990

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations bo not enter social security numbers on this form as it may be made public.

Internal	Revenu	he Treasury le Service		/Form990 for instructions and the l		ormation.		Inspection
			lendar year, or tax year beginning  C Name of organization	07-01-2023 , and ending 06-30-20	24	D Employe	ar ident	ification number
		pplicable: change	AMERICAN COUNSELING ASSOCIATION	N		DEmploye	er ident	incation number
Na	me ch	iange				53-021	.1350	
Init Fina	tial ret	urn	Doing business as					
returr	n/termii					E Telephone	e numbe	r
		d return on pending	2461 FICENHOWED AVENUE CTE 200	il is not delivered to street address) Room/s	uite	(703) 8	323-98	21
	piicacii	on penaing	City or town, state or province, count	ry, and ZIP or foreign postal code			723 70	21
			ALEXANDRIA, VA 223144684	y, and zir or foreign postar code		<b>G</b> Gross rec	eipts \$ 1	.7,226,439
			<b>F</b> Name and address of principa	l officer:	H(a)	Is this a group re	turn fo	r
			MAHZARINE CHINOY	CTF 200		subordinates?		Yes 🔽 No
			2461 EISENHOWER AVENUE ALEXANDRIA, VA 22314468			Are all subordina included?	tes	Yes No
I Tax	k-exen	npt status:	: 🔽 501(c)(3) 🔲 501(c)( ) (inser			If "No," attach a	list. Se	ee instructions.
J W			WW.COUNSELING.ORG	1317(4)(1) 31		Group exemption		
J W	ebsit	e: ww	W.COUNSELING.ORG					
<b>K</b> Forn	n of or	rganization	n: V Corporation Trust Associatio	n Other	<b>L</b> Year o	of formation: 1952		of legal domicile:
							DC	
Pa	rt I	Sum	nmary					
			escribe the organization's mission		COMMUN	ITY INCLUCION		DECEARCH
e	<u> </u>	ADVANC	ING MENTAL HEALTH AND WEL	L-BEING THROUGH ADVOCACY, C	JOMMUN	ITY, INCLUSION	IAND	RESEARCH.
Activities & Governance	_							
E	-							
ò	2	Check th	his box $lacksquare$ if the organization disc	ontinued its operations or disposed o	of more t	han 25% of its ne	et asset	s.
5	3	Number	of voting members of the governir	ig body (Part VI, line 1a) · · ·			3	27
S	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	2 4
vitie	5	Total nu	mber of individuals employed in c	alendar year 2023 (Part V, line 2a)			5	6 7
Ę.	6	Total nu	mber of volunteers (estimate if ne	cessary) • • • • • • • •			6	250
ĕ	7a	Total un	related business revenue from Par	t VIII, column (C), line 12 · · ·			7a	291,081
	b	Net unre	elated business taxable income fro	om Form 990-T, Part I, line 11			7b	183,433
						Prior Year		Current Year
9	8	Contribu	itions and grants (Part VIII, line 1h	)		19,62	29	24,144
nue	9	Program	n service revenue (Part VIII, line 2g	)		10,775,72	22	10,984,573
Revenue	10	Investm	ent income (Part VIII, column (A),	lines 3, 4, and 7d )		275,57	79	260,404
	11	Other re	evenue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		3,711,44	46	4,770,961
	12	Total rev	venue—add lines 8 through 11 (m	ust equal Part VIII, column (A), line 12	2)	14,782,37	76	16,040,082
	13	Grants a	and similar amounts paid (Part IX,	column (A), lines 1-3 )		6,89	93	9,450
	14	Benefits	paid to or for members (Part IX, $c$	olumn (A), line 4)			0	0
88	15	Salaries	, other compensation, employee b	enefits (Part IX, column (A), lines 5-	10)	6,660,43	39	7,682,621
Expenses	16a	Professi	ional fundraising fees (Part IX, colu	ımn (A), line 11e)			0	0
che	ь	Total fund	Iraising expenses (Part IX, column (D), li	ne 25) <sup>0</sup>				
Ω	17	Other ex	xpenses (Part IX, column (A), line	s 11a-11d, 11f-24e)		7,560,92	22	7,844,667
	18	Total ex	penses. Add lines 13–17 (must e	qual Part IX, column (A), line 25)		14,228,25	54	15,536,738
	19	Revenue	e less expenses. Subtract line 18	from line 12		554,12	22	503,344
or					Ве	ginning of Current	:	End of Year
Net Assets or Fund Balances						Year		
Ass			sets (Part X, line 16)			18,890,55		19,436,335
und			bilities (Part X, line 26)			12,094,05		11,258,331
~ 11	22		ets or fund balances. Subtract line	21 from line 20		6,796,49	98	8,178,004
	rt II	_	nature Block					
				mined this return, including accompa plete. Declaration of preparer (other t				
-		-	nowledge.					
Sign		Signatur	re of officer			2025-05-13 Date		
Here		MAHZAR	RINE CHINOY CFO			Dute		
			print name and title Print/Type preparer's name	Preparer's signature	Date	P	TIN	
Paic	1		· · · · · · · · · · · · · · · · · · ·		2025-05-1		0130688	3
		or	Firm's name RSM US LLP			Firm's EIN 42-07	14325	
Pre		_	Firm's address 46E0 EACT F3DD CTDEFT			DI (555)	200 425	2
Use	Un	יי   '	Firm's address 4650 EAST 53RD STREET			Phone no. (563) 8	აგგ-400(	J
			DAVENPORT, IA 52807347				_	
	he IR	RS discus	ss this return with the preparer sh	own above? See Instructions			.	Yes No

