



ALZHEIMER'S COMMUNITY  
CARE, INC.

2023

TAX RETURN

(CLIENT COPY)



**EISNERAMPER**



**Eisner Advisory Group LLC**  
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West Palm Beach, FL 33401  
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APRIL 8, 2024

ALZHEIMER'S COMMUNITY CARE, INC.  
800 NORTHPOINT PARKWAY 101-B  
WEST PALM BEACH, FL 33407

ALZHEIMER'S COMMUNITY CARE, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT  
ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE  
FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

EISNER ADVISORY GROUP LLC



# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**  
DECEMBER 31, 2022

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**PREPARED FOR:**

ALZHEIMER'S COMMUNITY CARE, INC.  
800 NORTHPOINT PARKWAY 101-B  
WEST PALM BEACH, FL 33407

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**PREPARED BY:**

EISNER ADVISORY GROUP LLC  
505 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH, FL 33401

EFILE FAX: 561-337-1144  
EFILE EMAIL: WPB.TAXPROCESSING@EISNERAMPER.COM

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**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

NOT APPLICABLE

---

**RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

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**SPECIAL INSTRUCTIONS:**

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**ALZHEIMER'S COMMUNITY CARE, INC.**

EIN or SSN

**31-1481653**

Name and title of officer or person subject to tax

**G. MARK SHALLOWAY, ESQUIRE  
CHAIRMAN**

## Part I Type of Return and Return Information

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

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>8,846,077.</b>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize **EISNER ADVISORY GROUP LLC** to enter my PIN **33407**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*R. G. Mark Shalloway, Chairman*

Date

*04-10-2024*

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**60445933401**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

202521 12-16-22

18570408 721252 1028409-1028409

2022.05080 ALZHEIMER'S COMMUNITY CAR 10284091



Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>ALZHEIMER 'S COMMUNITY CARE, INC.</b>		<b>D</b> Employer identification number <b>31-1481653</b>
	Doing business as		<b>E</b> Telephone number <b>(561) 683-2700</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>9,013,292.</b>
	<b>800 NORTHPOINT PARKWAY</b>	<b>101-B</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>WEST PALM BEACH, FL 33407</b>		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>F</b> Name and address of principal officer: <b>G. MARK SHALLOWAY, ESQUIRE</b> <b>800 NORTHPOINT PARKWAY, WEST PALM BEACH, FL</b>		<b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	

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

**J** Website: **WWW.ALZCARE.ORG** **H(c)** Group exemption number

**K** Form of organization:  Corporation Trust Association Other **L** Year of formation: **1996** **M** State of legal domicile: **FL**

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION, ALZHEIMER 'S COMMUNITY CARE IS DEDICATED TO PROMOTING AND PROVIDING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>154</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>45</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>3,261,434.</b>	<b>4,302,550.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,966,879.</b>	<b>4,523,099.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>20,838.</b>	<b>20,428.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-91,099.</b>	<b>0.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,158,052.</b>	<b>8,846,077.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>5,378,495.</b>	<b>5,148,254.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>178,888.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>2,342,005.</b>	<b>3,256,217.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,720,500.</b>	<b>8,404,471.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-562,448.</b>	<b>441,606.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>5,606,103.</b>	<b>End of Year</b> <b>6,845,412.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,770,531.</b>	<b>1,720,308.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,835,572.</b>	<b>5,125,104.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>G. Mark Shalloway</i>	Date <b>04-10-2024</b>			
	Type or print name and title <b>G. MARK SHALLOWAY, ESQUIRE, CHAIRMAN</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHERYL POST</b>	Preparer's signature <i>Cheryl Post</i>	Date <b>4/8/2024</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00748554</b>
	Firm's name <b>EISNER ADVISORY GROUP LLC</b>			Firm's EIN <b>87-1353108</b>	
Firm's address <b>505 SOUTH FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33401</b>			Phone no. <b>561-832-9292</b>		

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

232001 12-13-22

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

Form **990** (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: ALZHEIMER'S COMMUNITY CARE IS DEDICATED TO PROMOTING AND PROVIDING COMMUNITY-BASED, FAMILY-CENTERED CARE FOR PATIENTS AND THEIR CAREGIVERS LIVING WITH NEUROCOGNITIVE DISORDERS, THROUGH THE BELIEF, WHERE THERE IS HELP, THERE IS HOPE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 5,007,428. including grants of \$ ) (Revenue \$ 4,312,998. ) ALZHEIMER'S COMMUNITY CARE'S SPECIALIZED DAY CENTERS PROVIDE THERAPEUTIC ACTIVITIES 70% OF THE DAY IN A SAFE AND SECURE ENVIRONMENT, WHILE PROVIDING PEACE OF MIND AND A BREAK IN THE DAY FOR THE CAREGIVER. OUR STAFF ARE DEMENTIA-CARE SPECIALISTS, WITH ONGOING TRAINING IN ALZHEIMER'S DISEASE AND RELATED NEUROCOGNITIVE DISORDERS. THE CENTERS MAINTAIN A STAFF-TO-PATIENT RATIO OF 1-TO-5 TO ENSURE EACH PATIENT RECEIVES THE INDIVIDUALIZED CARE NEEDED. PROGRAM NURSES ARE ON SITE 75% OF OPERATING HOURS AND MONITOR PATIENT NUTRITION AND HYDRATION, ADMINISTER MEDICATIONS, EVALUATE HEALTH STATUS, RESPOND TO MEDICAL NEEDS, AND ENSURE THAT PATIENTS TAKE PART IN THEIR CARE TO THEIR MAXIMUM BENEFIT EVERY DAY.

4b (Code: ) (Expenses \$ 1,064,933. including grants of \$ ) (Revenue \$ ) THE FAMILY NAVIGATOR PROGRAM SERVES AS A LIFELINE FOR FAMILIES IN PALM BEACH, MARTIN AND ST. LUCIE COUNTIES WHO ARE LIVING WITH ALZHEIMER'S DISEASE AND RELATED NEUROCOGNITIVE DISORDERS. OUR FAMILY NAVIGATORS PROVIDE CAREGIVERS WITH THE SUPPORT, TOOLS AND RESOURCES NEEDED TO CONTINUE PROVIDING HOME BASED CARE FOR THEIR LOVED ONES.

4c (Code: ) (Expenses \$ 614,844. including grants of \$ ) (Revenue \$ 132,924. ) THE EDUCATION DEPARTMENT PROVIDES THE LATEST EDUCATION ON ALZHEIMER'S DISEASE AND RELATED NEUROCOGNITIVE DISORDERS FOR PATIENTS, CAREGIVERS, STAFF, LAW ENFORCEMENT, STUDENTS OF HEALTH PROFESSIONS AND COMMUNITY HEALTH CARE PARTNERS. THE DEPARTMENT ALSO MONITORS, SUPPORTS AND PROMOTES THE ORGANIZATION'S ACCREDITED MODEL FOR SPECIALIZED, DISEASE-SPECIFIC CARE.

4d Other program services (Describe on Schedule O.) (Expenses \$ 918,731. including grants of \$ ) (Revenue \$ 77,177.)

4e Total program service expenses 7,605,936.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** (continued)

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

**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

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



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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
ALEXANDER GUANARITA - 5616832700  
800 NORTHPOINT PARKWAY, SUITE 101-B, WEST PALM BEACH, FL 33407

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY M BARNES CEO (THROUGH 06/01/22)	40.00					X	188,443.	0.	5,763.	
(2) MICHAEL A VALDES CFO	40.00					X	102,201.	0.	5,843.	
(3) G.MARK SHALLOWAY, ESQ CHAIRPERSON	1.00	X					0.	0.	0.	
(4) ROBERT J.GORMAN PAST CHAIR	1.00	X					0.	0.	0.	
(5) DAVID E.DANGERFIELD VICE CHAIR	1.00	X					0.	0.	0.	
(6) RANDY K.JOHNSON SR TREASURER	1.00	X					0.	0.	0.	
(7) ERIC JABLIN ASSISTANT TREASURER	1.00	X					0.	0.	0.	
(8) TENNA WILES SECRETARY	1.00	X					0.	0.	0.	
(9) JUDITH B. RAPPAPORT PAST CHAIR	1.00	X					0.	0.	0.	
(10) ROBERT K. ROLLINS DIRECTOR	1.00	X					0.	0.	0.	
(11) PETER A. SACHS DIRECTOR	1.00	X					0.	0.	0.	
(12) MICHAEL JESSUP PRESIDENT & CEO	1.00	X					0.	0.	0.	
(13) KEVIN P.WRENNE CHIEF OF STAFF	1.00	X					0.	0.	0.	
(14) CLARK BENNETT DIRECTOR (THROUGH 08/17/22)	1.00	X					0.	0.	0.	
(15) DEBORAH DIAZ DIRECTOR (THROUGH 08/15/22)	1.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	260,958.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	2,228,523.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,813,069.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,336.				
	<b>h Total.</b> Add lines 1a-1f .....			4,302,550.			
Program Service Revenue	<b>2 a</b> DAY CARE FACILITIES	Business Code					
		900099	4,312,998.	4,312,998.			
	<b>b</b> EDUCATIONAL TRAINING	900099	132,924.	132,924.			
	<b>c</b> CASE MANAGEMENT SERVIC	900099	57,297.	57,297.			
	<b>d</b> ID BRACELET	900099	19,880.	19,880.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			4,523,099.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		20,299.			20,299.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	167,344.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	167,215.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	129.				
<b>d</b> Net gain or (loss) .....			129.	129.			
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			8,846,077.	4,523,228.	0.	20,299.	



