I by the filing organization for section	on 527 exempt function	n activities	\$ _		
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sect	ion 527			
	exempt function activities		-		\$		
3		. Add lines 1 and 2. Enter here and	on Form 1120-POL,				
	line 17b				\$		
4						Yes	No
5	Enter the names, addresses, and er					the filing organiz	zation
	made payments. For each organizat	tion listed, enter the amount paid fr	om the filing organizat	ion's funds. Also en	ter the a	amount of politic	cal
	contributions received that were pro-						
	political action committee (PAC). If a	additional space is needed, provide	e information in Part IV.				
	(a) Name	(b) Address	(c) FIN	(d) Amount naid f	rom	(a) Amount of	nolitical

(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
	P.O. BOX 380272			
MIDWIVES-PAC	CAMBRIDGE, MA 022	52-2233016	0.	0.

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23



Schedule C (Form 990) 2023	AMERICA	N CO	LLEGE OF NU	RSE-MIDWIVES	5 74-1	.685515 Page 2
Part II-A Complete if the org	anization	is exer	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).						
	•		• • •	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar			• •			
B Check if the filing organiza	tion checked	box A ar	nd "limited control" pro	ovisions apply.		
	ts on Lobbyi ditures" mea	• •	nditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (grassroots lobbying)			
b Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lin	nes 1a and 1	b)				
d Other exempt purpose expenditure						
e Total exempt purpose expenditure	s (add lines 1	c and 1d)			
f Lobbying nontaxable amount. Ente	er the amount	from the	e following table in both	n columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
not over \$500,000,		20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000	,000,	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	00,000,	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,0	000,000,	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000,		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of lin	e1f)				
h Subtract line 1g from line 1a. If zero	o or less, ente	er-0				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	ro on either li	ne 1h or	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under	.,		
(Some organizations the			01(h) election do not l ate instructions for lir		of the five columns b	elow.
		-	nditures During 4-Yea			
	LODDYI		laitures During 4- rea			
Calendar year (or fiscal year beginning in)	(a) 202	20	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

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AMERICAN COLLEGE OF NURSE-MIDWIVES

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		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
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:				
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5),	or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	Х	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b)	Part		
1	Dues, assessments and similar amounts from members		1	1,025	,760.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		
	Carryover from last year		2b	-724	,137.
	Total		2c		,137.
3					,576.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	ess			·
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5	-826	,713.
Par			1		
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. T I - A, $LINE 1$:	list); Part II-A, I	ines 1 a	nd 2 (see	
	IM DOES NOT PARTICIPATE IN POLITICAL ACTIVITIES. HOW	EVER, A	CNM	FORMED	
THE	E ACNM MIDWIVES-PAC IN 2000 FOR THE PURPOSE OF SOLIC	ITING V	OLUN	TARY	
<u>C01</u>	TRIBUTIONS FROM ACNM MEMBERS THAT CAN BE DISTRIBUTE	D STRAT	EGIC	ALLY	
AS	CAMPAIGN CONTRIBUTIONS TO FEDERAL LEGISLATORS.				

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Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 AMERICAN COLLEGE OF NURSE-MIDWIVES Part IV Supplemental Information (continued)	74-1685515 Page 4
THE PURPOSE OF THE PAC IS TO ADVANCE THE MIDWIFERY PROFESSI	ON THROUGH
FEDERAL ADVOCACY. SPECIFICALLY, WE WANT TO INCREASE ACCESS	TO AND
UTILIZATION OF MIDWIVES NATIONALLY, GAIN FEDERAL RECOGNITIO	N FOR CMS,
ALLOW MIDWIVES TO BE REIMBURSED FOR TEACHING RESIDENCE, AND	PUSH FOR
MALPRACTICE REFORM.	
	Schedule C (Form 990) 2023

332044 11-06-23

SCHEDULE	D
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(Form	990)
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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.

Ĺ **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN COLLEGE OF NURSE-MIDWIVES Employer identification number 74-1685515

Par	t I Organizations Maintaining Donor Advise			/4-1005515
Fai	organization answered "Yes" on Form 990, Part IV, lin			Complete if the
		(a) Donor advise	d funde	(b) Funds and other accounts
	Table such as a lafe source			
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
~	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			•
	for charitable purposes and not for the benefit of the donor o			
Par	impermissible private benefit? t II Conservation Easements. Complete if the org			
			s on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization			and a structure of the state of
	Preservation of land for public use (for example, recrea	ition or education)	7	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
•	Preservation of open space	°	diam in the former of a sec	
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution	ution in the form of a col	Held at the End of the Tax Year
	day of the tax year.			
a				2a
D				2b
C	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acqu	•		
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or t	erminated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas		ion hondline of	
5	Does the organization have a written policy regarding the per	- · · ·		Yes No
~	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		d opforoing concorretio	
6	Stan and volunteer nours devoted to monitoring, inspecting,	nariuling of violations, ar	d enforcing conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation ear	sements during the year
'	Amount of expenses incurred in monitoring, inspecting, nanc	and en	for cing conservation ea	sements 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)?			
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footr		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	f Art, Historical Tre	asures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A		e 1	
а	Revenue included on Form 990, Part VIII, line 1	-		\$
b				•
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			