Check if Schedule O contains a response or note to any line in this Part III . . . . . Briefly describe the organization's mission:

THE AMERICAN COUNSELING ASSOCIATION (ACA) IS A NOT-FOR-PROFIT, PROFESSIONAL AND EDUCATIONAL ORGANIZATION

THAT IS DEDICATED TO THE GROWTH AND ENHANCEMENT OF THE COUNSELING PROFESSION. FOUNDED IN 1952, ACA IS THE WORLD'S LARGEST ASSOCIATION EXCLUSIVELY REPRESENTING COUNSELORS IN VARIOUS PRACTICE SETTINGS.

Did the organization undertake any significant program services during the year which were not listed on ☐Yes ☐ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program

If "Yes," describe these changes on Schedule O.

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

) (Expenses \$

) (Expenses \$

) (Expenses \$

) (Expenses \$

2,478,855

Other program services (Describe in Schedule O.)

EDUCATION, ETHICS, THE ANNUAL CONFERENCE, AND OPERATIONAL SUPPORT, AMONG OTHERS.

COUNSELING WITH IMMIGRANTS, REFUGEES, AND THEIR FAMILIES; AND PLAY THERAPY BASICS AND BEYOND.

1,914,934

EDUCATION, PRACTICE CONSULTATIONS, PRACTICE SUPPORT AND RESEARCH, ETHICS CONSULTATIONS, AND JOB BOARDS.

1,913,581

909,888

1,568,967

including grants of \$

8,578,302

LICENSURE THROUGH SUPPORT OF THE COUNSELING COMPACT, WHICH NOW INCLUDES 37 STATES AND THE DISTRICT OF COLUMBIA.

2,270,932 including grants of \$

PUBLICATIONS AND CONTINUING EDUCATION: DESCRIPTION: AMERICAN COUNSELING ASSOCIATION (ACA) PUBLISHES RESEARCH ARTICLES, EDUCATIONAL TEXTS, PRACTICE BRIEFS, PROFESSIONAL DEVELOPMENT RESOURCES AND COURSES, AND OTHER WORKS THAT AMPLIFY AND ELEVATE THE COUNSELING FIELD. OUR AIM

including grants of \$

including grants of \$

CONFERENCE & MEETINGS: DESCRIPTION: HELD ANNUALLY, THE AMERICAN COUNSELING ASSOCIATION CONFERENCE & EXPO IS ACA'S FLAGSHIP EDUCATIONAL AND NETWORKING EVENT FOCUSING ON THE PROFESSIONAL DEVELOPMENT OF COUNSELORS IN VARIOUS PRACTICE SETTINGS. THE EVENT ATTRACTS NEARLY 3,000 MENTAL HEALTH PROFESSIONALS WHO COME TO DEVELOP THEIR CAREERS, ADVANCE THE COUNSELING FIELD AND PROMOTE HUMAN DIGNITY. WE OFFER A SAFE AND SUPPORTIVE GATHERING SPACE FOR COUNSELORS TO CONNECT AND REENERGIZE WHILE ACCESSING THE MOST DIVERSE LINEUP OF EDUCATIONAL

including grants of \$ MEMBERSHIP: DESCRIPTION: MORE THAN 60,000 PROFESSIONAL COUNSELORS AND COUNSELORS IN TRAINING CALL AMERICAN COUNSELING ASSOCIATION (ACA) THEIR PROFESSIONAL HOME. OUR EFFORTS FOCUS ON RECRUITMENT, RETENTION AND PROVISION OF BENEFITS TO COUNSELING PROFESSIONALS AND