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 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 .....				
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 .....	4,447,822.	4,139,234.	245,233.	63,355.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits .....	372,791.	359,415.	7,823.	5,553.
10 Payroll taxes .....	327,641.	304,799.	17,871.	4,971.
11 Fees for services (nonemployees):				
a Management .....	449,156.	390,302.	31,326.	27,528.
b Legal .....				
c Accounting .....	9,432.		9,432.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	41,611.	39,474.	994.	1,143.
12 Advertising and promotion .....	109,167.	21,159.	83,632.	4,376.
13 Office expenses .....	242,166.	199,227.	35,894.	7,045.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	451,305.	414,615.	22,181.	14,509.
17 Travel .....	47,596.	37,807.	8,583.	1,206.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	282,378.	280,178.	332.	1,868.
20 Interest .....	19,253.	17,956.	578.	719.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	168,554.	160,834.	6,829.	891.
23 Insurance .....	191,572.	164,760.	19,900.	6,912.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>EQUIPMENT MAINTENANCE</b>	548,441.	511,002.	16,649.	20,790.
b <b>PROGRAM FOOD</b>	327,705.	327,705.		
c <b>PROGRAM SUPPLIES</b>	159,101.	144,802.	1,158.	13,141.
d <b>MISCELLANEOUS</b>	97,987.	64,849.	29,477.	3,661.
e All other expenses	110,793.	27,818.	81,755.	1,220.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	8,404,471.	7,605,936.	619,647.	178,888.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	191,357.	<b>1</b>	56,982.
	<b>2</b> Savings and temporary cash investments .....	861,935.	<b>2</b>	56,806.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	781,971.	<b>4</b>	2,616,846.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	188,125.	<b>9</b>	137,145.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,268,997.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,824,441.	2,656,590.	<b>10c</b> 2,444,556.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	918,038.	<b>12</b>	849,425.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	8,087.	<b>15</b>	683,652.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,606,103.	<b>16</b>	6,845,412.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	580,222.	<b>17</b>	590,774.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	790,309.	<b>19</b>	19,970.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	400,000.	<b>23</b>	425,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	684,564.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,770,531.	<b>26</b>	1,720,308.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,110,162.	<b>27</b>	4,157,569.
	<b>28</b> Net assets with donor restrictions .....	725,410.	<b>28</b>	967,535.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,835,572.	<b>32</b>	5,125,104.
	<b>33</b> Total liabilities and net assets/fund balances .....	5,606,103.	<b>33</b>	6,845,412.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,846,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,404,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	441,606.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,835,572.
5	Net unrealized gains (losses) on investments	5	71,709.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	776,217.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,125,104.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2103248.	35556032.	4749056.	3261434.	4302550.	49972320.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2103248.	35556032.	4749056.	3261434.	4302550.	49972320.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1561035.
<b>6 Public support.</b> Subtract line 5 from line 4.						48411285.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	2103248.	35556032.	4749056.	3261434.	4302550.	49972320.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	290.	1,477.	240.	20,214.	20,299.	42,520.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						50014840.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,253,099.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.79	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	77.72	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022



**Part VI**

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

Multiple horizontal lines for supplemental information.



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**ALZHEIMER ' S COMMUNITY CARE , INC .**

Employer identification number

**31-1481653**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>ALZHEIMER'S COMMUNITY CARE, INC.</b>	Employer identification number  <b>31-1481653</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>ADDISON HINES CHARITABLE TRUST</u>  <u>932 TILLINGHAST DRIVE</u>  <u>OXFORD, CT 06478</u>	\$ <u>135,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>LEE MILLMAN RESPITE CARE FOUNDATION</u>  <u>2161 PALM BEACH LAKES BLVD, SUITE 450</u>  <u>WEST PALM BEACH, FL 33409</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>FLORIDA DEPARTMENT OF LAW ENFORCEMENT</u>  <u>2331 PHILIPS ROAD</u>  <u>TALLAHASSEE, FL 32308</u>	\$ <u>209,581.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>ALZHEIMER'S COMMUNITY CARE FOUNDATION</u>  <u>800 NORTHPOINT PARKWAY, SUITE 101-B</u>  <u>WEST PALM BEACH, FL 33407</u>	\$ <u>1,049,837.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALZHEIMER'S COMMUNITY CARE, INC.</b>	Employer identification number  <b>31-1481653</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>ALZHEIMER'S COMMUNITY CARE, INC.</b>	Employer identification number  <b>31-1481653</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ALZHEIMER'S COMMUNITY CARE, INC. Employer identification number 31-1481653

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,426.		28,426.
b Buildings		866,337.	359,243.	507,094.
c Leasehold improvements		2,866,785.	1,004,513.	1,862,272.
d Equipment		476,579.	434,445.	42,134.
e Other		30,870.	26,240.	4,630.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,444,556.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) SEQUOIA FUND	3,611.	COST
(B) FACILITY RESTRICTED FUNDS	845,814.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>849,425.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	8,087.
(2) ROU ASSET	675,565.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>683,652.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROU LIABILITY	684,564.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>684,564.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	9,047,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	71,709.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,179,194.	
e	Add lines 2a through 2d	2e		1,250,903.
3	Subtract line 2e from line 1	3		7,796,240.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	1,049,837.	
c	Add lines 4a and 4b	4c		1,049,837.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,846,077.

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

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

1	Total expenses and losses per audited financial statements		1	8,913,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	509,264.	
e	Add lines 2a through 2d	2e		509,264.
3	Subtract line 2e from line 1	3		8,404,471.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,404,471.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES, WHICH STATES THAT MANAGEMENT'S DETERMINATION OF THE TAXABLE STATUS OF AN ENTITY, INCLUDING ITS STATUS AS A TAX-EXEMPT ENTITY, IS A TAX POSITION SUBJECT TO THE STANDARDS REQUIRED FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE THAT THE ORGANIZATION HAS ANY SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS AS OF JUNE 30, 2023.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

IN-KIND DONATIONS

**Part XIII** Supplemental Information (continued)

REVENUE FROM AFILIATED ORGANIZATION IN CONSOLIDATED REPROT

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION FROM AFFILIATED ORGANIZATION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND DONATIONS

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**ALZHEIMER'S COMMUNITY CARE, INC.**

Employer identification number

**31-1481653**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARY M BARNES CEO (THROUGH 06/01/22)	(i)	188,443.	0.	0.	5,763.	0.	194,206.	0.
	(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)							





**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KIMBERLEY VALDES	DAUGHTER OF MICHAEL	10,772.	PAYROLL		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KIMBERLEY VALDES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DAUGHTER OF MICHAEL VALDES



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ALZHEIMER 'S COMMUNITY CARE, INC.** Employer identification number **31-1481653**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	5,336.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

ANY NON-CASH CONTRIBUTIONS OF MARKETABLE SECURITIES ARE REQUIRED TO BE DELIVERED TO THE ORGANIZATION'S INVESTMENT ADVISORS FOR LIQUIDATION TO CASH, PURSUANT TO COMPANY POLICY.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ALZHEIMER'S COMMUNITY CARE, INC.