23		
2 0500	DTCAN (FOI

2023.05000 AMERICAN COLLEGE OF NURSE 191953_1

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization saccesson, and other records, check any of the following that make significant use of its collection times (check all that apply). a b a Debits within the single schedule and the apply. a b c) is schedule and that apply. a Debits within the single schedule and the organization is cliections and explain how they further the organization's cliection? Ves No. Parket additional as and of the organization schedule as part of the organization accesses, or other similar assets to include on from 980, Part X, line 21. No. Ta Is the organization schedule as part of the organization accesses not included on from 980, Part X, line 21. No. Yes No. b If Yes,* explain the arrangement in Part XIII and complete the following table: Image: the organization include and amount on form 980, Part X, line 21. Amount Image: the organization accesses the include and the schedule accesses the provide in Part XIII. 2a Distributions during the year Image: the organization accesses the organization accesses on the organization accesses the organizatio	Sche		N COLLEGE (74-16			age 2
collection terms (check all that apply). Collection terms (check all that apply). Scholarly research Other Provide accipation of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Particle accipation of the organization's collection? Yes No Part Arrangements Complete if the organization's collection? Yes No Part Main angent, trustee, custodian, or other informediary for contributions or other assets not included on offerm 980, Part X, line 21. Yes No b if Yes, "explain the arrangement in Part XIII and complete the following table: Amount 1 1 c Beginning balance 1 <td< th=""><th>Par</th><th>t III Organizations Maintaining C</th><th>ollections of Ar</th><th>t, Histe</th><th>orical Tre</th><th>easures, or</th><th>[·] Othe</th><th>r Simila</th><th>r Assets</th><th>(contin</th><th>nued)</th><th></th></td<>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	easures, or	[·] Othe	r Simila	r Assets	(contin	nued)	
a Public schiztion d Can or exchange program b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make s	ignificant	use of its			
b Scholary research e Other Provide a description of hubre organization's collections and explain how they further the organization's exempt purpose in Part XIII. Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to the solid treasures, or other similar assets to the organization of receive donations of art, historical treasures, or other similar assets to the solid treasures, or other similar assets to the organization answered 'Yes' 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 900, Part X, line 21. Amount c Beginning balance Image: Complete if the organization answered 'Yes' on Form 900, Part X, line 21. No b If 'Yes, ' explain the arrangement in Part XIII. One of here if the explanation has been provided in Part XIII. Image: Complete if the organization include an amount on Form 900, Part X, line 21. Yes No b If 'Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: Complete if the organization include an amount on Form 900, Part X, line 21. Yes No b Conther truncs Image: Complete if the organization form 900, Part X, line 10. Image: Complete if the organization include an amount on Form 900, Part X, line 10. Image: Complete if the organization include an amount on Form 900, Part X, line 10. Be		collection items (check all that apply).										
c Preservation for future generations 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'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 add to raise indus rather than to be maintained as part of the organization answered 'Yes' on Form 900, Part IV, Ime 9, or reported an amount on Form 900, Part X, Ime 21. 1 Is the organization angement in Part XIII and complete the following table:	а	Public exhibition	c	1 I	Loan or exc	change progra	ım					
c Preservation for future generations 4 Provide a deciption 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's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Ves No Part V Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 900, Part X, Ime 9, or reported an amount on Form 900, Part X, Ime 21. 1 Is the organization angent, trastee, custodial, or other intermediary for contributions or other assets not included on Form 900, Part X? 1 Intervent Part XIII and complete the following table: Armount C Beginning balance C Beginning balance C C Beginning balance C C Beginning balance C C Sequence C C C C C C C C C C C C C C C C C C C	b	Scholarly research	e	•	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise hands arther than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements Complete if the organization answerd 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Ives No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ite	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Encove and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. The second and Custodial Arrangements. Complete the organization answered 'Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount Ves No. b If 'Yes, ' explain the arrangement in Part XIII and complete the following table: Amount Id	4	Provide a description of the organization's co	ollections and explair	n how th	ey further tl	he organizatio	n's exer	npt purpo	se in Part	XIII.		
to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No. Part IV Encove and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. The second and Custodial Arrangements. Complete the organization answered 'Yes' on Form 990, Part X, line 9. or reported an amount on Form 990, Part X, line 21. Ta Is the organization an agent, fustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount Ves No. b If 'Yes, ' explain the arrangement in Part XIII and complete the following table: Amount Id	5	During the year, did the organization solicit o	r receive donations of	of art, his	storical trea	sures, or othe	r similar	assets				
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 line 21. Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Intermediation and agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here If the explanation has been provided in Part XIII Intermediation and the part of the organization answered 'Yes' or Form 990, Part X, line 10. No Part V Endowment FundS Complete If the organization answered 'Yes' or Form 990, Part X, line 10. Interpose asset (o) Four year is on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year is (b) Prior year is on Form 990, Part X, line 10. Interpose asset (o) Four years back is on the programs and programs. Interpose asset (o) Four years back is on the part of the asset on the organization asset or the current year end balance (line 1g, column (g)) held as: Board designated or quasi-adoment impose asset on the organization set of the or										Yes		No
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X7 Ives Ves No b If 'ves,' explain the arrangement in Part XIII and complete the following table: Image: Complete the following table:	Par	t IV Escrow and Custodial Arran	gements Comple				res" on	Form 990	, Part IV, li	ne 9, or		
on Forn 990, Part X7		reported an amount on Form 990, Pa	rt X, line 21.									
b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 1 Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1 Ending balance (a) Current year (b) Prior year (c) Five years back (a) Five years back 1 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Five years back 1 Beginning of year balance 1 Beginning of year balance 1 Beginning of year balance 1 Contributions <	1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contributio	ns or other as	sets not	included		_		_
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Im Im Part V Endowment Funds Complete if the organization answered "Yes" on Form 900, Part X, line 10. Im Im 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1b Contributions (b) Prior year (c) Two years back (e) Four years back 1b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1c Administrative expensitume anaince (b) Prior year (c		on Form 990, Part X?							L	Yes		No
c Beginning balance Ic Id d Additions during the year Id Id Distributions during the year Id Id 2a Distributions during the year Id Id 1f Ending balance If Id Id 2a Distributions during the year If Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b D'sress' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: State S	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
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 f 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (e) Four years back g End of year balance (b) Prior year (c) Two years back (e) Four years 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (f) Administrative expenses (f) Administrative expenses g End of year balance % % % % % D erroworde the edowment funds on tin the p										Amoun	t	
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 Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: State	С	Beginning balance						. <u>1c</u>				
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b ft "Nes", explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No b ft "Nes", explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Ves No b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and loses (a) Current year (b) Prior year (c) Two years back (e) Four years back c Other expenditures for facilities (a) Current year end balance (b) Prior year (c) Two years back (e) Four years g End of year balance (b) Prior year (c) Two years back (e) Four years g End of year balance (b) Prior year (c) Two years (c) Two years g End of year balance (c) Two years (c) Two years (c) Two years <th>d</th> <th>Additions during the year</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th> 1d</th> <th></th> <th></th> <th></th> <th></th>	d	Additions during the year						1 d				
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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. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Current year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not investment earnings, gains, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (c) Two years back (d) Tree years back (e) Four years back (e) Four years back g End of year balance (in a log of year balance	f	Ending balance						. 1 f		_		
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(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									<u></u>	<u></u>		
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions e Other expenditures for facilities Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions g	Par	TV Endowment Funds Complete if							<u> </u>	() =		
b Contributions			(a) Current year	(b)P	rior year	(c) Two year	's back	(d) Three	/ears back	(e) Four	' years	back
c Net investment earnings, gains, and losses	1a					-						
d Grants or scholarships	b					-						
e Other expenditures for facilities and programs	С											
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
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% c Term endowment% d Experiment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? d If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? d 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 b Buildings	f	Administrative expenses										
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: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? (ii) Cost or other if Yes" on line 3a(ii), are the related 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 (b) Cost or other (c) Accumulated (d) Book value b Buildings c Leasehold improvements c Leasehold improvements d Equipment 6 05 , 071 . 209 , 321 . 395 , 750 . 4 0, 37 . 3 , 700 . 337. 	g	End of year balance										
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: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (ii) Part XIII the intended uses of the organization's endowment funds. Pert 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 (other) (b) Cost con ther basis (other) (c) Accumulated depreciation (d) Book value basis (other) (e) Accumulated depreciation (f) Book value depre	2		•	e (line 1g	g, column (a	a)) held as:						
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (ii) Related organizations? (iii) Land, Buildings. (iii) Cost or other basis (other) (iii) Cost or other basis (other)<!--</th--><th>а</th><th>Board designated or quasi-endowment</th><th></th><th>_%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th>	а	Board designated or quasi-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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations and the organization is sted as required on Schedule R? (iii) 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (e) Easeshold improvements (c) Eases	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organization? (iii) Related organization? (iii) Related organization? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 4 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Equipment (e) Other (f) Acouting (f) must equal Form 990, Part X, line 10c, column (B) 395, 750.	С	Term endowment	%									
organization by: Yes No (i) Unrelated organizations? 3a(i) Superiodicidididididididididididididididididi			•									
(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 XII 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 (other) (c) Accumulated depreciation at Land 5 b Buildings 5 c Leasehold improvements 605,071.209,321.395,750. e Other 4,037.3,700.337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 396,087.	3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administer	ed for th	ne				
(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 1a Land 605,071. 209,321. 395,750. e Other 605,071. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B) 396,087.		organization by:									Yes	No
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 1a Land 1a Land 1a 1a 1a b Buildings 50 50 50 50 50 c Leasehold improvements 605,071. 209,321. 395,750. e Other 4,037. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 396,087.		(i) Unrelated organizations?								3a(i)		
4 Describe in Part XII 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 Buildings (d) Book value c Leasehold improvements 605,071. 209,321. d Equipment 605,071. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 396,087.		•										L
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. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on So	chedule R?					3b		
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 1a Land	4			wment f	unds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par											
Land basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 605,071. 209,321. 395,750. e Other 4,037. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 396,087.		Complete if the organization answere	d "Yes" on Form 990	D, Part IV	, line 11a. S	See Form 990,	, Part X,	line 10.				
b Buildings		Description of property			.,		• • •			(d) Boo	k valu	e
c Leasehold improvements 605,071. 209,321. 395,750. e Other 4,037. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. line 10c. column (B)) 396,087.	1a	Land										
d Equipment 605,071. 209,321. 395,750. e Other 4,037. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 396,087.												
e Other 4,037. 3,700. 337. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 396,087.	с	Leasehold improvements										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. line 10c. column (B))	d	Equipment			60					39		
	е	Other				4,037.		3,7	00.			
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 1	0c, column	(<u>B))</u>						

Schedule D (Form 990) 2023

	Investments - Other Securities Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu. Part X	mn (b) must equal Form 990, Part X, line 15, co. Other Liabilities	<u>l. (B))</u>		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11e or 11f. See Form 990, Part X, line 25	j.
1.	(a) Description of liability			(b) Book value
	leral income taxes			
		NCENTIVES		313,102
(3)				
(3)				1
(4)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, line 25, co	/ <i>(</i> B))		313,102

AMERICAN COLLEGE OF NURSE-MIDWIVES

Schedule D (Form 990) 2023

332053 09-28-23

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 AMERICAN COLLEGE OF NUR		74-1685515 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial St		es per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, li		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	,		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.)</u>	
ra	rt 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.

332054 09-28-23

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	_	20	n n)		
-	-	Compensated Employees		20	ZJ)		
Dopo	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization	1		identificatio		nber		
		AMERICAN COLLEGE OF NURSE-MIDWIVES	74-1	168551	5			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	·	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2								
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization of						
		ation of the CEO/Executive Director, but explain in Part III.	01110					
	X Compensation committee							
		ompensation consultant						
	X Form 990 of o		ommittee					
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 re	lated organization:						
а	Receive a severance	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
а	The organization?			<u>5a</u>				
b		ation?		<u>5</u> b				
_		r 5b, describe in Part III.						
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a section of	n					
	contingent on the r							
а	ine organization?			<u>6a</u>				
b		ation?		<u>6b</u>				
7		or 6b, describe in Part III.						
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-				
0		nes 5 and 6? If "Yes," describe in Part III		7				
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the price described in Regulations section 53 (4958-4(a)/3)2 If "Ves." describe in Part III		8		1		
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
3		a the organization also follow the rebuttable presumption procedure described in 153.4958-6(c)?		9				
For		on Act Notice, see the Instructions for Form 990.		ule J (Forn	1 990	2022		
1.01			Genet		. 550)	2020		

LHA 332111 11-06-23

Schedule J (Form 990) 2023

74-1685515

Page 2

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAREN JEFFERSON	(i)	129,972.	0.	0.	17,000.	28,088.	175,060.	0.
DIRECTOR OF MIDWIFERY PRACTICE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Part III Supplemental Information

Schedule J (Form 990) 2023

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.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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



Employer identification number 74 - 1685515

FORM 990, PART VI, SECTION A, LINE 6:

ACNM HAS THREE CLASSES OF MEMBERS: ACTIVE MEMBERS, ASSOCIATE MEMBERS, AND

AMERICAN COLLEGE OF NURSE-MIDWIVES

STUDENT MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

AN ACTIVE MEMBER IN GOOD STANDING MAY VOTE, HOLD OFFICE, CHAIR AND SERVE ON

ACNM DIVISIONS, COMMITTEES, AND TASK FORCES, SPEAK AT MEMBERSHIP MEETINGS,

AND MAKE MOTIONS, CONSISTENT WITH ACNM POLICIES AND RULES.

FORM 990, PART VI, SECTION A, LINE 7B:

AN ACTIVE MEMBER IN GOOD STANDING MAY VOTE, HOLD OFFICE, CHAIR AND SERVE ON ACNM DIVISIONS, COMMITTEES, AND TASK FORCES, SPEAK AT MEMBERSHIP MEETINGS, AND MAKE MOTIONS, CONSISTENT WITH ACNM POLICIES AND RULES.