CHILD AND ADOLESCENT COUNSELING IN ADDITION TO DIRECTLY SUPPORTING MEMBERSHIP-RELATED ACTIVITIES, REVENUE FROM MEMBERSHIP DUES ALSO SUPPORTS A WIDE RANGE OF ACA ACTIVITIES THAT DIRECTLY SERVE OUR MEMBERS. THIS INCLUDES AREAS SUCH AS ADVOCACY, COMPONENT RELATIONS,

including grants of \$

ADVOCACY: DESCRIPTION: AMERICAN COUNSELING ASSOCIATION (ACA) STAFF PROVIDES OPPORTUNITIES AND TRAINING TO PREPARE COUNSELORS TO ADVOCATE ON BEHALF OF THE COUNSELING PROFESSION. IN RECENT YEARS, WE'VE WORKED WITH MEMBERS TO EXPAND MEDICARE REIMBURSEMENT TO COVER COUNSELORS; INCREASE OPPORTUNITIES FOR COUNSELORS TO PRACTICE ACROSS STATE LINES THROUGH THE COUNSELING COMPACT; AND INCREASE MENTAL HEALTH PARITY AND ACCESS AMONG OTHER ADVOCACY INITIATIVES. ACA HAS MADE A SIGNIFICANT FINANCIAL INVESTMENT IN THE SUCCESS OF INTERSTATE

EDUCATION: DESCRIPTION: THE AMERICAN COUNSELING ASSOCIATION PROVIDES SUPPORT AND RESOURCES SUCH AS ONLINE LEARNING, CONTINUING

) (Revenue \$

) (Revenue \$

) (Revenue \$

) (Revenue \$

8,162,245)

Form 990 (2023)

9,450) (Revenue \$

1.733.607 )

1,754,913)

Page 2

IS TO DISSEMINATE TIMELY INFORMATION AND INNOVATIVE RESEARCH THAT IS RELEVANT AND BENEFICIAL TO THOSE WHO ENGAGE WITH THE FIELD OF COUNSELING AS STUDENTS, EDUCATORS, CLIENTS AND PRACTITIONERS. AS PART OF THEIR MEMBERSHIP, ACA MEMBERS RECEIVE THE JOURNAL OF COUNSELING & DEVELOPMENT (ONGOING DIGITAL ACCESS AND FOUR PRINT ISSUES), COUNSELING TODAY MAGAZINE (SIX PRINT ISSUES AND ONGOING DIGITAL ACCESS) AND DISCOUNTS ON THE ACA'S PORTFOLIO OF BOOKS AND CONTINUING EDUCATION COURSES. WE ALSO PUBLISH SEVERAL NEW BOOK AND TEXTBOOK TITLES EACH YEAR COVERING BOTH EVERGREEN AND EMERGING TOPICS IN THE FIELD. NEW RELEASES IN THE LAST YEAR INCLUDE NEUROSCIENCE-INFORMED COUNSELING:

(Code:

(Code:

(Code:

(Code:

(Expenses \$

Total program service expenses

TOPICS IN THE FIELD.

(Code:

COUNSELORS IN TRAINING WHO ARE REQUIRED TO ABIDE BY THE ACA CODE OF ETHICS. BENEFITS OF MEMBERSHIP INCLUDE FREE OR DISCOUNTED CONTINUING EDUCATION OFFERINGS; DISCOUNTED LIABILITY INSURANCE; COMPLIMENTARY ETHICAL AND CAREER CONSULTATIONS; ACCESS TO EXCLUSIVE RESOURCES SUCH AS STATE LICENSURE INFORMATION; AND OTHER PROFESSIONAL SUPPORT. IN ADDITION TO OUR GENERAL MEMBERSHIP OFFERINGS, ACA MEMBERS CAN AFFILIATE WITH SEVERAL SPECIALTY INTEREST DIVISIONS AND/OR REGIONAL COMPONENTS WITHIN AMERICAN COUNSELING ASSOCIATION SUCH AS COUNSELORS FOR SOCIAL JUSTICE, THE ASSOCIATION FOR CREATIVITY IN COUNSELING, THE AMERICAN COLLEGE COUNSELING ASSOCIATION AND THE ASSOCIATION FOR

Form	990 (2023)			Page :
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
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>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments,	10	Yes	

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 . . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐿 . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐 . . . . . . . . . . . . . . . e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

VIII, IX, or X, as applicable.