Employer identification number

31-1481653

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY-BASED, FAMILY-CENTERED CARE FOR PATIENTS AND THEIR CAREGIVERS  
LIVING WITH NEUROCOGNITIVE DISORDERS, THROUGH THE BELIEF, WHERE THERE  
IS HELP, THERE IS HOPE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR VISION, WE PLEDGE OURSELVES TO MAINTAIN A LEADERSHIP ROLE IN  
PROVIDING RESOURCES AND SERVICES FOR FAMILIES WITH ALZHEIMER'S DISEASE  
AND RELATED DISORDERS. WE PLEDGE OURSELVES TO BE THE ULTIMATE RESOURCE  
THAT SPECIALIZES IN DEMENTIA-SPECIFIC CARE THROUGHOUT THE DISEASE  
PROCESS AND TO PROVIDE A SAFE HAVEN FOR BOTH CAREGIVERS AND PATIENTS.  
WE PLEDGE OURSELVES TO BE CHANGE AGENTS SO THAT HUMAN DIGNITY BECOMES A  
FUNDAMENTAL ASPECT OF ALL DEMENTIA-SPECIFIC TREATMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CASE MANAGER IS THE CAREGIVERS ADVOCATE AND SUPPORT SYSTEM. OUR  
CASE MANAGERS COLLABORATE WITH THE CAREGIVER TO DETERMINE THEIR  
INDIVIDUAL NEEDS AND BRING THEM TOGETHER WITH OTHER AGENCIES THAT  
PROVIDE ADDITIONAL SERVICES AND RESOURCES. THE CASE MANAGER ALSO  
PROVIDES MUCH-NEEDED GUIDANCE IN HELPING FAMILIES AND CAREGIVERS  
SUCCESSFULLY APPLY FOR FINANCIAL ASSISTANCE THROUGH GOVERNMENT  
ENTITIES. WHETHER THIS FUNDING IS PROVIDED BY THE STATE, LOCAL  
GOVERNMENT ENTITIES, OR THROUGH PRIVATE FUNDS SECURED BY ALZHEIMER'S  
COMMUNITY CARE, THESE FUNDS ARE CRITICAL TO PROTECTING THE WELL-BEING  
OF THE PATIENTS AND CAREGIVERS.

ANOTHER IMPORTANT SERVICE PROVIDED ON BEHALF OF ALZHEIMER'S COMMUNITY

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

Schedule O (Form 990) 2022

Name of the organization ALZHEIMER'S COMMUNITY CARE, INC.	Employer identification number 31-1481653
--	--

CARE'S PATIENT'S AND CAREGIVERS IS ADVOCACY ON THE STATE LEVEL. OVER THE YEARS THE ORGANIZATION HAS BEEN THE DRIVING FORCE IN ADVOCATING AND ESTABLISHING MUCH NEEDED LEGISLATION. WE HAVE DEVELOPED AND FOSTERED STRONG RELATIONSHIPS WITH LAWMAKERS IN THE STATE CAPITOL IN TALLAHASSEE, THROUGH OUR ANNUAL ADVOCACY TRIPS.

EXPENSES \$ 390,089. INCLUDING GRANTS OF \$ 0. REVENUE \$ 57,297.

ID LOCATOR COORDINATORS PROVIDE INDIVIDUALIZED SOLUTIONS AND EDUCATION TO ENSURE THE SAFETY AND SECURITY OF PATIENTS WITH ALZHEIMER'S DISEASE OR A RELATED NEUROCOGNITIVE DISORDER. ALL STAFF ASSESSES PATIENTS FOR THEIR RISK OF ELOPING AND REFER THOSE AT RISK TO THE ID LOCATOR COORDINATOR. THE ID LOCATOR COORDINATOR EDUCATES THE CAREGIVER ON THE SAFETY DEVICES WE PROVIDE LIKE THE RADIO FREQUENCY BRACELET AND THE GPS JIJOBIT. THE ORGANIZATION HAS A LONG-STANDING PARTNERSHIP WITH LAW ENFORCEMENT WITHIN OUR THREE SERVICE TERRITORIES OF PALM BEACH, MARTIN, AND ST LUCIE COUNTIES.

EXPENSES \$ 477,396. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,880.

OTHER SERVICES

EXPENSES \$ 51,246. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE ORGANIZATION PROVIDES A DRAFT COPY OF FORM 990 TO ITS BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING THE ANNUAL TAX RETURN.

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

ALZHEIMER'S COMMUNITY CARE EXPECTS ALL TEAM MEMBERS TO CONDUCT THEMSELVES AND ORGANIZATIONAL BUSINESS IN A MANNER THAT REFLECTS THE HIGHEST STANDARDS

Name of the organization <b>ALZHEIMER'S COMMUNITY CARE, INC.</b>	Employer identification number <b>31-1481653</b>
---	---

**OF ETHICAL CONDUCT AND IN ACCORDANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS. THIS INCLUDES AVOIDING REAL AND POTENTIAL CONFLICTS OF INTERESTS. ANY POSSIBLE CONFLICTS OF INTEREST ARE IMMEDIATELY DISCUSSED WITH THE PRESIDENT AND CEO AND HUMAN RESOURCES**

**FORM 990, PART VI, SECTION B, LINE 15:  
THE BOARD OF DIRECTORS AND EXECUTIVE LEADERSHIP REVIEW THE COMPENSATION OF ALL TEAM MEMBERS BY COMPARISON MARKET DATA**

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

**FORM 990, PART XII, LINE 2C:  
NO CHANGES FROM PRIOR YEAR**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **ALZHEIMER 'S COMMUNITY CARE, INC.** Employer identification number **31-1481653**

**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

**Part II 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 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ALZHEIMER 'S COMMUNITY CARE FOUNDATION, INC. - 26-3084046, 800 NORTHPOINT PARKWAY, SUITE 101-B, WEST PALM BEACH, FL 33407	SUPPORTING ORGANIZATION	FLORIDA	501(C)(3)	LINE 12A, I	ALZHEIMER 'S COMMUNITY CARE INC		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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
ALZHEIMER 'S COMMUNITY CARE FOUNDATION, (1) INC.	C	1,049,837.	ASSISTANCE AS NEEDED
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**TAX RETURN FILING INSTRUCTIONS**  
**Florida Solicitation of Contributions Form**

**FOR THE YEAR ENDING**  
**JUNE 30, 2023**

---

**PREPARED FOR:**

ALZHEIMER'S COMMUNITY CARE, INC.  
800 NORTHPOINT PARKWAY 101-B  
WEST PALM BEACH, FL 33407

---

**PREPARED BY:**

EISNER ADVISORY GROUP LLC  
505 SOUTH FLAGLER DRIVE, SUITE 900  
WEST PALM BEACH, FL 33401

EFILE FAX: 561-337-1144  
EFILE EMAIL: WPB.TAXPROCESSING@EISNERAMPER.COM

---

**AMOUNT DUE OR REFUND:**

NOT APPLICABLE

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN WITH ATTACHMENTS TO:**

FDACS  
Solicitation of Contributions  
2005 Apalachee Pkwy.  
Tallahassee, FL 32399-6500

---

**MAIL TAX RETURN BY:**

**May 15, 2024**

**Please Sign & Date where  
applicable**



WILTON SIMPSON  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

**SOLICITATION OF CONTRIBUTIONS  
ANNUAL FINANCIAL REPORTING FORM**

Chapter 496, Florida Statutes  
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to:

charities@FDACS.gov

or

FDACS

Solicitation of Contributions

2005 Apalachee Pkwy.

Tallahassee, FL 32399-6500

ALZHEIMER'S COMMUNITY CARE, INC.

*Organization Name*

CH#

(Registration #)

DTN

3897866

(as listed on the preprinted  
renewal application)

800 NORTHPOINT PARKWAY, 101-B WEST PALM BEACH, FL 33407

*Organization Physical Address*

*City*

*State*

*Zip*

FISCAL YEAR ENDING 6 / 30 / 2,023

Yes  No Is this a proposed budget? (newly formed organizations only)

Yes  No Is this a consolidated financial statement for chapters, branches and affiliates?