FORM 990, PART VI, SECTION B, LINE 11B:

ACNM HIRES AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990. UPON SUBMISSION OF THE DRAFT, THE FEDERAL FORM 990 IS THEN REVIEWED BY THE CHIEF EXECUTIVE OFFICER. THE BOARD OF DIRECTORS ARE NOTIFIED VIA EMAIL OR THE FEDERAL FORM 990 IS REVIEWED AT A BOARD MEETING. IF NOTIFIED VIA EMAIL, THE BOARD OF DIRECTORS ARE NOTIFIED OF THE PURPOSE OF THE FEDERAL FORM 990, ANY SIGNIFICANT CHANGES WITHIN THE RETURN. EMAIL OR TELEPHONE CONTACT IS MADE WITH ALL BOARD MEMBERS TO ENSURE THEY ARE SATISFIED WITH THE RETURN. ONCE ALL BOARD MEMBERS HAVE REVIEWED THE FEDERAL FORM 990 IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

30

Schedule O (Form 990) 2023	Page 2
Name of the organization AMERICAN COLLEGE OF NURSE-MIDWIVES	Employer identification number 74-1685515
OFFICERS AND BOARD OF DIRECTORS OF ACNM ARE ANNUALLY REQUI	RED TO DISCLOSE
POTENTIAL CONFLICTS OF INTEREST. IF A CONFLICT ARISES, THE	Y ARE EXCLUDED
FROM PARTICIPATING IN THE DECISION-MAKING. THE OFFICERS AN	ID BOARD OF
DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN	AN
ACKNOWLEDGEMENT FORM WHICH IS MAINTAINED IN THE EXECUTIVE	OFFICE.
FORM 990, PART VI, SECTION B, LINE 15:	
ANNUALLY THE ACNM BOARD OF DIRECTORS UTILIZES BOARD SOURCE	TO COMPILE DATA
FOR THE CHIEF EXECUTIVE OFFICER'S ANNUAL PERFORMANCE REVIE	W. THE BOARD
SOURCE ASSESSMENT TOOL ALLOWS THEM TO OBTAIN BENCHMARKING	DATA ON
COMPENSATION, CORE COMPETENCIES AND OTHER DESIRED AREAS TO	COMPARE WITH
OTHER NOT-FOR-PROFIT ORGANIZATIONS. THE LAST COMPENSATION	REVIEW WAS
CONDUCTED JUNE 2019. THE COMPENSATION FOR KEY EMPLOYEES IS	REVIEWED
ANNUALLY BY THE FINANCE AND AUDIT COMMITTEE (FAC) DURING T	HE BUDGET
PROCESS. THE FAC THEN REPORTS ANY SIGNIFICANT CHANGES TO T	HE BOARD OF
DIRECTORS DURING THE DECEMBER BOARD MEETING.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING	1,121,485.
EDITORIAL SERVICES	120,711.
SPEAKER HONORARIUM	28,250.
OTHER	8,050.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,278,496.
222010 11 14 02	Schedule O (Form 990) 2023
332212 11-14-23 31	Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

23 Open to Public Inspection

Employer identification number 74-1685515

Department of the Treasury Internal Revenue Service

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

Name of the organization

AMERICAN COLLEGE OF NURSE-MIDWIVES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MIDWIVES-PAC - 52-2233016							
8403 COLESVILLE ROAD, SUITE 1230					AMERICAN COLLEGE		
SILVER SPRING, MD 20910	POLITICAL ACTION COMMITTEE	MARYLAND	527		OF NURSE-MIDWIVES	x	
ACME (ENDED 06/23) - 92-3559979							
2000 DUKE STREET, SUITE 300	1				AMERICAN COLLEGE		
ALEXANDRIA, VA 22314	ACCREDITATION	VIRGINIA	501(C)(3)	LINE 10	OF NURSE-MIDWIVES	х	
	_						
	4						

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

Schedule R (Form 990) 2023

AMERICAN COLLEGE OF NURSE-MIDWIVES Schedule R (Form 990) 2023

74-1685515 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
										+		
	{											
	{											
	{											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) tion ɔ)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2023 AMERICAN COLLEGE OF NURSE-MIDWIVES

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
о	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
(4)				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2023 AMERICAN COLLEGE OF NURSE-MIDWIVES

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners set 501(c)(3) orgs.? Yes No		(h Dispro tiona allocati Yes) ate ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership
						163		((1))		

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23

	AMERICAN COLLE	GE OF NURSE-M	LDWIVES							FEIN:	74-1685515
	and Entity: ACCE 382 Annual Limitation	SSORY SALES P	OST-2017 NOL E Section 382 Carryover	ED	DETAIL CA	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for <u>12/31/20</u>	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for					
2018	12,420.	12,420.	7,390.	2,655.	2,375.						
2018 2018											
V Detail	E Amount S Used for B C 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

312571 04-01-23

Name	: AMERICAN COLL	EGE OF NURSE-M.	IDWIVES							FEIN:	74-1685515
		-2018 NOL FED			DETAIL C	ARRYOVER SCH	EDULE				
<u>Section</u> Year Origi- nated	Carryover	Total Amount Used	Section 382 Carryover Amount Used for <u>12/31/17</u>	Amount Used for 12/31/18	Amount Used for						
	5 5,203.	5,203.	3,957.	1,246.							
BCDEFGHLJKLMNOPQRST	5,203.	5,203.	3,957.	1,246.							
T U V W Detai Type A B C D E F G H I J K L M N O P Q R S S T U V W	E Amount Used for B	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

	rksheet)	ated Tax come for (and on Inv	URSE-MIDWIVE Con Unrelate r Tax-Exemp restment Income for F ords. Do not send to	ed Business ot Organizati Private Foundations)	ONS FORM 990-T	^₅ 2024						
1	Unrelated business taxable income expected	in the tax year			1							
2	Tax on the amount on line 1				2							
3	Alternative minimum tax for trusts											
4	Total. Add lines 2 and 3				4							
5	5 Estimated tax credits5											
6	6 Subtract line 5 from line 46											
7	Other taxes	7										
8	Total. Add lines 6 and 7											
9	Credit for federal tax paid on fuels											
b	Subtract line 9 from line 8. Note: If less than estimated tax payments Enter the tax shown on the 2023 return. Cau zero or the tax year was for less than 12 mor and enter the amount from line 10a on line 1 2024 Estimated Tax. Enter the smaller of lin	tion: If nths, skip this line Oc		10a 10b	2,649.							
	from line 10a on line 10c			ADJUST	ED TO 10c	2,680.						
	Lead Warrent das datas		(a) 04/15/24	(b) 06/17/24	(c) 09/16/24	(d)						
11	Installment due dates Installments. Enter 25% of line 10c in columns (a) through (d)		670.	670.	670.	<u>12/16/24</u> 670.						
13 <u>14</u>	2023 Overpayment Payment due (Subtract line 13 from line 12)		670.	670.	670.	670. Form 990-W						

c	070 TE		IF	RS E-file Signatur for a Tax Exe	e Authorizatio	on	F	OMB No. 1545-0047
Form C	879-TE							
		For calendar ye	ear 2023, c	or fiscal year beginning		,	20	2023
	ent of the Treasury Revenue Service		G	Do not send to the IRS. Ke to www.irs.gov/Form8879TE		on		
Name c			0			011.	EIN or SSN	
		AN COLL	EGE	OF NURSE-MIDWIVE	!S		74-16	85515
Name a	nd title of officer or pe			OR MICHELLE MUNRO			/ 1 10	00010
Numbu				CHIEF EXECUTIVE (
Part	I Type of	Return and		rn Information				
Form 5 or 10a whiche	5330 filers may ente below, and the am	r dollars and c ount on that lii lank (do not er	cents. For the for the for the for the formation of the f	using this Form 8879-TE and ent or all other forms, enter whole do ne return being filed with this form But, if you entered -0- on the re b Total revenue, if any (Form 9	bllars only. If you check the m was blank, then leave l turn, then enter -0- on the	he box on li line 1b, 2b, e applicable	ne 1a, 2a, 3 3 b, 4b, 5b, line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
2a	Form 990-EZ che			b Total revenue, if any (Form 9				2b
3a	Form 1120-POL			b Total tax (Form 1120-POL, li				3b
4a	Form 990-PF che	eck here		b Tax based on investment in				4b
5a	Form 8868 check			b Balance due (Form 8868, lin				
6a	Form 990-T chec			b Total tax (Form 990-T, Part I				5b 6b 2,649.
7a	Form 4720 check			b Total tax (Form 4720, Part II				7b
8a	Form 5227 check	here		b FMV of assets at end of tax				
9a	Form 5330 check	here		b Tax due (Form 5330, Part II,				9b
10a	Form 8038-CP ct			b Amount of credit payment			ine 22)	10b
Part	II Declarat	tion and Sig	gnatu	re Authorization of Offic	er or Person Subje	ct to Tax		
later th payme persor	an 2 business days nt of taxes to receiv	s prior to the p ve confidential nber (PIN) as r	ayment informa	count. To revoke a payment, I mu (settlement) date. I also authoriz ation necessary to answer inquir ature for the electronic return an	e the financial institution ies and resolve issues rel	is involved in lated to the	n the proces	sing of the electronic
	X I authorize CB	IZ ADVI	SORS	S, LLC		to	enter my Pl	N 18990
				ERO firm name				Enter five numbers, but do not enter all zeros
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regula disclosure con person subjec indicated with	ating ch sent sc et to tax in this r	electronically filed return. If I have arities as part of the IRS Fed/Stareen. with respect to the entity, I will e eturn that a copy of the return is y PIN on the return's disclosure	ate program, I also author enter my PIN as my signa being filed with a state a	rize the afor ature on the	tax year 202	ERO to enter my PIN 23 electronically filed
Signature		-		y r in on the retain's disclosure	consent screen.		Date	
Part	e of officer or person subje	ation and A	uthen	tication			Dale	
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ectronic	filing identification				
numbe	er (EFIN) followed by	v your five-digi	t self-se	lected PIN.		274660 ter all zeros		
submit		•	-	which is my signature on the 20 quirements of Pub. 4163, Mode	•			
ERO's s	signature				Date	11/	20/24	
				RO Must Retain This For				
		Do No	ot Suk	omit This Form to the IRS	S Unless Requested	d To Do S	So	
For Pr	ivacy Act and Pape	erwork Reduc	ction Ac	ct Notice, see instructions.				Form 8879-TE (2023)
LHA :	802521 01-05-24			40				