16

17

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Form **990** (2023)

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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20a

20b

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Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

Νo

Nο

Nο

Νo

Nο

Nο

Nο

No

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on

Yes

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

189

Λ

1a

1b

Yes

Yes

Yes

Yes

Form **990** (2023)

orm 990	(2023)		Page
Part IV	Checklist of Required Schedules (continued)		
		Yes	No

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 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,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid the Granketation field to the schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🥦 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

 ${f b}$  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV	Checklist of Required Schedules (continued)			
		Yes	No	

Form **990** (2023)

Form	990 (2023)			Page <b>5</b>
Pa	statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		No
b	ষ্পেটেজ্জ্যং। enter the name of the foreign country:			
5a	Washibe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Gross income from members or shareholders			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	144		
	year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			<u>.                                    </u>
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	IS "tNeso"rgææizhtionsaruetlooatæmalfilæsEiturtio47ឱ្យប្ងុទ្ធិchédutlæeNsection 4968 excise tax on net investment income?	16		No
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Form 990 (2023) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 27 Yeffiere are material differences in voting rights among members of the governing

No 1a Enter the number of voting members of the governing body at the end of the tax body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 24

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo other officer, director, trustee, or key employee? . . . . . . . Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo

supervision of officers, directors or trustees, or key employees to a management company or other person? . 4

Did the organization make any significant changes to its governing documents since the prior Form 990 was Bild the organization become aware during the year of a significant diversion of the organization's assets? . 5

Νo 6 Did the organization have members or stockholders? . . . . . 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Yes **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes

Νo Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Yes **b** Each committee with authority to act on behalf of the governing body? Nο 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 in Schedule O . . . . . . . . . Νo

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . . 10a Yes

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b Yes affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Yes **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Yes

**b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Νo 

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Νo

**12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . Did the organization have a written whistleblower policy? . . . 13 Yes 13 Did the organization have a written document retention and destruction policy? . 14 Yes 14

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**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? . . . . . . . . . . . . . . .

a The organization's CEO, Executive Director, or top management official .

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

taxable entity during the year? .

Section C. Disclosure

17

apply.

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: SHAWN BOYNES 2461 EISENHOWER AVENUE STE 300 ALEXANDRIA, VA 223144684 (703) 823-9821

### Form 990 (2023)

15a

15b

16a

16h

Yes

Nο

Part VII

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

# 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, or 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.

See the instructions for the order in which to  Check this box if neither the organization in	•			y cu	ırrer	nt offi	cer,	director, or tru	stee.	
(A) Name and title	(B) Average hours per week (list any hours for	u	(C) ition (do not check more inless person is both an o director/truste	offic	cer a	and a		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	dual trustee ector		Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) EDIL TORRES RIVERA PRESIDENT		X		х				71,250	0	0
(2) CHRISTINE BHAT PRESIDENT ELECT	20.00	X		х				23,750	0	0
(3) KIMBERLY FRAZIER PAST PRESIDENT	10.00	х		х				59,375	0	0
(4) WENDY KILLAM AADA REPRESENTATIVE	2.00	х						0	0	0
(5) DANICA HAYES  AARC REPRESENTATIVE	2.00	х						0	0	0
(6) EMILY GOODMAN-SCOTT ACAC REPRESENTATIVE	2.00	Х						0	0	0
(7) STELLA BEATRIZ KERL-MCCLAIN  ACC REPRESENTATIVE	2.00	Х						0	0	0
(8) MONICA OSBURN ACCA REPRESENTATIVE		X						0	0	0
(9) DODIE LIMBERG  ACES REPRESENTATIVE		X						0	0	0
(10) AMANDA EVANS AHC REPRESENTATIVE		X						0	0	0
(11) CATHERINE CHANG AMCD REPRESENTATIVE		Х						0	0	0
(12) MICHAEL HARTLEY  ARCA REPRESENTATIVE		Х						0	0	0
(13) HARRIET GLOSOFF  ASERVIC REPRESENTATIVE		Х						0	0	0
(14) RACHEL GOODMAN  CSJ REPRESENTATIVE	2.00	Х						0	0	0
(15) ANGIE CARTWRIGHT  IAAOC REPRESENTATIVE		Х						0	0	0
(16) RYAN CARLSON  IAMFC REPRESENTATIVE		Х						0	0	0
(17) JOSHUA KREIMEYER  IARTC REPRESENTATIVE	2.00	Х						0	0	_
1									Form <b>990</b> (2	U 3 3 /