**REVENUE**

1. Federated campaigns:	1.	<u>260,958.00</u>
2. All Fundraising events:	2.	<u>                    </u>
3. Related Organizations:	3.	<u>1,049,837.00</u>
4. Government Grants:	4.	<u>2,228,523.00</u>
5. All other contributions, gifts, grants & similar amounts:	5.	<u>763,232.00</u>
6. In-kind contributions (non- cash contributions):	6.	<u>509,264.00</u>
7. Program service revenue:	7.	<u>4,523,099.00</u>
8. Income from gaming activities:	8.	<u>                    </u>
9. Sales of inventory revenue:	9.	<u>                    </u>
10. Misc./Other revenue	10.	<u>20,428.00</u>
11. Membership Dues and assessments	11.	<u>                    </u>
12. TOTAL REVENUE	12.	<u>9,355,341.00</u>

**EXPENSES**

1. Program services (including payments to affiliates)	1.	<u>8,087,250.00</u>
2. Management and general	2.	<u>619,647.00</u>
3. Fundraising	3.	<u>206,838.00</u>
4. TOTAL EXPENSES (add lines 1 through 3)	4.	<u>8,913,735.00</u>

**Statement of Functional Expenses for** ALZHEIMER'S COMMUNITY CARE, INC.  
(Organization Name)

**CH** \_\_\_\_\_  
(Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations (cash _____ Non cash _____) Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.	4,139,234.00	245,233.00	63,355.00	4,447,822.00
Fees for service non employees				
Other benefits, pensions, etc.	359,415.00	7,823.00	5,553.00	372,791.00
Payroll taxes	304,799.00	17,871.00	4,971.00	327,641.00
Professional fundraising fees				
Investment management fees				
Accounting fees		9,432.00		9,432.00
Management	390,302.00	31,326.00	27,528.00	449,155.00
Legal fees				
Lobbying				
Office supplies	199,227.00	35,894.00	7,045.00	242,166.00
Telephone				
Postage & shipping				
Equipment rental				
Occupancy	414,615.00	22,181.00	14,509.00	451,305.00
Printing				
Travel	37,807.00	8,583.00	1,206.00	47,596.00
Conferences & meetings	280,178.00	332.00	1,868.00	282,378.00
Interest	17,953.00	578.00	719.00	19,253.00
Insurance	164,760.00	19,900.00	6,912.00	191,572.00
Advertising & promotions	21,159.00	83,632.00	4,376.00	109,167.00
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization	160,834.00	6,829.00	891.00	168,554.00
Other (List Item)	511,002.00	16,649.00	20,790.00	548,441.00
Other (List Item)	144,802.00	1,158.00	13,141.00	159,101.00
Other (List Item)	941,163.00	112,226.00	33,972.00	1,087,361.00
<b>TOTAL EXPENSES</b>	<b>(A)</b> 8,087,250.00	<b>(B)</b> 619,647.00	<b>(C)</b> 206,838.00	<b>TOTAL</b> 8,913,735.00

<b>BALANCE SHEET:</b>	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS	1,971,330.00	963,213.00
TOTAL ASSETS	5,606,103.00	6,845,412.00
EXCESS (OR DEFICIT) FOR THE YEAR	3,835,572.00	5,125,104.00

**SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT**

You must submit financial statements for the parent organization and **each** chapter, branch, or affiliate listed in question 4 on the Registration Application. However, *if* all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

Chapter, Branch, or Affiliate Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Total contributions received in the name of the Chapter, Branch or Affiliate	\$ <u>4,302,550.00</u>
Total administrative costs assessed by Parent to Chapter, Branch or Affiliate	\$ _____
Total payments to Chapter, Branch or Affiliate	\$ <u>1,409,837.00</u>

If a professional fundraising consultant, professional solicitor, or commercial co-venturer was utilized during any portion of this reporting period, please provide the following information for each contract entered:

- Professional Fundraising Consultant       Professional Solicitor       Commercial Co-Venturer

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Amount Received following the campaign, fundraiser, promotion or event: \$ \_\_\_\_\_

**PLEASE NOTE:** Financial statements from organizations that receive at least \$500,000 but less than \$1 million in annual contributions must be audited or reviewed by an independent certified public accountant. Financial statements from organizations that receive \$1 million or more in annual contributions must be audited by an independent certified public accountant. If this applies to your organization, you must submit the review or audit with this document.

I am authorized to complete this financial reporting form.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Email Address*

**ALZHEIMER'S COMMUNITY CARE, INC.  
AND SUBSIDIARY**

**CONSOLIDATED FINANCIAL STATEMENTS**

**JUNE 30, 2023**

# ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

## Contents

	<b><u>Page</u></b>
<b>Independent Auditors' Report</b>	1 - 3
<b>Consolidated Financial Statements</b>	
Statement of financial position as of June 30, 2023	4
Statement of activities and changes in net assets for the year ended June 30, 2023	5
Statement of functional expenses for the year ended June 30, 2023	6 - 7
Statement of cash flows for the year ended June 30, 2023	8
Notes to consolidated financial statements	9 - 22



## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors of  
Alzheimer's Community Care, Inc. and Subsidiary

### **Report on the Audit of the Consolidated Financial Statements**

#### ***Opinion***

We have audited the financial statements of Alzheimer's Community Care, Inc. and Subsidiary (the "Organization"), which comprise the consolidated statement of financial position as of June 30, 2023, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the consolidated financial position of Alzheimer's Community Care, Inc. and Subsidiary as of June 30, 2023, and the consolidated changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS") and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States ("*Government Auditing Standards*"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Correction of Error***

As the prior period financial statements have not been presented herein, the July 1, 2022 opening balance of the consolidated statement of activities and changes in net assets has been restated to correct an error as discussed in Note B to the consolidated financial statements. Our opinion is not modified with respect to this matter.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

## ***Auditors' Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

*EisnerAmper LLP*

EISNERAMPER LLP  
West Palm Beach, FL  
March 29, 2024



## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Consolidated Statement of Financial Position June 30, 2023

#### ASSETS

Cash and cash equivalents	\$ 116,940
Accounts receivable, net	1,136,802
Employee retention credit receivable	1,480,044
Prepaid expenses and other assets	137,145
Investments	8,069,857
Property and equipment, net	2,444,556
Operating right-of-use assets	675,565
Security deposits	8,087
	<hr/>
Total assets	<u>\$ 14,068,996</u>

#### LIABILITIES

Accounts and contracts payable	\$ 340,832
Accrued expenses and other liabilities	249,942
Deferred revenue	19,970
Line-of-credit	425,000
Operating lease liabilities	684,564
	<hr/>
Total liabilities	<u>1,720,308</u>

Commitments and contingencies (Note J)

#### NET ASSETS

Without donor restrictions	11,320,510
With donor restrictions	1,028,178
	<hr/>
Total net assets	<u>12,348,688</u>
	<hr/>
Total liabilities and net assets	<u>\$ 14,068,996</u>

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Consolidated Statement of Activities and Changes in Net Assets Year Ended June 30, 2023

	Net Assets Without Donor Restrictions	Net Assets With Donor Restrictions	Total
<b>Revenues and other support:</b>			
Program services	\$ 4,370,295	\$ -	\$ 4,370,295
Contributions	357,732	380,500	738,232
In-kind contributions	509,264	-	509,264
Government grants	748,479	-	748,479
United Way contributions	260,958	-	260,958
Educational training	105,575	-	105,575
Employee retention credit	1,480,044	-	1,480,044
Investment income, net	762,067	-	762,067
Other revenue	72,229	-	72,229
Net assets released from restrictions	138,375	(138,375)	-
	<u>8,805,018</u>	<u>242,125</u>	<u>9,047,143</u>
<b>Expenses:</b>			
Program services:			
Special program:			
Daycare	5,235,039	-	5,235,039
Patient and family services:			
Family consultants	1,197,416	-	1,197,416
Case management	425,767	-	425,767
Crisis line	38,422	-	38,422
Other services:			
ID locator bracelets	502,662	-	502,662
Education and training	663,892	-	663,892
Volunteer services	24,052	-	24,052
	<u>8,087,250</u>	<u>-</u>	<u>8,087,250</u>
Supporting services:			
Management and general	619,647	-	619,647
Fundraising	206,838	-	206,838
	<u>826,485</u>	<u>-</u>	<u>826,485</u>
Total expenses	<u>8,913,735</u>	<u>-</u>	<u>8,913,735</u>
<b>Change in net assets</b>	<u>(108,717)</u>	<u>242,125</u>	<u>133,408</u>
<b>Net assets, beginning of year, as originally presented</b>	10,653,010	786,053	11,439,063
Restatement (Note B)	776,217	-	776,217
Net assets at beginning of year, as restated	<u>11,429,227</u>	<u>786,053</u>	<u>12,215,280</u>
<b>Net assets at end of year</b>	<u>\$ 11,320,510</u>	<u>\$ 1,028,178</u>	<u>\$ 12,348,688</u>

See notes to consolidated financial statements.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Consolidated Statement of Functional Expenses Year Ended June 30, 2023