16011120 150872 191953

2023.05000 AMERICAN COLLEGE OF NURSE 191953_1

Form	990-T	E	Exempt Organization Business Income Tax	Return	Ļ	OMB No. 1545-0047	
			(and proxy tax under section 6033(e))			0000	
		For ca	lendar year 2023 or other tax year beginning, and ending	-	- ·	2023	
Departm Internal I	ent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest informa Do not enter SSN numbers on this form as it may be made public if your organization is	a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
A 🗌	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	D) Emp	oloyer identification number	
B Evo	mpt under section	Print	AMERICAN COLLEGE OF NURSE-MIDWIVES		7	4-1685515	
	501(c)(6)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E	Gro	up exemption number e instructions)	
	408(e) 220(e)	Type	409 12TH ST SW, 600		(See		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		5804		
	529(a) 529A		WASHINGTON, DC 20024-2188	F		Check box if	
			ok value of all assets at end of year 828,303 X 501(c) corporation 501(c) trust 401(a) trust		tata	an amended return. college/university	
GU	neck organization t	туре	6417(d)(1)(A) Applicable entity		lale	college/university	
H Cł	neck if filing only to	o claim		ective payment	amo	unt from Form 3800	
I Cł	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation				
			ed Schedules A (Form 990-T)			1	
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled	d group?		Yes X No	
	e books are in car		d identifying number of the parent corporation KEVIN THOMAS Telephone network	umber 24	0-	485-1858	
Part			d Business Taxable Income		0	403 1030	
1	Total of unrelated	busin	ess taxable income computed from all unrelated trades or businesses (see instr	uctions)	1	13,616.	
2	Reserved				2		
3	Add lines 1 and 2				3	13,616.	
4			(see instructions for limitation rules)		4	0. 13,616.	
5 6			taxable income before net operating losses. Subtract line 4 from line 3		5 6	15,010.	
7			ess taxable income before specific deduction and section 199A deduction.		0		
	Subtract line 6 fro				7	13,616.	
8	Specific deduction	on (gen	erally \$1,000, but see instructions for exceptions)		8	1,000.	
9			eduction. See instructions		9	1 000	
10			lines 8 and 9		10	<u>1,000.</u> 12,616.	
11 Parl			able income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter on	zero	11	12,010.	
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)		1	2,649.	
2			rates. See instructions for tax computation. Income tax on the amount on				
			Tax rate schedule or Schedule D (Form 1041)	······ -	2		
3	Proxy tax. See in				3		
4 5	Alternative minim		instructions		4 5		
6			acility income. See instructions		6		
7	Total. Add lines 3	3 throu	gh 6 to line 1 or 2, whichever applies		7	2,649.	
Part		-					
1a	•	· ·	orations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see		1b Attach Form 3800 (see instructions) 1c				
d			mum tax (attach Form 8801 or 8827) 1d				
е	Total credits. Ad				1e		
2	Subtract line 1e f	rom Pa	rt II, line 7		2	2,649.	
3a	Amount due from						
b	Amount due from						
c d	Amount due from Amount due from						
e	Other amounts de						
f		•	lines 3a through 3e		3f	0.	
4	Total tax. Add lin	nes 2 ar	nd 3f (see instructions).				
_			x amount here		4	2,649.	
5			lity paid from Form 965-A, Part II, column (k)		5	0 . Form 990-T (2023)	
гца	For Paperwork R	euucti	on Act Notice, see instructions. 323701 11-20-23 4 1			Form 550 • (2023)	

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	90-T (2023)				F	Page 2
Part	III Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	<u>6</u> a	223.			
b	Current year's estimated tax payments. Check if section 643(g) election					
	applies	6b				
с	Tax deposited with Form 8868					
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d				
е	Backup withholding (see instructions)					
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		23.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		X	8		17.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	2,4	43.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	erpaid		10		
	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	ation (see	e instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in	or a signatu	re or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	-	•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter t	the name of	the foreign country			
	here					X
2	During the tax year, did the organization receive a distribution from, or was it the g	rantor of, or	transferor to, a			
	foreign trust?					X
	If "Yes," see instructions for other forms the organization may have to file.					
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$			
4			ny post-2017 NOL car	,		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by			I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-20	17 NOL car	ryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17	for the tax y	ear. See instructions.			
	Business Activity Code	Ava	lable 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 examin correct, and complete. Declaration of preparer (other t Signature of officer	ned this return, including accompan han taxpayer) is based on all inform Date	nying schedules and statements, and to the nation of which preparer has any knowled CHIEF EXECUTIN OFFICER Title	May the IRS discuss this return v the preparer shown below (see instructions)? X Yes				vith
	Print/Type preparer's name	Preparer's signature	Date	Check	if P	TIN		
Paid				self-employe	d			
Preparer	FRANK SMITH	FRANK SMITH	FRANK SMITH 11/20/24			P0063	39053	
Use Only		Firm's name CBIZ ADVISORS, LLC				88-1478669		
000 0111	1899 L SI	REET, NW #850)					
	Firm's address WASHINGTC		Phone no.	202	-227-	4000		
						-	000 T	(0000)

323711 11-20-23

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

E

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).

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

1

B Employer identification number

1

of

74-1685515

D Sequence:

A Name of the organization	me of the organiza	ation
----------------------------	--------------------	-------

AMERICAN COLLEGE OF NURSE-MIDWIVES

С Unrelated business activity code (see instructions)

458000

Describe the unrelated trade or business **ACCESSORY SALES**

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
		1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	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			
с	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	22,055.	8,439	. 13,616.
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	22,055.	8,439	. 13,616.
	t II Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in	come		I	1
1	Compensation of officers, directors, and trustees (Part X)				
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion				
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)			12	

For F	Paperwork Reduction Act Notice, see instructions.	Schedu	le A (Form 990-T) 202
18	Unrelated business taxable income. Subtract line 17 from line 16	18	13,616.
17	Deduction for net operating loss. See instructions	17	0.
	column (C)	16	13,616.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
15	Total deductions. Add lines 1 through 14	15	0.
14	Other deductions (attach statement)	14	
13	Excess readership costs (Part IX)	13	

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Schedule A (Form 990-T) 2023

LHA 323741 01-19-24

Schedule A (Form 990-T) 2023	1 Page 2
Part III Cost of Goods Sold Enter method of inventory valuation	
1 Inventory at beginning of year	1
	2
	3
	4
	5
	6
	7
	8
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)	Yes No
 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 	1
A	
В П	
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	
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 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	0.
c	
P	
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 %	% 9
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.

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Quint	4. A (Fauna 200 T) 2000										1
Part	ule A (Form 990-T) 2023 VI Interest, Annu	; uities, Roy;	alties, and R	ents Fro	m Contro	lled O	rganization	S (se	e instruct	tions)	Page 3
						E	Exempt Control	lled Or	ganization	is	
	1. Name of controlled	d	2. Employer	3. Net	unrelated	4. Total of specified		5. Part of column 4			6. Deductions directly
	organization		identification	incon	income (loss) payme		nents made that is included controlling org				connected with
			number	(see ins	structions)				gross inc		income in column 5
(1)											
(2)											
(3)											
(4)											
		1	No		Controlled Or	-	ions			-	
7	. Taxable Income		t unrelated		otal of specif		10. Part of			11.	Deductions directly
			me (loss)	pa	yments mad	е		that is included in the controlling organization's			connected with
		(see in	istructions)				gross	incom	е	ind	come in column 10
<u>(1)</u>											
(2)											
(3)											
(4)											
							Add colum Enter here				d columns 6 and 11. Fr here and on Part I,
							line 8, c		,		ine 8, column (B).
Tatala									0.		0.
Totals Part	VII Investment I	Income of	a Section 50	1(_)(7) (9) or (17)	Organ	jization /-				0.
- urt		cription of inc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Amou		3. Deduction		ructions)	asides	5. Total deductions
	1. 5000		ome		incon		directly conne		(attach st		
							(attach stater	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
. /					Add amou						Add amounts in
					column 2. here and or						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B).
Totals						Ο.					0.
Part	VIII Exploited E	xempt Act	tivity Income	, Other T	Than Adve	ertising	g Income (see ins	structions)		
1	Description of exploite	ed activity: A	CCESSORY	SAL							
2	Gross unrelated busine				r here and or	n Part I,	line 10, colum	n (A)		2	22,055.
3	Expenses directly con	nected with p	production of unr	elated busi	ness income	. Enter l	here and on Pa	art I,			
										3	8,439.
4	Net income (loss) from	n unrelated tra	ade or business.	Subtract lir	ne 3 from line	e 2. lf a g	gain, complete				
										4	13,616.
5	Gross income from act	tivity that is n	not unrelated bus	iness incor	ne					5	0.
6	Expenses attributable									6	0.
7	Excess exempt expense										-
	4. Enter here and on P	Part II, line 12								7	0.

Schedule A (Form 990-T) 2023

323731 01-19-24

	ule A (Form 990-T) 2023					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportir	ng two or more peri	odicals on a	consolidated basis	5.	
	A 🛄					
	в					
	c 🗌					
	D					
Enter	amounts for each periodical listed above in the	corresponding colu	ımn			
Lintor t			A	В	С	D
~	Cross advertising income		~		v	D
2	Gross advertising income		()			0.
	Add columns A through D. Enter here and on	Part I, line 11, coll	umn (A)			
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and on	Part I, line 11, colu	umn (B)			0.
				-		
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in	n				
	line 4 showing a loss or zero, do not complet	e				
	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 le					
	than line 6, enter -0-					
0						
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain o					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8a	a columns to	tal or -0- here and c	n	0
Deut	Part II, line 13	we at a way a way Tr				0.
Part	X Compensation of Officers, Di	rectors, and Tr	ustees	see instructions)	1	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
Total	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructions)				

1

FORM 990-T (A)	STATEMENT 1			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DIRECT COSTS			8,439.	
	- SUBTOTAL -	- 1		8,439.
TOTAL OF FORM 9	990-T, SCHEDULE A, PART VI	II, COLUMN	3	8,439.

6	١h
7	Th
8	Th

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Underpayment of Estimated Tax by	Corpora	ations
Attach to the corporation's tax return.	FORM	990-T

Go to www.irs.gov/Form2220 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Form **2220**

Name	Employer identifica	tion number
AMERICAN COLLEGE OF NURSE-MIDWIVES	74-168	5515
Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because t bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the are estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.	• • •	•
Part I Required Annual Payment		
1 Total tax (see instructions)	1	2,649.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term		
contracts or section 167(g) for depreciation under the income forecast method 2b		
c Credit for federal tax paid on fuels (see instructions)		
d Total. Add lines 2a through 2c		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		2,649.
4 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero		
or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		577.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		577.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation even if it does not owe a penalty. See instructions.	must file Form 2220	

e corporation is using the adjusted seasonal installment method.

e corporation is using the annualized income installment method.