(4)	/B\		(0)					(D)	/E\	<b>(E)</b>
<b>(A)</b> Name and title	( <b>B</b> ) Average	Posi	(C) tion (do not check more	tha	an c	ne bo	x,	<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per		nless person is both an	offic				compensation	compensation	amount of
	week (list any hours for	_	director/truste	<u> </u>	_			from the organization	from related organizations	other compensation
	related	Individual or director	Institutional Trustee;	Officer	éy	ang Tig	Former	(W-2/1099-	(W-2/1099-	from the
	organizations	bin		cer	en	nes	me	MISC/1099-	MISC/1099-	organization
	below dotted line)	to ual			oldt	99 t oc	~	NEC)	NEC)	and related organizations
	,	trustee			Key employee	ğ				3.
		eed e			-	Highest compens employee				
						ated				
(18) DUANE K L FRANCE						۵				
	2.00	Х						0	0	0
MGCA REPRESENTATIVE (19) KATHY EVANS										
	2.00	Х						0	0	O
NCDA REPRESENTATIVE (20) SENEKA ARRINGTON	2.00									
NECA REPRESENTATIVE	2.00	X						0	0	0
(21) VICTORIA KRESS	2.00									
MWR REPRESENTATIVE	2.00	X						0	0	0
(22) DAVID J FORD JR	2.00									
NAR REPRESENTATIVE	2.00	X						0	0	0
(23) JANE RHEINECK	2.00									
SAIGE REPRESENTATIVE	2.00	l X						0	0	0
(24) DI DDOADEN DADVODALE	2.00									
SR REPRESENTATIVE	2.00	X						0	0	0
(25) ELIZABETH FORSYTH	2.00									
WR REPRESENTATIVE	2.00	X						0	0	0
(2C) THE TANIA NAVADDA DUENO	2.00							_		_
STUDENT REPRESENTATIVE		X						0	0	0
(27) DEVIKA DIBYA CHOUDHURI	2.00	.,							0	
ASGW REPRESENTATIVE		X						U	0	0
(28) MARTIN JENCIUS	2.00			~				2 750	0	0
TREASURER				Х				3,750	0	0
(29) SHAWN BOYNES	40.00			Х				480,703	10,650	26,123
CEO AND SECRETARY	11.00			^				400,703	10,030	20,123
(30) MAHZARINE CHINOY	40.00			Х				122,263	1,915	2,472
CFO				^				122,203	1,513	2,172
(31) BRIAN BANKS	40.00				x			211,270	0	30,465
CHIEF GOV'T AFFAIRS & PUBLIC POLICY OFFICER										
(32) LYNN LINDE	40.00				х			228,224	0	28,180
CHIEF OF PROFESSIONAL PRACTICE										-,
(33) ANGELA THOMPSON	40.00				х			335,233	0	45,256
CHIEF OPERATING OFFICER										
(34) STACY WHATLEY	40.00				х			175,984	0	31,747
CHIEF COMMUNICATIONS & MARKETING OFFICER										
(35) MORRIS FLATER	40.00					Х		150,167	0	20,189
DIRECTOR OF IT AND IT SECURITY (36) CAROL SALERNO										
	40.00	l				Х		140,753	0	18,491
DIRECTOR OF FINANCE (37) MJ JONES										
	40.00					Х		124,175	0	18,803
DIR. BUS. INTELLIGENCE & STRATEGY (38) BRANDI MCINTYRE										
DIR. GOVERNANCE & LEADERSHIP SERVICES	40.00					Х		118,536	0	22,145
(39) MIRIAM WILLIAMS										
DIRECTOR OF MEMBERSHIP & COMPONENT	40.00					Х		114,593	0	28,791
RELATIONS										
(40) RICHARD YEP	0.00						Х	402,833	0	45,743
FORMER CEO							Ľ,	.02,033		.5,7 +5
1b Sub-Total			ļ				_			
c Total from continuation sheets to Part V						2,762,8	50	12,56	55 21	.8,405
d Total (add lines 1b and 1c)								12,50		.0,703
Total number of individuals (including l \$100,000 of reportable compensation				eive	ed m	nore t	nan			
+, 3 op 3. cable compensation										