	Program Services							Total Program Expenses
	Special Program	Patient and Family Services			Other Services			
	Daycare	Family Consultant	Case Management	Crisis Line	ID Locator Bracelets	Education and Training	Volunteer Services	
Salaries	\$ 2,709,944	\$ 589,458	\$ 266,241	\$ 13,462	\$ 337,935	\$ 215,809	\$ 6,385	\$ 4,139,234
Contract labor	25,219	6,341	2,710	387	2,374	2,070	373	39,474
Employee benefits	251,799	59,726	11,194	959	20,722	14,536	479	359,415
Payroll taxes	198,894	41,648	20,542	1,006	25,921	16,295	493	304,799
Total personnel and related expenses	<u>3,185,856</u>	<u>697,173</u>	<u>300,687</u>	<u>15,814</u>	<u>386,952</u>	<u>248,710</u>	<u>7,730</u>	<u>4,842,922</u>
Interest expense	11,165	3,545	888	165	642	1,396	155	17,956
Bad debt	-	-	-	-	-	-	-	-
Professional fees	243,378	76,779	19,177	3,560	13,869	30,195	3,344	390,302
Office supplies and stationary	24,887	10,067	2,410	341	3,979	4,265	334	46,283
Telephone	106,186	22,751	6,020	4,401	3,967	4,735	522	148,582
Postage and shipping	1,171	502	119	1,545	72	937	16	4,362
Occupancy	295,425	80,882	15,144	974	13,022	8,253	915	414,615
In-kind rent	227,611	132,483	35,678	5,789	25,266	49,048	5,439	481,314
Utilities and other	17,797	3,198	715	-	491	-	-	22,201
Equipment maintenance	331,402	95,794	29,817	3,523	28,151	18,884	3,431	511,002
Travel	12,555	12,624	3,034	91	6,951	2,460	92	37,807
Conferences and meetings	3,582	868	217	40	157	275,276	38	280,178
Advertising	13,094	4,160	1,042	193	754	1,734	182	21,159
Recruiting	3,655	1,017	254	40	205	408	38	5,617
Program food	327,680	20	3	-	2	-	-	327,705
Program supplies	133,566	450	136	19	10,519	107	5	144,802
Insurance	98,195	38,975	7,556	1,399	5,465	11,855	1,315	164,760
Miscellaneous	43,784	10,432	2,572	473	1,983	5,161	444	64,849
Depreciation and amortization	154,050	5,696	298	55	215	468	52	160,834
	<u>2,049,183</u>	<u>500,243</u>	<u>125,080</u>	<u>22,608</u>	<u>115,710</u>	<u>415,182</u>	<u>16,322</u>	<u>3,244,328</u>
Total expenses	<u>\$ 5,235,039</u>	<u>\$ 1,197,416</u>	<u>\$ 425,767</u>	<u>\$ 38,422</u>	<u>\$ 502,662</u>	<u>\$ 663,892</u>	<u>\$ 24,052</u>	<u>\$ 8,087,250</u>

See notes to consolidated financial statements.

**ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY**

**Consolidated Statement of Functional Expenses (continued)  
Year Ended June 30, 2023**

	<u>Supporting Services</u>		<u>Total Supporting Services</u>	<u>Total</u>
	<u>Management and General</u>	<u>Fundraising</u>		
Salaries	\$ 245,233	\$ 63,355	\$ 308,588	\$ 4,447,822
Contract labor	994	1,143	2,137	41,611
Employee benefits	7,823	5,553	13,376	372,791
Payroll taxes	17,871	4,971	22,842	327,641
	<u>271,921</u>	<u>75,022</u>	<u>346,943</u>	<u>5,189,865</u>
Total personnel and related expenses				
Interest expense	578	719	1,297	19,253
Bad debt	81,485	-	81,485	81,485
Professional fees	40,758	27,528	68,286	458,588
Office supplies and stationary	9,448	2,215	11,663	57,946
Telephone	24,667	4,513	29,180	177,762
Postage and shipping	1,779	317	2,096	6,458
Occupancy	22,181	14,509	36,690	451,305
In-kind rent	-	27,950	27,950	509,264
Utilities and other	-	659	659	22,860
Equipment maintenance	16,649	20,790	37,439	548,441
Travel	8,583	1,206	9,789	47,596
Conferences and meetings	332	1,868	2,200	282,378
Advertising	83,632	4,376	88,008	109,167
Recruiting	270	561	831	6,448
Program food	-	-	-	327,705
Program supplies	1,158	13,141	14,299	159,101
Insurance	19,900	6,912	26,812	191,572
Miscellaneous	29,477	3,661	33,138	97,987
Depreciation and amortization	6,829	891	7,720	168,554
	<u>347,726</u>	<u>131,816</u>	<u>479,542</u>	<u>3,723,870</u>
Total expenses	<u>\$ 619,647</u>	<u>\$ 206,838</u>	<u>\$ 826,485</u>	<u>\$ 8,913,735</u>

See notes to consolidated financial statements.

# ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

## Statement of Cash Flows Year Ended June 30, 2023

### Cash flows from operating activities:

Change in net assets	\$ 133,408
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Depreciation and amortization	168,554
Bad debt expense	81,485
Realized and unrealized gain	(602,924)
Donated securities	(5,183)
Proceeds from sale of donated securities	5,183
Loss on disposal of property and equipment	54,230
Noncash lease expense	197,320
Changes in:	
Accounts receivable	(436,316)
Employee retention credit receivable	(1,480,044)
Prepaid expenses and other assets	50,980
Accounts and contracts payable	174,032
Accrued expenses and other liabilities	(163,480)
Deferred revenue	5,878
Operating lease liabilities	(188,321)
	<u>(2,005,198)</u>
Net cash used in operating activities	<u>(2,005,198)</u>

### Cash flows from investing activities:

Purchases of property and equipment	(10,750)
Proceeds from sales of investments	1,304,013
Purchases of investments	(270,245)
	<u>1,023,018</u>
Net cash provided by investing activities	<u>1,023,018</u>

### Cash flows from financing activities:

Proceeds from line-of-credit	550,000
Payments on line-of-credit	(525,000)
	<u>25,000</u>
Net cash provided by financing activities	<u>25,000</u>

### Change in cash and cash equivalents

Cash and cash equivalents at beginning of year	(957,180)
	<u>1,074,120</u>

### Cash and cash equivalents at end of year

\$ 116,940

### Supplemental disclosure of cash flow information:

Cash paid during the year for interest	<u>\$ 19,253</u>
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## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE A - ORGANIZATION AND PURPOSE

Alzheimer's Community Care, Inc. ("ACC") is a community-based, 501(c)(3), not-for-profit organization serving Palm Beach, Martin and St. Lucie Counties and is registered with the Florida Secretary of State in Tallahassee, Florida. ACC was incorporated in October 1996 by a group of local residents who were concerned about the growing number of people affected by Alzheimer's disease. The strategic principle established by ACC is that "We place a safety net around patients and caregivers every day."

ACC is free of religious, political, national or cultural affiliations. The mission of the ACC is "to promote and provide specialized, quality, and compassionate care within a community-based environment for patients and caregivers living with Alzheimer's disease and related neurocognitive disorders."

As of December 31, 2013, ACC received accreditation by the Joint Commission, the largest international accrediting organization for healthcare providers (hospitals, nursing homes, day care, hospice, etc.), a not-for-profit organization that is highly respected for setting certain performance standards that reflect evidence-based outcomes.

The evidence-based outcomes that have been tested as being successful have been incorporated within ACC's "Model of Care" and are effective for preserving families' quality of life, providing safety and security, and ensuring their well-being throughout the duration of the disease process. The disease can last for 2 to 20 years with an average of 10 years. During the year ended June 30, 2023, ACC provided various services to patients and families affected by Alzheimer's disease and related disorders. The following are examples of special program, patient and family services and other services provided:

#### Program Services

- Specialized adult day care centers
- Family nurse consultant services
- Case management
- 24/7 Alzheimer's Crisis Line
- ID locator bracelet program
- Professional and community education
- Caregiver support groups

The Alzheimer's Community Care Foundation, Inc. (the "Foundation") was incorporated in the State of Florida as a not-for-profit corporation in July 2008. The Foundation was organized exclusively for the benefit of ACC, to be the custodian of financial gifts and to promote and advise philanthropic actions for the common good of ACC. ACC appoints the Board of the Foundation and, accordingly, the Foundation is required by the accounting principles generally accepted in the United States of America ("U.S. GAAP") to be consolidated with ACC.