The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

			(a)	(b)	(C)	(d)
9	Installment due dates. Enter in columns (a) through (d) the					
	15th day of the 4th (Form 990-PF filers: Use 5th month),					
	6th, 9th, and 12th months of the corporation's tax year	9	04/15/23	06/15/23	09/15/23	12/15/23
10	Required installments. If the box on line 6 and/or line 7					
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	144.	145.	144.	144.
11	Estimated tax paid or credited for each period. For					
	column (a) only, enter the amount from line 11 on line 15.					
	See instructions	11	223.			
	Complete lines 12 through 18 of one column					
	before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12		79.		
13	Add lines 11 and 12	13		79.		
14	Add amounts on lines 16 and 17 of the preceding column	14			66.	210.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	223.	79.	0.	0.
16	If the amount on line 15 is zero, subtract line 13 from line					
	14. Otherwise, enter -0-	16		0.	66.	
17	Underpayment. If line 15 is less than or equal to line 10,					
	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17		66.	144.	144.
18	Overpayment. If line 10 is less than line 15, subtract line 10					
	from line 15. Then go to line 12 of the next column	18	79.			
Go	to Part IV on page 2 to figure the penalty. Do not go to Part IV	/ if th	ere are no entries on lin	e 17 - no penalty is owe	1.	
For	Paperwork Reduction Act Notice, see separate instructions.					Form 2220 (2023)

OMB No. 1545-0123

2023

FORM 990-T

Form 2220 (2023)

Part IV Figuring the Penalty

			(a)	(b)	(C)	(d)
9	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.					
	Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
0	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
1	Number of days on line 20 after 4/15/2023 and before 7/1/2023	21				
2	Underpayment on line 17 x Number of days on line 21 x 7% (0.07) 365	22	\$	\$	\$	\$
3	Number of days on line 20 after 6/30/2023 and before 10/1/2023	23				
4	Underpayment on line 17 x Number of days on line 23 x 7% (0.07) 365	24	\$	\$	\$	 \$
5	Number of days on line 20 after 9/30/2023 and before 1/1/2024	25				
6	Underpayment on line 17 x Number of days on line 25 x 8% (0.08) 365	26	\$	\$	\$	\$
7	Number of days on line 20 after 12/31/2023 and before 4/1/2024	27	SE	E ATTACHED	WORKSHEET	
B	Underpayment on line 17 x Number of days on line 27 x 8% (0.08) 366	28	\$	\$	\$	\$
9	Number of days on line 20 after 3/31/2024 and before 7/1/2024	29				
)	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
I	Number of days on line 20 after 6/30/2024 and before 10/1/2024	31				
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
3	Number of days on line 20 after 9/30/2024 and before 1/1/2025	33				
1	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
5	Number of days on line 20 after 12/31/2024 and before 3/16/2025	35				
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	 \$
3	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, I	ine 34; or the compara	ble	

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov**. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

312802 02-05-24

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Numb	er
AMERICAN CO	LLEGE OF NURS	SE-MIDWIVES		74-1685	515
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
04/15/23	144.	144.			
04/15/23	-223.	-79.			
06/15/23	145.	66.	92	.000191781	1
09/15/23	144.	210.	15	.000191781	1
09/30/23	0.	210.	76	.000219178	3
12/15/23	144.	354.	16	.000219178	1
12/31/23	0.	354.	136	.000218579	11
nalty Due (Sum of Colun	nn F).	I			17

* Date of estimated tax payment, withholding credit date or installment due date.

312511 04-01-23



Alternative Minimum Tax-Corporations

OMB No. 1545-0123

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

2023

Nam	8				спрюу	eridentificat	lion number
_	AMERICAN COLLEGE OF NURSE-MIDWIVES						5515
Α	Is the corporation filing this form a member of a controlled group treated as a single	employ	er under sections 59(k)	(1)(D) and 52?	[Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and	separ	ate company financia	I			
	statement income or loss for each member of the controlled group treated	nto					
	account in the determination of "applicable corporation" under section 59(
в	Is the corporation filing this form a member of a foreign-parented multinational grou	p (FPM	G) within the meaning o	f section 59(k)(2)	(B)?	Yes	X No
	If "Yes," the corporation must complete Part V listing the names, EINs, and			I			
_	statement income or loss for each member of the FPMG under section 59(
Pa	rt I Applicable Corporation Determination (Report all am						
	If you have already determined in current or prior years you are an a	applical					
			(a) First Preceding	(b) Second Pr			
			Year Ended	Year End	ed	Year E	Ended
				-			
1	Net income or loss per applicable financial statement(s) (AFS) (see inst):						
а	Consolidated net income or loss per the AFS of the corporation	<u>1a</u>					
b	Include AFS net income or loss of other includible entities (add						
	net income and subtract net loss)	1b					
с	Exclude AFS net income or loss of excludible entities (add net	4.					
ا م	loss and subtract net income)	1c					
d	Adjustment for certain consolidating entries (see instructions) Specified additional net income or loss item B. Reserved for future use	1d 1e					
e f	AFS net income or loss of all entities in the test group before	le					
•	adjustments. Combine lines 1a through 1d	1f					
2	Adjustments:						
a	Financial statements covering different tax years	2a					
b	Corporations that are not included on the taxpayer's consolidated	24					
	return (see instructions)	2b					
с	Pro-rata share of net income from controlled foreign corporations for						
	which the corporation is a U.S. shareholder. If zero or less, enter -0-						
	(see instructions for special rules if completing this form for an FPMG)	2c					
d	Amounts that are not effectively connected to a U.S. trade or business						
	(see instructions for special rules if completing this form for an FPMG)	2d					
е	Certain taxes (see instructions)	2e					
f	Patronage dividends and per-unit retain allocations (cooperatives only)	2f					
g	Alaska native corporations	2g					
h	Certain credits (see instructions)	2h					
i	Mortgage servicing income	2 i		-			
j	Tax-exempt entities (organizations subject to tax under section 511)	2 j		-			
k	Depreciation	2k					
I	Qualified wireless spectrum	21					
m		2m					
n	Adjustments related to bankruptcy and insolvency	2n		-			
0	Certain insurance company adjustments	20 0m					
p	Adjustment P - Reserved for future use	2p					
q	Adjustment Q - Reserved for future use Adjustment R - Reserved for future use	2q 2r					
r e		21 2s					
s z		2s 2z					
3	Specified adjustment. Reserved for future use	3					
4	Total adjustments. Combine lines 2a through 2z	4					
5	AFSI. Combine lines 1f and 4	5					
6	AFSI of first, second, and third preceding tax years. Combine columns (a),		d (c) of line 5		6		
7	3-vear average annual AFSI (see instructions)	, (), u	.,		7		

LHA For Paperwork Reduction Act Notice, see separate instructions.

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316231 02-12-24

2023.05000 AMERICAN COLLEGE OF NURSE 191953_1

Form 4	626 (2023)				Page 2
Part	Applicable Corporation Determination (Report all amound)	unts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?				
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section 5	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.				
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11 b			
с	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns (a	a), (b), and ((c) of line 13		
15	3-year average annual AFSI for purposes of the \$100 million test				
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				

Par	1626 (2023) II Corporate Alternative Minimum Tax		Page C
	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
	Consolidated net income or loss per the AFS of the corporation	1a	12,616.
		- AL	
	Exclude AFS net income or loss of excludible entities (add net loss and subtract net loss)		
	Adjustment for certain consolidating entries (see instructions)		
	Specified additional net income or loss item D. Reserved for future use		
	AFS net income or loss before adjustments. Combine lines 1a through 1d		12,616.
	Adjustments:		
	Financial statements covering different tax years	2a	
	Reserved for future use - Adjustment 2b		
		0	
	The corporation's distributive share of adjusted financial statement income of partnerships Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.		
		20	
	shareholder. If zero or less, enter -0 (See instructions) Amounts that are not effectively connected to a U.S. trade or business		
-	Certain taxes. Enter the amount from Part III, line 7	2g	
	Patronage dividends and per-unit retain allocations (cooperatives only)		
	Alaska native corporations		
	Certain credits (see instructions)		
	Mortgage servicing income		
	Covered benefit plans described in section 56A(c)(11)(B)		
	Tax-exempt entities (organizations subject to tax under section 511)		
	Qualified wireless spectrum		
	Covered transactions		
	Adjustments related to bankruptcy and insolvency		
	Certain insurance company adjustments		
	AFSI adjustment S - Reserved for future use		
	AFSI adjustment T - Reserved for future use	2t	
	AFSI adjustment U - Reserved for future use		
z	Other (see instructions)		
3	Total adjustments. Combine lines 2a through 2z		10 51 5
	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3		12,616.
	Financial statement net operating loss (FSNOL) (see instructions)		
	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-		12,616.
	Multiply line 6 by 15% (0.15)	7	1,892.
	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)		
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	. 9	1,892.
0	Regular tax liability (see instructions)	10	2,649.
1	Base erosion minimum tax (see instructions)	11	0.
2	Combine lines 10 and 11	12	2,649.
3	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	. 13	0.
Par	III Adjustment for Certain Taxes Under Section 56A(c)(5)		
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal		
5	ncome taxes included in equity method investment income		
	Adjustment A - Reserved for future use		
	Adjustment B - Reserved for future use	a :	
	Adjustment C - Reserved for future use	0	
	Adjustment D - Reserved for future use	0.1	
	Adjustment E - Reserved for future use	A	
	Adjustment F - Reserved for future use		
	Adjustment G - Reserved for future use	0	
	Adjustment H - Reserved for future use		
	ncome taxes in other places Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g		
			Form 4626 (2023

³¹⁶²³³ 02-12-24 16011120 150872 191953

Form	4626 (2023)				Page 4
Pa	TIV Alternative Minimum Tax - Corporations Foreign Tax Credit				
Sec	tion I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B,				
	Part I, column 2(j)	1a			
b	Adjustment	1b			
с	Adjustment	1c			
d	Adjustment	1d			
е	Adjustment	1e			
f	Adjustment	1f			
g	Adjustment	1g			
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2	
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:				
а	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line				
	11, column (n)	3a			
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b			
С	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c	
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%		
е	Pro-rata share of CFC net income described in section 56A(c)(3) (attach				
	worksheet) (see instructions)	3e			
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f	
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, I	ine 8		6	

Form 4626 (2023)

TAX RETURN FILING INSTRUCTIONS

DISTRICT OF COLUMBIA FORM D-20

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

American College of Nurse-Midwives 409 12th St SW 600 Washington, DC 20024-2188

Prepared By:

CBIZ Advisors, LLC 1899 L Street, NW #850 Washington, DC 20036

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$ 1,123
Less: payments and credits	\$ 0
Plus: other amount	\$ 0
Plus: interest and penalties	\$ 0
Balance due	\$ 1,123

Overpayment:

Credited to your estimated tax	\$ 0
Other amount	\$ 0
Refunded to you	\$ 0

Make Check Payable To:

D.C. Treasurer

Mail Tax Return and Check (if applicable) To:

Office of Tax and Revenue PO Box 96166 Washington, DC 20090-6166

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

Include D-20P SUB Payment Voucher with your return.