3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

### **Section B. Independent Contractors** $Complete \ this \ table \ for \ your \ five \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ \$100,000 \ of \ highest \ compensated \ independent \ contractors \ that \ received \ more \ than \ tha$

 $compensation\ from\ the\ organization.\ Report\ compensation\ for\ the\ calendar\ year\ ending\ with\ or\ within\ the\ organization's\ tax\ year.$ 

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ARNOLD & PORTER KAYE SCHOLER LLP	LOBBYING	215,004
601 MASS AVE NW		
WASHINGTON, DC 20001		
RSM US LLP	TECH SUPPORT AND TAX/AUDIT	207,928
	SERVICES	
4650 EAST 53RD ST		
CHICAGO, IL 60674		
ALTA IT SERVICES	IT TEMP WORKERS	179,086
PO BOX 645425		
PITTSBURGH, PA 152645425		
ACHIEVE MORE LLC	ASSESSMENT, CONSULTATION,	129,713
	DEVELOPMENT, A	
12733 INVERNESS WAY		
WOODBRIDGE, VA 22192		
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	
· · · · · · · · · · · · · · · · · · ·	who received more than	
\$100,000 of compensation from the organization 4		

			2023)											Page <b>9</b>
Part	t \	/	_	nt of Revenue				any line in this De	rt \/!!!					
			Check if Sc	hedule O contains a re	espo	onse or no	te to	(A) Total revenue	Relate exem funct reve	) d or ipt ion	(C) Unrelate busines	ss	exc tax u	(D) Revenue luded from nder sections 12 - 514
Contr	·ib	utio	ns, Gifts, Gra	nts, and OtherAmt Sim	nilar	Amounts	1a F	ederated campaig		1a				12 314
							d.	Membership dues		1b				
								undraising events		1c				
								Related organizatio Government grants (col		1d				
								All other contributions,		1e		_		
							a	and similar amounts no	t included	1f	24	,144		
							g N	Noncash contributions i ines 1a - 1f:\$	ncluded in	1g				
							h T	<b>otal.</b> Add lines 1a	-1f			_	24,14	4
	Ī				E	Business (	Code						<u>'</u>	
		2a <sup>№</sup>	MEMBERSHIP DUE	S		90	00099	8,162,245		8,162,24	5			
nue			CONFEDENCES		_			1,764,147		1,761,64	7	2,500		
Program Service Revenue		Ь	CONFERENCES			6:	11430	_,, _ ,,		-//		_,_,_		
9		c P	UBLICATION			6:	11430	483,472		200,00	2	283,470		
rvic		=		27.0.1.0	_ -			297,908		297,90	8			
Se		d S	SERVICES TO DIVIS	SIONS		54	41200	237,300		237,750				
gran		e 7	VORKSHOPS & SE	MINARS	=	6:	11430	271,690		271,69	0			
Pro		_						E 111				F 444		
		f A	All other progra	am service revenue.				5,111				5,111		
		g	<b>Total.</b> Add line	es 2a-2f	L	10,98	4,573							
				3 Investment income	e (in	cluding di	viden	ds, interest, and		257,200				257,200
				other <b>4</b> 9imilareamounitales	tme	nt of tax-e	xemi	nt hond proceeds		,				
				<b>5</b> Royalties					2,	925,883				2,925,883
						(i) R	eal	(ii) Personal						
				<b>6a</b> Gross rents	6a									
				<b>b</b> Less: rental	6b									
				expenses <b>c</b> Rental income or	6c									
				(loss) <b>d</b> Net rental incom-	e or	(loss) -								
				- Net remai meom		(i) Sec		1						
				<b>7a</b> Gross amount	7a	.,,	,033,5	. ,						
				from sales of assets other		_	,033,3	771						
•				than inventory										
an a				<b>b</b> Less: cost or other basis and	7b	1	,030,3	37						
Other Revenue				sales expenses	-									
7				<b>c</b> Gain or (loss)	7c		3,2	204		2.204				2.204
th.				<b>d</b> Net gain or (loss <b>8a</b> Gross income from fu						3,204				3,204
0				(not including \$		of	f							
				contributions reported See Part IV, line 18										
				<b>b</b> Less: direct expe	nse	S		Ba Bb						
				c Net income or (los										
				9a Gross income fror activities.	n ga	aming	٩	)a						
				See Part IV, line 1 <b>b</b> Less: direct expe	9 nse	 s		)b						
				c Net income or (lo			ng ac	ctivities						
				<b>10a</b> Gross sales of inverturns and allower			10	)a 1,401,09	98					
				<b>b</b> Less: cost of goo	ds s	old	10	155.00	20					
				c Net income or (lo	ss) i	from sales	of in	ventory	1,	245,078	1,245,078			
								Business Code						
				11a LIQUIDATION F	PRO	CEEDS		9000	199	500,000				600,000
				b										
Othe	er	Rev	enueMiscAmt											
				С										
				. Alt. 11										
				d All other revenue										
				e Total. Add lines 1					-	500,000				
				<b>12 Total revenue.</b> Se	e in	structions	•		16,	040,082	11,938,570	29	1,081	3,786,287
													Гом	m 000 (2022)