#### NOTE B - RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS

The Organization has restated its financial statements as of July 1, 2022 (opening balance) to correct an error in the revenue recognition of a government grant in accordance with U.S. GAAP. The error resulted due to the Organization's failure to record revenue related to grants for which there were no restrictions. The Organization's management corrected the error by recording an adjustment in the amount of \$776,217 to decrease deferred revenue as of July 1, 2022 and a corresponding increase in the amount of \$776,217 to net assets without donor restrictions and total net assets. This adjustment had no income tax effect as the Organization is not subject to income tax.



## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE B - RESTATEMENT OF PREVIOUSLY ISSUED FINANCIAL STATEMENTS (CONTINUED)

Set forth below is the effect of the adjustment on the following prior year balances:

	<b>As Previously Report on July 1, 2022</b>	<b>Adjustment</b>	<b>As Restated on July 1, 2022</b>
<b>Deferred revenue</b>	\$ 790,309	\$ (776,217)	\$ 14,092
<b>Total liabilities</b>	\$ 1,770,531	\$ (776,217)	\$ 994,314
<b>Net assets without donor restrictions</b>	\$ 10,653,010	\$ 776,217	\$ 11,429,227
<b>Total net assets</b>	\$ 11,439,063	\$ 776,217	\$ 12,215,280

The adjustment of \$776,217 would have decreased the change in net assets, as previously reported, of (\$2,588,568) to (\$1,812,351) for the year ended June 30, 2022 (unaudited).

Amounts received from the grantor agency are subject to audit and adjustment by this agency. Any disallowance claims, including amounts already received, might constitute a liability of the Organization for the return of those funds. In the opinion of management, all grant expenditures were in compliance with the terms of the grant agreement.

#### NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### [1] Principles of consolidation:

The accompanying financial statements are consolidated to include the accounts of ACC and the Foundation (collectively, the "Organization"). All intercompany transactions and balances have been eliminated in consolidation.

##### [2] Basis of presentation:

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with U.S. GAAP, as applicable to not-for-profit organizations.

##### [3] Use of estimates:

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

# ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

## Notes to Consolidated Financial Statements June 30, 2023

### NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### [4] Functional allocation of expenses:

The costs of providing the various services the Organization offers have been summarized on a functional basis in the consolidated statement of activities and changes in net assets. The consolidated statement of functional expenses presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses which can be specifically identified with a functional category are charged accordingly. Expenses which are not directly identifiable with a specific functional category require allocation on a reasonable basis that is consistently applied. Salaries are allocated on the basis of estimates of time and effort; occupancy, in-kind rent and depreciation and amortization costs are allocated on the basis of square footage; and interest expense, professional fees, office supplies and stationary, telephone, postage and shipping, utilities and other, equipment maintenance, travel, conferences and meetings, advertising, recruiting, insurance and miscellaneous costs are allocated on the basis of management's identification, based on observation and professional evaluation, of the direct benefit of the cost to a particular program function or supporting function.

#### [5] Cash and cash equivalents:

Cash includes amounts on deposit with financial institutions in checking accounts and money market accounts. For purposes of the consolidated statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents. The Organization maintains its cash in high quality financial institutions which at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts and does not believe its cash accounts are exposed to any significant credit risk.

#### [6] Accounts receivable:

Accounts receivable consist primarily of monthly billings for the Organization's daycare clients residing in Palm Beach, Martin and St. Lucie counties. Accounts receivable for daycare operations are uncollateralized. An allowance for doubtful accounts is provided for receivables when there is a question as to collectability. Receivables are written off when management has determined that the amount will not be collected. Collections on accounts previously written off are included in other support when received. At June 30, 2023, the allowance for doubtful account was \$81,745.

#### [7] Investments:

Investments are recorded at fair value. Cash and cash equivalents held as part of the investment portfolio are also included in the balances reported as investments. The Organization's investments are held by securities brokers and are not collateralized or insured. Investment purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividend income is recorded on the ex-dividend date. Investment earnings are recorded as changes in net assets with or without donor restrictions depending on the existence or absence of donor-imposed restrictions.

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in values of investments will occur in the near term. Users of these consolidated financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Organization's investments. Accordingly, the valuation of the investments as of June 30, 2023 may not necessarily be indicative of amounts that could be realized in a current market exchange (see Note E).

# ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

## Notes to Consolidated Financial Statements June 30, 2023

### NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### [8] Property and equipment:

Property and equipment over \$2,500 is capitalized and stated at cost, if purchased by the Organization, or at the fair value of the asset on the date of the gift, if received as a donation. Donated assets are reported as changes in net assets without donor restrictions, unless the use of the asset is restricted by the donor. Depreciation of property and equipment is provided using the straight-line method over the estimated useful lives of the related assets as follows:

Buildings and improvements	40 years
Furniture and equipment	3 - 10 years
Vehicle	5 years

Leasehold improvements are amortized over the remaining lease term, or over the useful lives of the improvements, whichever is shorter. When assets are sold, retired or disposed of, the cost and related accumulated depreciation and amortization are removed from the accounts and the difference is included in the consolidated statement of activities and changes in net assets.

Management evaluates the recoverability of the investment in long-lived assets on an on-going basis and when triggering events indicate that the fair value of the long-lived assets may be less than the carrying value recognizes any impairment in the year of determination. There were no triggering events during the fiscal year 2023 requiring management to test for impairment adjustment to property and equipment. However, it is reasonably possible that relevant conditions could change in the near term and necessitate a change in management's estimate of the recoverability of these assets.

#### [9] Leases:

The Organization determines if an arrangement is a lease at inception.

##### Operating Leases

Operating leases are recorded as operating lease right-of-use ("ROU") assets and operating lease liabilities on the accompanying consolidated statement of financial position. Operating lease ROU assets and the related lease liabilities are recognized based on the present value of the future minimum lease payments over the lease term at commencement date. The operating lease ROU assets also include lease incentives and initial direct costs incurred. For operating leases, interest on the lease liability and the amortization of ROU assets result in straight-line rent expense over the lease term.

Leases may include options to extend or terminate the lease which are included in the ROU operating lease assets and operating lease liabilities when they are reasonably certain of exercise. Operating lease expense associated with minimum lease payments is recognized on a straight-line basis over the lease term. When additional payments are based on usage or vary based on other factors, they are considered variable lease payments and are excluded from the measurement of the ROU asset and lease liability. These payments are recognized as an expense in the period in which the related obligation was incurred.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### [10] Net assets:

The net assets of the Organization and the changes therein are classified as follows:

(i) *Net assets without donor restrictions:*

The Organization's net assets without donor restrictions represent resources available for use in general operations and not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization.

(ii) *Net assets with donor restrictions:*

Net assets with donor restrictions represent those resources that are subject to donor-imposed restrictions, such as specific purposes and/or a specific period of time. Also included within net assets with donor restrictions are donor restrictions that are perpetual in nature and subject to the requirements of the Florida Uniform Prudent Management of Institutional Funds Act ("FUPMIFA"). These donors have stipulated that those resources be maintained in perpetuity with the resultant income and net capital appreciation arising from underlying assets to be used in the satisfaction of the wishes of those donors. When a donor restriction expires, that is, when a stipulated time restriction ends, or a purpose restriction is accomplished, or funds are appropriated through an action of the Board of Directors, net assets with donor restrictions are reclassified as net assets without donor restrictions and are reported in the consolidated statement of activities and changes in net assets as "net assets released from restrictions."

##### [11] Revenue recognition:

(i) *Exchange revenue:*

*Program services:*

Program service revenues, including fees for patient services, are generated from patients who attend or receive daycare/respite care services. Revenues for performance obligations are satisfied at a point in time when the single performance obligation is satisfied and recognized when the services are provided, which is when the patient attends the daycare program or other services are provided. The Organization is paid based on the number of units of service or hours provided at established rates per unit of service or per hour. The Organization bills service fees monthly based on the specific services provided, resulting in contract receivables (accounts receivable) and payment is generally due within 30 days. At June 30, 2023 and July 1, 2022, the accounts receivable were \$1,136,802 and \$781,971, respectively.

Included in program service revenues is state financial assistance from the Alzheimer's Disease Initiative ("ADI") grant, which is received on a fee for service basis and totaled \$2,821,946 for the year ended June 30, 2023. Revenue from the ADI Grant represented approximately 31% of total revenue and other support for the year ended June 30, 2023. The ADI grant represented 47% of total receivables at June 30, 2023.