2024 ESTIMATED TAX FILING INSTRUCTIONS

DISTRICT OF COLUMBIA ESTIMATED TAX

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

American College of Nurse-Midwives 409 12th St SW 600 Washington, DC 20024-2188

Prepared By:

CBIZ Advisors, LLC 1899 L Street, NW #850 Washington, DC 20036

Amount of Tax:

Total Estimated Tax	\$ 1,240
Less credit from prior year	\$ 0
Less amount already paid on 2024 Estimate	\$ 0
Balance Due	\$ 1,240

Payable in full or in installments as follows:

Voucher	Amount	Due Date			
No 1	\$	310	April 15, 2024		
No 2	\$	310	June 17, 2024		
No 3	\$	310	September 16, 2024		
No 4	\$ 	310	December 16, 2024		

Make Check Payable To:

D.C. Treasurer

Mail Voucher and Check To:

D.C. Office of Tax and Revenue Corporation Estimated Franchise Tax P.O. Box 96019 Washington, D.C. 20090-6019

Special Instructions:

Mail each installment on or before the date indicated above. Enclose a check for the specified amount.

2023 **FR-120** SUB Extension of Time to File a DC Corporation Franchise Tax Return

1	Total estimated corporation franchise tax liability for the tax period.					1		. 00
2	Estimated franchise tax	payments (include any tax overpayment credit).				2		. 00
3	Other payments.					3		. 00
4	Total payments and cred	dits (add Lines 2 and 3).				4		. 00
5		us Line 4). Payment in full must be submitted with the subject to the failure-to-pay penalty and interm.)				5		. 00
343	I 3351 11-14-23	Detach at perforation and mail the vouche Office of Tax and PO Box 96 Washington DC 2	d Revenue 6019	e	ached,	to the	Y:	
	Sovernment of the 2023 F Sistrict of Columbia	R-120 SUB Extension of Time to File a DC Corporation Franchise Tax Return						
	Amount of payment	. 00			23120)0S110)19	
	(dollars only)				SOF	TWARE DE	EVELOPER USE ONLY	
Т	Faxpayer Identification Number	Tax period ending (MMDDYYYY)			VEN	oor ID#	1019	
E	Business Name or Designated Agen	it name			Mark Mark		bined Report g or Traveling Outside the U.S.	
E	Business mailing address (number,	street and suite/apartment number if applicable)						
(City		State	ZIP Code + 4				
A	A 6 or 7 month extension of time to f	file until 15, 2024, for calendar year 2023, or until			or fiscal y	ear ending	g , is requested.	

ENTER DOLLAR AMOUNTS

Government of the District of Columbia

Instructions

²⁰²³ D-20P SUB Payment Voucher for Corporation Franchise Tax

Use the D-20P Payment Voucher to make any payment due on your **D-20** return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number (TIN).
- Enter name and address exactly as they appear on your return.
- Enter the amount of your payment.
- Make the check or money order (US dollars) payable to DC Treasurer.
- Write your TIN, tax period and type of return (D-20) on the payment.
- Staple your check or money order to the D-20P voucher only. Do not attach your payment to your the D-20 return.
- Mail the D-20P, with but not attached to, your D-20 tax return to:

Office of Tax and Revenue PO Box 96166 Washington DC 20090-6166

Notes:

- If your payment exceeds \$5,000 in any period, you must pay electronically. Visit <u>MyTax.DC.gov.</u>
- For electronic filers, in order to comply with 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 (U.S. dollars) or credit card. Please notify this agency if your response changes in the future. Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

343331 11-28-23	Detach at perfo	ration before mailing	
	D-20P SUB Payment Voucher for Corporation Franchise Tax		
Amount of Payment (dollars	s) 1123 . 00	To avoid penalties and interest, your paym	23020PS11019 ent must be postmarked no later than the due date of your return
Taxpayer Identification Number 741685515	Tax period ending (MMDDYYYY)		SOFTWARE DEVELOPER USE ONLY VENDOR # 1019
Business or Designated Agent Name AMERICAN COLLI			Telephone number of person to contact 240485
Business mailing address (number, s 409 $12 \mathrm{TH}$ ST ST	street and suite/apartment number if applicable) \overline{W}		
Business mailing address (number, s	street and suite/apartment number if applicable)		
city WASHINGTON		State DC	ZIP code + 4 200242188

- 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

343472 10-03-23

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Government of the District of Columbia 2024 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

SOFTWARE DEVELOPER USE ONLY VENDOR # 1019

Quarterly Payment (dollars only) Taxpayer Identification Number 741685515

310 00 Tax Period Ending (MMDDYYYY) 12312024

Business name or Designated Agent Name AMERICAN COLLEGE OF NURSE-MIDWIVES Business mailing address line #1 409 12TH ST SW

Business mailing address line #2

Citv WASHINGTON

Rev. 09/2023

ZIP Code + 4 DC 200242188

State

Voucher Number: 1 Due Date: 04152024

- 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

ZIP Code + 4

200242188

State

DC

343472 10-03-23

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Government of the District of Columbia 2024 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Voucher Number: 2

SOFTWARE DEVELOPER USE ONLY VENDOR # 1019

Due Date: 06172024

Quarterly Payment (dollars only) Taxpayer Identification Number 741685515

310 00 Tax Period Ending (MMDDYYYY) 12312024

Business name or Designated Agent Name AMERICAN COLLEGE OF NURSE-MIDWIVES Business mailing address line #1 409 12TH ST SW

Business mailing address line #2

Citv WASHINGTON

Rev. 09/2023

- 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

ZIP Code + 4

200242188

State

DC

343472 10-03-23

Government of the District of Columbia 2024 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Voucher Number: 3

SOFTWARE DEVELOPER USE ONLY VENDOR # 1019

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Due Date: 09162024

Quarterly Payment (dollars only) Taxpayer Identification Number 741685515 310 . **00** Tax Period Ending (MMDDYYYY) 12312024

Business name or Designated Agent Name AMERICAN COLLEGE OF NURSE-MIDWIVES Business mailing address line #1 409 12TH ST SW

Business mailing address line #2

_{City} WASHINGTON

Rev. 09/2023

2023

- 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

ZIP Code + 4

200242188

State

DC

343472 10-03-23

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Government of the District of Columbia 2024 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

Voucher Number: 4

SOFTWARE DEVELOPER USE ONLY VENDOR # 1019

Due Date: 12162024

Taxpayer Identification Number 741685515

Quarterly Payment (dollars only)

Tax Period Ending (MMDDYYYY) 12312024

310 00

Business name or Designated Agent Name AMERICAN COLLEGE OF NURSE-MIDWIVES Business mailing address line #1 409 12TH ST SW

Business mailing address line #2

Citv WASHINGTON

Rev. 09/2023

D-20 SUB Corporation Franchise Tax Return



Taxpayer Identification Number (TIN)	Number of business locations
741685515	In DC: 1 Outside DC: 0
Name of corporation	
AMERICAN COLLEGE	OF NURSE-MIDWIVES
Business mailing address #1	
409 12TH ST SW	
Business mailing address #2	
City	State
WASHINGTON	DC

200	1203311019	
	SOFTWARE DEV	ELOPER USE ONLY
	VENDOR ID #	01019 OHTC located in DC
Tax period ending (MMDDYYYY)	Mark if:	Ballpark TIF area
12312023	Mark if:	AMENDED RETURN
	Mark if:	FINAL RETURN
	Mark if:	CERTIFIED QHTC
	Mark if:	COMBINED REPORT*
	*You must fill in the	Designated Agent info below
	Mark if:	WORLDWIDE**
$\frac{\text{ZIP code+4}}{200242188}$	**Worldwide form m	ust be filed with this return

Designated Agent TIN

Designated Agent Name

Government of the

District of Columbia

2023

•	R	EAD INSTRUCTIONS BEFORE PREPARING RETURN (To allocate non-business items, see in	structions.)			amounts only. If amount is zero, leave line blank, er amount and fill in space.
	1 2	Gross receipts, minus returns and allowances Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)			1 2	22055 .00 8439 .00
GROSS INCOME	3	Gross profit from sales and/or operations Line 1 minus Line 2	Mark if minus	;	3	13616 .00
<u>0</u>	4	Dividends from Form D-20, Schedule B			4	.00
≤ S	5	Interest (attach statement)			5	.00
ö	6	Gross rental income from D-20, Schedule I, Column 3, Line 6			6	.00
GR	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			9	.00
		Qualified Opportunity Fund				
	10	Other income (loss) (attach statement)	Mark if minus	;	10	.00
	11	Total gross income. Add Lines 3 - 10	Mark if minus	5	11	13616.00
	12	Compensation of officers from Form D-20, Schedule C			12	.00
	13	Salaries and wages			13	.00
	14	Repairs			14	.00
UCTIONS	15	Bad debts			15	.00
E	16	Rent			16	.00
S	17	Taxes From Form D-20, Schedule D			17	.00
DED	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)			21	.00
		Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)				00
		Depletion (attach statement)	00		22	.00
	23	(a) Enter royalty payments made(b) Minus nondeductible payments to related entities	.00 .00	=	23c	.00