orm 990 (2023)				Page <b>10</b>
Part IX Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations mu	ct complete all salve	ans All ather are-	izations must so	aloto column (A)
Section 501(c)(3) and 501(c)(4) organizations multiple Check if Schedule O contains a response or note to			izations must comp	piece column (A).
•	·	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	9,450	9,450		
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,029,824	736,801	1,293,023	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	4,671,116	2,887,715	1,783,401	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,954	86,496	61,458	
9 Other employee benefits	395,006	215,367	179,639	
<b>10</b> Payroll taxes	438,721	245,047	193,674	
11 Fees for services (non-employees):				
a Management	289,337	289,337		
<b>b</b> Legal	69,637	36,609	33,028	
<b>c</b> Accounting	102,430		102,430	
<b>d</b> Lobbying	180,818	180,818		
e Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	46,891		46,891	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,542,252	959,557	582,695	
12 Advertising and promotion	73,965	46,064	27,901	
13 Office expenses	1,117,648	605,958	511,690	
<b>14</b> Information technology	1,083,566	273,397	810,169	
<b>15</b> Royalties	494,392	494,392		
<b>16</b> Occupancy	325,845		325,845	
<b>17</b> Travel	446,594	154,629	291,965	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	1,386,717	1,305,564	81,153	
<b>20</b> Interest				
21 Payments to affiliates	269, 426		269, 426	
<b>22</b> Depreciation, depletion, and amortization <b>23</b> Insurance	268,426 87,684	165	268,426 87,519	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	5,755	100	0,7015	
a RECRUITING & STAFF DEV.	168,956	33,672	135,284	
<b>b</b> UBIT TAXES	83,542		83,542	
c BAD DEBT	26,013		26,013	
d PROPERTY & SALES TAX	19,135	16 600	18,570	
e All other expenses	30,819	16,699	14,120	
<ul> <li>Total functional expenses. Add lines 1 through 24e</li> <li>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</li> </ul>	15,536,738	8,578,302	6,958,436	0
Check here if following SOP 98-2 (ASC 958-720).				