*Educational training:*

The Organization recognizes revenue from educational training at the time of admission and is conditional on the event taking place. Payment for educational training is due on or before the event takes place. Ticket sales and sponsorship revenue received in advance of an event are recorded as deferred revenue until such time as the event takes place. Deferred revenue related to educational training at June 30th is generally recognized in the subsequent fiscal year. Revenues from program services and education trainings are presented separately in the consolidated statement of activities and changes in net assets. As of June 30, 2023 and July 1, 2022, deferred revenue was \$19,970 and \$14,092 as restated (see Note B), respectively.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### [11] Revenue recognition: (continued)

(i) *Nonexchange revenue:*

*Contributions, government grants, and United Way contributions:*

Funding through the Organization's activities is partially achieved through government funding and contributions. These donations provide funding to be used to support the mission of the Organization. As the donors are not receiving a benefit as a result of these transactions, the donations are considered to be contributions to the Organization.

The Organization recognizes contributions, including unconditional pledges as revenue in the period received. Contributions are reported as without donor restrictions or with donor restrictions depending on the absence or existence of donor stipulations that limit the use of the support. The Organization reports gifts of cash and other assets as support with donor restrictions if received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of activities and changes in net assets as net assets released from restrictions. Contributions with donor restrictions that are recognized and that expire within the same year are reported as support without donor restrictions.

Government grants revenue is derived from cost reimbursement federal and state and local contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. As the government is not receiving a benefit as a result of these transactions, the grants are considered to be contributions to the Organization. The grant agreements contain specific service requirements. As these stipulations create a barrier that must be achieved, and any amounts not expended must be returned, government grants are considered to be conditional contributions until such time as the barriers are overcome. Contributions from these grant agreements are therefore recognized as revenue when costs are incurred and specific service requirements are met, as stipulated by the agreements. Until the financial information required by the funding sources is accepted, costs billed for program services under cost reimbursement contracts are subject to review and possible disallowance. In management's opinion, the potential for material disallowances is remote and, therefore, is not a barrier that would prevent the recognition of revenue. The Organization received no funds in advance of service requirements being met as of June 30, 2023.

*In-kind contributions:*

The Organization records various types of in-kind support including contributed goods, services and facility rent. Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. In-kind contributions are recognized at fair value when received by the Organization.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE C - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### [11] Revenue recognition: (continued)

(ii) *Nonexchange revenue: (continued)*

###### *Employee retention credit:*

The Coronavirus Aid, Relief, and Economic Security ("CARES") Act provides an employee retention credit ("CARES Employee Retention credit"), which is a refundable tax credit against certain employment taxes. From March 12, 2020 through December 31, 2020, the tax credit is equal to 50% of qualified wages up to \$10,000 or a maximum credit of up to \$5,000 per employee. From January 1, 2021 through June 30, 2021, the tax credit is equal to 70% of qualified wages up to \$10,000 during a quarter or a maximum credit of up to \$14,000 per employee (or \$7,000 per quarter). The Organization applied for the Employee Retention Credit for the pay periods that occurred in 2020 and 2021 and, accordingly, recorded a receivable which is included in the accompanying consolidated statement of financial position. During the year ended June 30, 2023, ACC recorded \$1,480,044 related to the CARES Employee Retention credit in employee retention credit contributions revenue on the Organization's consolidated statement of activities and changes in net assets.

##### [12] Advertising costs:

Advertising costs are expensed as incurred. Total expense for the year ended June 30, 2023 was approximately \$109,000.

##### [13] Income taxes:

ACC and the Foundation are exempt from income taxes as public charities under the provisions of Internal Revenue Code Section 501(c)(3).

The Organization evaluates its uncertain tax positions in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 740, *Income Taxes*, which states that management's determination of the taxable status of an entity, including its status as a tax-exempt entity, is a tax position subject to the standards required for accounting for uncertainty in income taxes. Management does not believe that the Organization has any significant uncertain tax positions that would be material to the consolidated financial statements as of June 30, 2023.

##### [14] Adoption of accounting principle:

In February 2016, FASB issued Accounting Standards Update ("ASU") 2016-02, *Leases*, ("ASC Topic 842") to improve financial reporting of leasing transactions by requiring organizations that lease assets to recognize assets and liabilities for the rights and obligations created by leases that extend more than 12 months on the statement of financial position. This accounting update also requires additional disclosures surrounding the amount, timing, and uncertainty of cash flows arising from leases. The Organization elected to adopt ASU 2016-02 as of July 1, 2022 on a prospective basis.

The Organization has elected the package of practical expedients permitted in ASC Topic 842. Accordingly, the Organization accounted for its existing operating leases as operating leases under the new guidance, without reassessing (a) whether the contracts contain a lease under ASC Topic 842, (b) whether classification of the operating leases would be different in accordance with ASC Topic 842, or (c) whether the unamortized initial direct costs before transition adjustments would have met the definition of initial direct costs in ASC Topic 842 at lease commencement.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE C – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### [14] Adoption of accounting principle: (continued)

The new lease standard also provides practical expedients for an entity's ongoing accounting. The Organization elected the short-term lease recognition exemption, under which the Organization will not recognize ROU assets or lease liabilities on new or existing short-term leases. Short-term leases are defined as those with a term of 12 months or less. The Organization also elected the practical expedient to not separate lease and nonlease components for certain classes of assets.

As a result of the adoption of the new lease accounting guidance, the Organization recognized on July 1, 2022 (a) lease liabilities of \$872,885 of operating lease obligations which represented the present value of the remaining lease payments discounted using a weighted average risk-free rate of 3.28%, and (b) ROU assets of \$872,885. This standard had a material impact on the Organization's consolidated statement of financial position but did not have a material impact on its consolidated statement of activities and changes in net assets, nor consolidated statement of cash flows. The most significant impact was the recognition of ROU assets and lease obligations for the operating leases as of June 30, 2023.

##### [15] Upcoming accounting pronouncement:

In June 2016, FASB issued ASU 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. ASU 2016-13 requires the immediate recognition of estimated credit losses that are expected to occur over the life of many financial assets. The new model, referred to as the current expected credit losses ("CECL") model, will apply to: (1) financial assets subject to credit losses and measured at amortized cost, and (2) certain off-balance sheet credit exposures. This includes loans, held-to-maturity debt securities, loan commitments, financial guarantees, and net investments in leases, as well as trade receivables. The ASU will be effective for annual periods beginning after December 15, 2022. The Organization is in the process of assessing the impact of this ASU on the consolidated financial statements and related disclosures.

Management believes that any other recently issued, but not yet effective, authoritative guidance, if currently adopted, would not have a material impact on the Organization's consolidated financial statement presentation or disclosures.

##### [16] Subsequent events:

Management has evaluated subsequent events through March 29, 2024, the date on which the consolidated financial statements were available to be issued.

#### NOTE D - LIQUIDITY AND AVAILABILITY

The Organization manages its liquidity to operate within a prudent range of financial soundness and stability and maintain adequate liquid assets to fund operating needs. The Organization aims to keep approximately 60 days of anticipated operating expenditures in its checking account. Cash and cash equivalents above this threshold are deposited in interest-bearing money market funds or other accounts.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE D - LIQUIDITY AND AVAILABILITY (CONTINUED)

The following table reflects the Organization's available assets as of June 30, 2023, reduced by amounts that are not available to meet general operating expenditures within one year of the consolidated statement of financial position date. For purposes of analyzing resources available to meet general operating expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing program-related activities as well as the conduct of services undertaken to support those activities to be general operating expenditures. In addition, the Organization's long-term investments may be sold if the need arises. The Organization also has available a \$500,000 line-of-credit (see Note G), which it could draw up on in the event of an unanticipated liquidity need. The outstanding line-of-credit loan balance under this agreement was \$425,000 as of June 30, 2023.

Financial assets as of June 30, 2023, available to meet cash needs for general operating expenditures for the subsequent fiscal year are as follows:

Financial assets:	
Cash	\$ 116,940
Investments	8,069,857
Accounts receivable, net	1,136,802
Employee retention credit receivable	1,480,044
	<hr/>
Total financial assets	10,803,643
Less amounts unavailable for general expenditures within one year, due to:	
Restrictions by donors with purpose restrictions	967,535
Restrictions by donors that are perpetual in nature	60,643
	<hr/>
Total financial assets available at June 30, 2023	<u><u>\$ 9,775,465</u></u>

#### NOTE E - INVESTMENTS

Investments consist of the following as of June 30, 2023:

Mutual funds	\$ 1,185,684
Exchange-traded funds	6,884,173
	<hr/>
Total investments	<u><u>\$ 8,069,857</u></u>

Net investment income consists of the following for the year ended June 30, 2023:

Dividend and interest income	\$ 178,147
Realized gains	340,132
Unrealized gains	262,792
	<hr/>
	781,071
Investment fees	(19,004)
	<hr/>
Net investment income	<u><u>\$ 762,067</u></u>



# ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

## Notes to Consolidated Financial Statements June 30, 2023

### NOTE E - INVESTMENTS (CONTINUED)

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements), and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access.