Taxpayer Name: AMERICAN COLLEGE OF NURS

Taxpayer Identification Number (TIN) 741685515



			LCCLCCCL	1010
~				Enter dollar amounts only
SNO1120 25 SNO1120 026 27	Pension, profit-sharing plans		24	.00
E ²⁵	Capital gains deferred due to DC approved investment in a DC Qualified		25	.00
Ŋ	Opportunity Fund			00
	Other deductions (attach statement)		26	.00
	Total deductions. Add Lines 12-26		27	.00
28	Net income Line 11 minus Line 27	Mark if minus	28	13616.00
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	13616 .00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 5		31	1.000000
	if Combined Report, from Combined Reporting Schedule 2A, Col. 3 Line 9			
32	Net income from trade or business apportioned to DC	Mark if minus	32	13616 .00
	Line 30 amount multiplied by Line 31 factor			
33	Other income/deductions attributable to DC (attach statement - see instructions)	Mark if minus	33	0 .00
ш ³⁴	Total taxable income before apportioned NOL deduction	Mark if minus	34	13616 .00
δ	Line 32 plus or minus Line 33			
3 4 3 5 3 5 3 6 3 7 3 7	Apportioned NOL deduction (Losses occurring in year 2000 and later) *		35	.00
= щ	*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)			
H 36	Total DC taxable income. Line 34 minus Line 35	Mark if minus	36	13616 .00
337	Tax 8.25% of Line 36		37	1123 .00
₽ ₃₈	Minus nonrefundable credits from Schedule UB, Line 9		38	.00
39	Total DC gross receipts from Line '4' MTLGR Worksheet STATEMENT 1			.00
40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts		40	1123 .00
	are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M			
မှု 41	Payments and refundable credits:			
ā	(a) Tax paid, if any, with request for an extension of time to file		41a	.00
CRI	(b) Tax paid, if any, with original return if this is an amended return		41b	.00
ğ	(c) 2023 estimated franchise tax payments		41c	.00
A	(d) Refundable credits from Schedule UB, Line 12		41d	.00
S 1 42	If this is an amended 2023 return, enter refund requested with original return.		42	.00
4 3	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 4	12.	43	.00
₹44	Estimated tax interest (Mark if D-2220 attached)		44	.00
å ₄₅	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter a	mount due.	45	1123 .00
×	Will this payment come from an account outside of the U.S.? Yes X No See ins			
TAX - PAYMENTS AND CREDITS 5 4 4 5 5 5 4 4 5 5 4 5 4 5 5 4 5 5 5 5	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount		46	.00
			47	.00
47	Amount you want to apply to your 2024 estimated franchise tax		47	.00

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

Jesignee s r	lame		Phone number			
PLEASE SIGN HERE	Under penalties of law, I declare that I have examined this return an	nd, to the best of my knowledge, it is corr	ect. Declaration of paid preparer is based on the inforn	nation available to the preparer. 2404851800		
PAID PREPARER ONLY	Officer's signature FRANK SMITH		Date CBIZ ADVISORS,	Telephone number of person to contact		
	Preparer's signature (if other than taxpayer) Preparer's PTIN $P00639053$	Date	Firm name If you want to allow the prepa of Tax and Revenue, mark he	Firm address arer to discuss this return with the Office $_{\rm ere.}$ X		
Email Addre	ess					

FRANK.SMITH@CBIZ.COM

Taxpayer Name:AMERICANCOLLEGEOFNURTaxpayer Identification Number (TIN)741685515



Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)				Schedule B - Dividends (See specific instructions for Line 4.)				
1. Inventory at beginning of year			NA	AME AND ADDRESS	S OF DECLARING C	ORPORATION	AMOUNT	
2. Merchandise bought for manufacture or sale								
3. Salaries and wages								
 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								
z Cost of goods cold (z + + + + + + + + + + + + + + + + + +	R	439						
7. Cost of goods sold (Enter here and on D-20, Line 2.) Method of inventory valuation:	0	439						
wethou of inventory valuation.		-	Total I	Dividends				
COST				deduction for Subp	art F Income.			
				deduction for divide -owned subsidiary	ends received from			
			TOTAL	. (Enter here and on	D-20, Line 4.)			
Schedule C - Compensation of officers (See specific ins	tructions for Li	ne <mark>12. I</mark> f	more th	an 3 offices attach a	additional sheets as	needed.)		
Col. 1	Col. 2		I. 3	Percent of (Stock		Col. 6	_Col. 7	
Name and Address of Officer	Official Title		of Time ted to ness	Col. 4 Common	Col. 5 Preferred	Amount of Compensation	Expense Account Allowances	
			%	%	%			
			%	%	%			
			%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here and on	D-20, Line 12.))						
Schedule D - Taxes (See specific instructions for Line 1)	7.)						-	
EXPLANATION	AM	OUNT			EXPLANATION		AMOUNT	
						17.)		
Schedule E - Reconciliation of the net income reported	on Federal and	I DC retu		TOTAL (Enter here a	and on D-20, Line	7.)		
1. Taxable income before net operating loss deduction and				otal DC taxable income	e reported (from D-20 1	ine 36)	13616	
special deductions (page 1 of your Federal corporate return). UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		1361	. 6				13010	
2. Income taxes (see specific instructions for line 17).			0					
DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.				N-TAXABLE INCOM				
 Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof. 			8. Net income apportioned or allocated to outside DC.				0	
any Political Subdivision thereof. S. Other unallowable deductions and additional income (itemize,				Other non-taxable incon ncluding NOL (itemize):	ne and additional dedu	ctions		
include additional federal depreciation and additional IRC § 179 expenses).		1361		(a)				
(a) (b)		- • -		(b)			0	
(0) 6. TOTAL of Lines 1-5.		2723	2 10	TOTAL of Lines 7, 8 and	d 9.		13616	
Rev. 09/2023 343412 10-19		- /					10010	

Taxpayer Name: AMERICAN COLLEGE OF NURS Taxpayer Identification Number (TIN) 741685515



Reand certs to the nearest collar. Carry al factors to als decimal places and huncale. For all businesses other than financial institutions: Column 1 TOTAL Column 2 in DC Column 3 Column 3 Column 3 Column 3 Column 4 in DC Column 4	Sc	hedule F - DC apportionment factor (See instructions.)	Note: If Leave \$	e: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. ve Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.						
Column 1 TOTAL Column 2 ibudied by Column 1 1. SALES FACTOR: All gross receipts of the business other than gross receipts income. .00 .00 For Financial Institutions: .00 .00 2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income. .00 .00 3. PAYROL FACTOR: Total compensation paid or accrued by the financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. .00 .00 3. PAPRORTIONNENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. .00 .00 5. DC APPORTIONNENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. .00 .00 1. Cash (A) Amount (B) Total (A) Amount (B) Total 2. Trade notes and accounts receivable (A) Amount (B) Total (B) Total 3. Inventories (a) U.S. and Its Instrumentalities (b) Totas, subdivisions thered, etc. (c) Total (c) Total 4. Gort obligations: (a) U.S. and Its Instrumentalities (c) Total (c) Total (c) Total 5. Other unrent assets (attach statement) (c) Total state statement (c) Total (c) Total (c) Total	Ro	und cents to the nearest dollar.				Carry all factors to six decima	al places and truncate.			
1. SALES FACTOR: All gross receipts of the business other than gross receipts .00 .00 From non-business income. .00 .00 Por Hanadal Institutions: .00 .00 2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income. .00 .00 9. PYROLL FACTOR: Total compensation paid or accrued by the financial institution. .00 .00 .00 4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3) .00 .00 .00 5. DC APPORTIONENT FACTOR, For businesses other than financial institutions duve Line 4, Column 3 by 2. Enter on D-20, Line 31. .00 .00 Schedule G- Balance Sheets Beginning of Taxable Year End of Taxable Year 1. Cash (A) Amount (B) Total (B) Amount (B) Total 2. Trade notes and accourts: receivable (b) States, subdivisions thereof, etc. (c) MINUS: Accumulated depreciation (c) MINUS: Accumulated anontization (c) MINUS: Accumulated anontization (c) MINUS: Accumulated anontizat	For	all businesses other than financial institutions:								
trom non-business income .00 .00 For Financial Institutions: . .00 .00 2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income. .00 .00 3. PAYROL FACTOR: Total compensation paid or accrued by the financial institution. .00 .00 3. PAYROL FACTOR: Tot businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. .00 .00 5. DE APPORTIONNENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. .00 .00 For financial line 4, Column 3 by 2. Enter on D-20, Line 31. .00 .00 .00 1. Cash (A) Amount (B) Total (A) Amount (B) Total 1. Cash (A) Amount (B) Total (A) Amount (B) Total (a) MINUS: Allowane for bad debts (B) (D)	4	ON TO FACTOR. All successible of the business other them success		Colum	in 1 TOTAL	Column 2 in DC				
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gross income from non-business income.			nan							
3. PAYROLL FACTOR; Total compensation paid or accrued by the financial networks and the financial institution	۷.		ian		. 00	1	. 00			
Institution. .00 .00 4. SUM OF FACTORS; (for Financial Institutions add Lines 2 and 3 of Column 3) 5 5. DC APPORTROMNENT FACTORS: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31 Schedule G- Balance Sheets Beginning of Taxable Year I. Cash (A) Amount 2. Trade notes and accounts receivable (A) Amount (a) MINUS: Allowance for bad debts (B) Total 3. Inventories (D) States, subdivisions thereof, etc. 4. Govt obligations: (a) U.S. and its instrumentalities (b) Chare current assets (attach statement) (D) Fortal 9. Buildings and other fixed depreciable assets (D) Fortal (a) MINUS: Accumulated depreciation (D) 10. Depletable assets (D) (a) MINUS: Accumulated depreciation (D) 11. Land (net of any amortization) (D) 12. Intragible assets (D) (a) MINUS: Accumulated amortization (D) 13. Other assets (attach statement) (D) 14. TOTAL ASSETS (D) 15. Accounts payable (D) 16. Mortgages, notes, bonds payable in less than 1 year (D) 16. Mortgages, notes, bonds payable in less than 1 year or more (D) 17. Other cururent liabilities (attach statement) (D) <td>3.</td> <td></td> <td>ncial</td> <td></td> <td></td> <td></td> <td></td> <td></td>	3.		ncial							
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Schedule G- Balance Sheets Beginning of Taxable Year End of Taxable Year 1. Cash (A) Amount (B) Total (A) Amount (B) Total 2. Trade notes and accounts receivable (A) Amount (B) Total (A) Amount (B) Total (a) MINUS: Allowance for bad debts (A) Amount (B) Total (A) Amount (B) Total 3. Inventories (A) U.S. and its instrumentalities (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. 5. Other current assets (attach statement) (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. 6. Loans to stockholders (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. 9. Buildings and other fixed depreciable assets (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. (D) States, subdivisions thereof, etc. 10. Depletable assets (D) MINUS: Accumulated depreciation (D)				ter the nu	umber from Line 1,	Column 3. Enter on D-20), Line 31			
1. Cash (A) Amount (B) Total 2. Trade notes and accounts receivable (a) MINUS: Allowance for bad debts 3. Inventories (b) States, subdivisions thereof, etc. 5. Other current assets (attach statement) (b) States, subdivisions thereof, etc. 6. Loans to stockholders (c) 7. Mortgage and real estate loans (c) 8. Other investments (attach statement) (c) 9. Buildings and other fixed depreciable assets (c) (a) MINUS: Accumulated depreciation (c) 10. Depletable assets (c) (a) MINUS: Accumulated depreciation (c) 11. Land (net of any amortization) (c) 12. Intangible assets (attach statement) (c) (a) MINUS: Accumulated amortization (c) 13. Other assets (attach statement) (c) 14. TOTAL ASSETS (c) 15. Accounts advectored in a symptole (c) 16. Mortgages, notes, bonds payable in 1 year or more (c) 19. Mortgages, notes, bonds payable in 1 year or more (c) 19. Mortgages, notes, bonds payable in 1 year or more (c) 19. Mortgages, notes, bonds payable in 1 year or more (c) 19.	_									
1. Cash	<u> </u>					•		_		
2. Trade notes and accounts receivable		1. Cook	(A) Allioui		(D) 10tai	(A) Allount	(D) Total	-		
(a) MINUS: Allowance for bad debts								-		
3. Inventories	ľ	(a) MINUS [•] Allowance for had debts					_			
4. Gov't obligations: (a) U.S. and its instrumentalities								-		
(b) States, subdivisions thereof, etc.								-		
5. Other current assets (attach statement)							_			
8. Loans to stockholders		5 Other current assets (attach statement)						_		
8. Other investments (attach statement)	S.	6. Loans to stockholders						_		
8. Other investments (attach statement)	SS	7. Mortgage and real estate loans						_		
(a) MINUS: Accumulated depreciation	4	8. Other investments (attach statement)						_		
10. Depletable assets	-	9. Buildings and other fixed depreciable assets								
(a) MINUS: Accumulated depletion								_		
11. Land (net of any amortization)		10. Depletable assets								
12. Intangible assets (amortizable only)								-		
(a) MINUS: Accumulated amortization		11. Land (net of any amortization)						-		
13. Other assets (attach statement) Image: state in the statement) Image: state in the statement) 14. TOTAL ASSETS Image: state in the statement) Image: state in the statement) 15. Accounts payable Image: state in the statement) Image: state in the statement) 16. Mortgages, notes, bonds payable in less than 1 year Image: state in the statement) Image: state in the statement) 17. Other current liabilities (attach statement) Image: state in the statement) Image: state in the statement) 18. Loans from stockholders Image: state in the statement) Image: state in the statement) Image: state in the statement) 20. Other liabilities (attach statement) Image: state in the statement) Image: state in the statement) Image: state in the statement)							_			
14. TOTAL ASSETS							_	-		
15. Accounts payable								-		
16. Mortgages, notes, bonds payable in less than 1 year	_ I							-		
17. Other current liabilities (attach statement)		16 Mortgages notes bonds payable in less than 1 year		-		-		-		
18. Loans from stockholders				-		-		-		
20. Other liabilities (attach statement)				-				-		
20. Other liabilities (attach statement)	녎	19. Mortgages, notes, bonds payable in 1 year or more		-				-		
	đ	20. Other liabilities (attach statement)						_		
(b) Common stock								-		
22. Paid-in or capital surplus (attach statement)	SA	(b) Common stock						_		
23. Retained earnings - Appropriated (attach statement)	Ë	22. Paid-in or capital surplus (attach statement)						_		
	Ĩ	23. Retained earnings - Appropriated (attach statement)						_		
24. Retained earnings - Unappropriated	Ā	24. Retained earnings - Unappropriated						_		
25. MINUS: Cost of treasury stock	٦	25. MINUS: Cost of treasury stock		_		_		-		

D-20 FORM, PAGE 5 Taxpayer Name: AMERICAN COLLEGE OF NURS

Taxpayer Identification Number (TIN) 741685515



		er Books With Incon					
 Net income per books Federal income tax Excess of capital losses over capital Taxable income not recorded on boo year (itemize) 	gains ks this		-	nterest			
 Expenses recorded on books this year not deducted on this return (itemize) (a) Depreciation 			against bool (a) Depreci	t income this y ation	year (itemize).		
(b) Depletion	_		9. TOTAL of Lin 10. Taxable Inco	nes 7 and 8 IMe (federal For	m 1120, page 1, line 28		
6. TOTAL of Lines 1 through 5			should equal Line 6 minus Line 9 of this Schedule.)				
Schedule H-2 - Analysis of Unap		ned Earnings per Bo	oks				
1. Balance at beginning of year 2. Net income per books 3. Other increases (itemize)			5. Distributions	(b) Stoc (c) Prop	i F		
				. ,			
4. TOTAL of Lines 1, 2 and 3			1		e 4 minus Line 7)		
Schedule I - Income from Rent			•				
Col. 1 Address of Property	Col. 2 Kind o Property	f Col. 3 Gross Amount of Ren	au Amartination (ma		Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interes and other Expenses (Explain in Sch. I-1)	
la l							
4							
3. 4. 5. 6. TOTAL (Enter the total of Col. 3 or Enter total of Col 4, 5, and 6 on approp	riate deduction line	•					
3. 4	riate deduction line ditional IRC §179 ex	penses.	Schedule I.				
Column	riate deduction line ditional IRC §179 ex	penses.	Schedule I.		Explanation	Amoun	
 3. 4. 5. 6. TOTAL (Enter the total of Col. 3 or Enter total of Col 4, 5, and 6 on appropressed appropressed and a schedule I-1 - Explanation of decomposition and a schedule I-1 - Explanation and I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	riate deduction line ditional IRC §179 ex uctions claimed in	penses.	Column		Explanation	Amoun	
 3. 4. 5. 6. TOTAL (Enter the total of Col. 3 or Enter total of Col 4, 5, and 6 on appropressed appropressed and a schedule I-1 - Explanation of decomposition and a schedule I-1 - Explanation and I - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	riate deduction line ditional IRC §179 ex uctions claimed in	penses.	Column		Explanation	Amoun	



Taxpayer Name: AMERICAN COLLEGE OF NURS Taxpayer Identification Number (TIN) 741685515



Disregarded Entity	Name							
Supplemental Information								
STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INC				INESS BEGAN IN DC			HERE FEDERAL RETURN COVERED BY THIS RETURN
	07/10/2	1960		07/10/	1960	OGDEN,	0.1.	
THE CORPORATION'S BOOKS ARE IN THE CA	ARE OF -			5. LOCA		L2TH ST :		
KEVIN THOMAS				J. 2007	WASH1	INGTON, I	DC	20024-2188
During 2023, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES N		i			If you have already provi a detailed statement, en			
If "YES", please submit separately a detailed s to the address shown on page 9 under Amend	tatement, unless previously	submitted,			it was sent.			MM/DD/YYYY
Is this corporation unitary with another entity?		Y	/ES	X NO	If yes, explain:			
Is this return made on the accrual basis?		X	YES	NO	If no, indicate basis us	ed: Cas	h Basis	Other (specify)
Did you file a franchise tax return with DC for the year 2022?		X	YES	NO	If no, state reason:			
Did you withhold DC income tax from wages pa DC resident employees during 2023?	id to your	ХУ	YES	NO	If no, state reason:			
 Did you file annual information returns, federal 1 and 1099, relating to payment of dividends and 2023? 		Х	YES	NO				
(a) Has the business been terminated?		Ň	YES	X NO	If yes, explain and give	e date:		
				10				
(b) Have you moved out of DC?		\	YES	X NO				

*Schedule J has been deleted.

DC :	FORM D-20 MINIMUM TAX LIABILITY GROSS REC	EIPTS (MTLGR) STATEMENT 1	
1.	. AMOUNT FROM NUMERATOR OF DC SALES APPORTIONME FROM SCHEDULE F, LINE 1, COLUMN 2 OF D-20. F INSTITUTIONS MUST USE AMOUNT ON SCHEDULE F, COLUMN 2 OF D-20.	INANCIAL	0.
2.	. ADD THE ADJUSTED BASIS OF PROPERTY (LESS DEPR FOR WHICH GAINS REPORTED IN LINE 1	-	0.
3.	 ADD NON-BUSINESS INCOME ALLOCATED TO DC REPOR PER D-20, LINE 33 		0.
4.	• TOTAL GROSS RECEIPTS (ADD LINES 1, 2 AND 3) TOTAL TO D-20, LINE 39		0.