Level 2: Inputs to the valuation methodology include: (1) quoted prices for similar assets or liabilities in active markets; (2) quoted prices for identical or similar assets or liabilities in inactive markets; (3) inputs other than quoted prices that are observable for the asset or liability; or (4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets' or liabilities' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for investment assets measured at fair value:

*Mutual funds:* Valued at the net asset value ("NAV") of the shares held by the Organization as reported on the active market on which the shares are traded.

*Exchange-traded funds:* Valued at the closing price reported on the active market on which the funds are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Organization believes its valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodologies used at June 30, 2023.

The following table summarizes the fair values on a recurring basis of the Organization's assets at June 30, 2023, in accordance with the ASC Topic 820 valuation levels:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investments:				
Mutual funds	\$ 1,185,684	\$ -	\$ -	\$ 1,185,684
Exchange-traded funds	<u>6,884,173</u>	<u>-</u>	<u>-</u>	<u>6,884,173</u>
	<u>\$ 8,069,857</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,069,857</u>

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE F - PROPERTY AND EQUIPMENT, NET

Property and equipment, net, consist of the following at June 30, 2023:

Land	\$ 28,426
Buildings and improvements	866,337
Leasehold improvements	2,866,785
Furniture and equipment	476,579
Vehicle	<u>30,870</u>
	4,268,997
Less: accumulated depreciation and amortization	<u>(1,824,441)</u>
Total	<u>\$ 2,444,556</u>

Depreciation and amortization expense for the year ended June 30, 2023 was \$168,554.

#### NOTE G - LINE-OF-CREDIT

The Organization has a \$500,000 line-of-credit with a variable interest rate equal to the Wall Street Journal Prime Rate (8.25% at June 30, 2023). At June 30, 2023, the line-of-credit had an outstanding balance of \$425,000. The Organization has pledged certain assets as collateral as defined in the collateral agreement. The line-of-credit matured on February 29, 2024. In July 2023, the outstanding balance was paid in full.

#### NOTE H - NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of the following at June 30, 2023:

Subject to expenditure for specified purposes:	
Patient and family services	\$ 862,074
Daycare and music therapy	58,438
Locator services/bracelets	<u>47,023</u>
Total purpose restrictions	967,535
Perpetual restrictions:	
Endowment in perpetuity	<u>60,643</u>
Total net assets with donor restrictions	<u>\$ 1,028,178</u>

During the year ended June 30, 2023, net assets released from restrictions resulted from satisfying the following donor restrictions:

Purpose restrictions satisfied:	
Patient scholarships	\$ 136,525
Daycare and music therapy	<u>1,850</u>
Total releases	<u>\$ 138,375</u>

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE I - ENDOWMENT

The Organization's endowment consists of contributions that must be maintained in perpetuity. The earnings on endowment assets are used to support the Organization's activities. Net assets with donor restrictions in perpetuity related to the endowment fund totaled \$60,643 at June 30, 2023.

FASB ASC 958, *Not-for-Profit Entities*, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act of 2006 ("UPMIFA") and disclosures about an organization's endowment funds (both donor-restricted endowment funds and board-designated endowment funds), whether or not the organization is subject to UPMIFA. The State of Florida enacted a version of UPMIFA effective July 1, 2012, known as the Florida Uniform Prudent Management of Institutional Funds Act ("FUPMIFA"), that governs the investment and management of donor-restricted endowment funds by Florida not-for-profit organizations.

The Organization's net assets with donor restrictions include donor gifts in perpetuity consisting of: (a) the original value of gifts donated to the permanent endowment; (b) the original value of subsequent gifts to the permanent endowment; and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument (if applicable) at the time the accumulation is added to the endowment.

The Organization considers the following factors in making a determination to expend donor-restricted endowment funds:

- (1) The purposes of the Organization
- (2) The intent of the donors of the endowment fund
- (3) The terms of the applicable instrument
- (4) The long-term and short-term needs of the Organization in carrying out its purpose
- (5) General economic conditions
- (6) The possible effect of inflation and deflation
- (7) The other resources of the Organization
- (8) Perpetuation of the endowment

There were no changes in endowment assets for the year ended June 30, 2023.

**Funds with Deficiencies:** From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain in perpetuity. These deficiencies generally result from unfavorable market declines in the Organization's endowment investments and are reported as reductions to net assets with donor restrictions. There were no endowment fund deficiencies at June 30, 2023.

**Investment Objective and Risk Parameters:** The Organization has adopted investment policies for endowment assets that attempt to provide for moderate current income to fund programs supported by the endowment assets. Under the policy approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce market interest returns, while assuming a minimal level of investment risk. The Organization expects its endowment assets, over time, to provide an average annual rate of return of approximately 3%. Actual returns in any given year may vary from this amount.

**Strategies for Achieving Investment Objectives:** To satisfy its investment rate of return objectives, the Organization relies on a conservative strategy to produce investment returns from current earnings (interest and dividends) rather than market appreciation. The Organization has a passive investment policy that performs reallocations on a quarterly basis.

**Spending Policy:** The Organization does not have a policy for appropriating expenditures from endowment assets beyond investment income. This is consistent with the Organization's objective to maintain the endowment assets in perpetuity and provide additional growth through new gifts.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE J - LEASE COMMITMENTS

The Organization conducts its operations from several facilities that are leased with various expiration dates through June 2037 with the option of renewing through 2045 if conditional requirements are met. Certain facilities leased by the Organization require annual rental payments of one dollar and reimbursement for common area maintenance expenses. The difference between the estimated fair value rental of these facilities and the rent paid by the Organization is recorded as in-kind contributions revenue and in-kind rent expense. The required rental payments are recorded as rent expense. The Organization incurred \$451,305 in occupancy expense and recorded \$509,264 for in-kind rent expense for the year ended June 30, 2023.

Information relating to the "lease costs", which includes all costs during the period associated with an operating lease as well as costs related to variable lease components as of June 30, 2023 is as follows:

Operating lease costs	\$ 229,767
Variable lease costs	<u>172,000</u>
	<u>\$ 401,767</u>

The approximate minimum future rental payments, including required common area maintenance expenses, under noncancelable operating leases at June 30, 2022, are as follows:

<u>Year Ending June 30,</u>	<u>Operating Leases</u>
2024	\$ 229,055
2025	177,556
2026	138,391
2027	91,336
2028	57,159
Thereafter	<u>38,143</u>
	731,640
Less: amount representing interest	<u>(47,076)</u>
Amount reported on the consolidated statement of financial position	<u>\$ 684,564</u>

Additionally, the Organization maintains short-term month-to-month lease agreements as part of its programmatic activities approximating \$5,000 a month.

The table below presents additional information related to the Organization's operating leases for the fiscal year ended June 30, 2023:

Weighted-average remaining lease term	3.9 years
Weighted-average discount rate	3.28%

Cash payments under operating leases were approximately \$212,000 for the year ended June 30, 2023.

## ALZHEIMER'S COMMUNITY CARE, INC. AND SUBSIDIARY

### Notes to Consolidated Financial Statements June 30, 2023

#### NOTE K - IN-KIND CONTRIBUTIONS

Donated goods and services consist of the following for the year ended June 30, 2023:

<u>In-Kind Category</u>	<u>Valuation</u>	
Rent	Estimated fair value per square foot for similar market rentals	<u>\$ 509,264</u>

#### NOTE L - RETIREMENT PLAN

The Organization administers a 401(k) retirement plan (the "Plan") that was adopted on January 1, 2007 and subsequently amended on July 1, 2009. Employees are eligible to participate in the Plan after completing one year of service and may contribute a maximum of 25% of their pre-tax annual compensation, as defined in the Plan, up to the maximum allowable limits established by the Internal Revenue Code. Participants who turn 50 during the plan year may make additional pre-tax contributions pursuant to the Catch-Up Elective Contributions of the Internal Revenue Service regulations. The Organization may make matching or discretionary contributions to the Plan. Currently, employees receive safe harbor matching contributions of 100% of salary deferrals up to 3% of total compensation, plus 50% matching contributions on salary deferrals from 3% to 5% of total compensation. The matching contributions by the Organization to the Plan for the year ended June 30, 2023 was \$80,158. No discretionary contributions were made for 2023.