		) (2023)					Page <b>11</b>
Pa	ırt X	Balance Sheet					_
		Check if Schedule O contains a response or	note to	any line in this Part IX .			🔽
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			2,656,735	1	2,629,087
	2	Savings and temporary cash investments			54,577	2	66,783
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			785,936	4	916,908
	5 6	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t Loans and other receivables from other disquunder section 4958(f)(1)), and persons described.	bstant hese p alified	ial contributor, or 35% ersons persons (as defined		5	
8000000	_					6	
Assets	7	Notes and loans receivable, net			106,445	7	150,311
SSE	8	Inventories for sale or use	<u> </u>				
Ä	9		paid expenses and deferred charges				611,863
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,931,640			
	b	Less: accumulated depreciation	10b	2,269,295	1,687,110	10c	1,662,345
	11	Investments—publicly traded securities .		, ,	5,106,320	11	6,144,427
	12	Investments—other securities. See Part IV, li	4,468,541	12	4,244,858		
	13	Investments—program-related. See Part IV, I	, ,	13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	-		3,140,841	15	3,009,753
	16	Total assets: Add lines 1 through 15 (must e	ne 33)	18,890,550	16	19,436,335	
	17	Accounts payable and accrued expenses .	-	1,227,991	17	1,173,736	
	18	Grants payable	_	, ,,,,	18	, , , , , , ,	
	19	Deferred revenue	5,122,760	19	4,561,541		
	20	Tax-exempt bond liabilities			20		
"	21	Escrow or custodial account liability. Complete		IV of Schedule D		21	
ies	22	Loans and other payables to any current or for					
Liabilities	22	key employee, creator or founder, substantial controlled entity or family member of any of t	contr	butor, or 35%		22	
Ë	23	Secured mortgages and notes payable to unre		_		23	
	24	Unsecured notes and loans payable to unrelate		· ·		24	
	25	Other liabilities (including federal income tax parties, and other liabilities not included on li Complete Part X of Schedule D	, paya	oles to related third	5,743,301	25	5,523,054
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			12,094,052	26	11,258,331
ses		Organizations that follow FASB ASC 958, che	ck her	e 🗸 and complete			
Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions			6,031,916	27	7,395,795
nd B	28	Net assets with donor restrictions		L	764,582	28	782,209
Fund		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🗌 and			
o	29	complete lines 29 through 33. Capital stock or trust principal, or current fun	ds .			29	
ets	30	Paid-in or capital surplus, or land, building or	nent fund		30		
Assets	31	Retained earnings, endowment, accumulated i	, or other funds		31		
Net /	32	Total net assets or fund balances		6,796,498	32	8,178,004	

2c

За

3b

Yes

Νo

Form 990 (2023)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Form 990 (2023)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

# (Form 990) Department of the Treasury

Internal Revenue Service

Form 990 or 990-EZ.

**SCHEDULE A** 

Name of the organization AMERICAN COUNSELING ASSOCIATION

### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** 53-0211350

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

4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local	al government	or governmental unit	described in <b>se</b>	ction 170(b)(1	l)(A)(v).			
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)								
8		A community trust des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(vi).	(Complete Part	t II.)				
9		An agricultural researc university or a non-lan								
10	<b>~</b>	An organization that no receipts from activities from gross investment organization after June	s related to its income and u	exempt functions—su nrelated business taxa	ibject to certair able income (le	exceptions, and section sectio	nd (2) no more than 3	3 1/3% of its support		
11		An organization organi	zed and opera	ted exclusively to test	for public safe	ty. See <b>section</b>	509(a)(4).			
12		An organization organizone or more publicly so the box on lines 12a th	upported orgai	nizations described in	section 509(a)	(1) or section 5	509(a)(2). See section	<b>509(a)(3).</b> Check		
а		<b>Type I.</b> A supporting or supported organization organization. <b>You must</b>	(s) the power	to regularly appoint o	r elect a majorii					
b		Type II. A supporting of management of the supmust complete Part IV	pporting organ	ization vested in the s						
С		Type III functionally is supported organization						rated with, its		
d		Type III non-functional not functionally integral (see instructions). You	ated. The orga	nization generally mus	st satisfy a dist	ribution require		` '		
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	pe III functionally		
f	Enter	the number of supporte	ed organization	ns			· · · · · · · · <u> </u>			
g	*** ***	Provide the following in					T			
(i) Name of supported (ii organization		(ii) EIN	(iii) Type of organization (described on lines	` '	organization Ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
1- 10 above (see instructions))  Yes  No										
Tota				-						
For P	aperw	ork Reduction Act Notice	ce, see the Ins	structions for (	Cat. No. 11285	F	Schedule	A (Form 990) 2023		

Schedule A (Form 990) 2023 Page 2 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 failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge.. Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)( rga . . . .

16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

14

15

nization,	

S	Section C. Computation of Public Support Percentage
ŀ	Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))
	Public support percentage for 2022 Schedule A, Part II, line 14

. . . . . . . . . . . . .

. . . . . . . . . . . . . .

а	50	cc
•	•	•

3)	0

11, column (f)) . . . . . . . . .

-		

Schedule A (Form 990) 2023

3 Gross receipts from activities that are not an unrelated trade or business under section 513

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified

c Add lines 7a and 7b. .

(or fiscal year beginning in)

June 30, 1975.

11, and 12.). .

16

17

c Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . 13 Total support. (Add lines 9, 10c,

9 Amounts from line 6. . . Gross income from interest, dividends, payments received on

Section B. Total Support

from line 6.)

Calendar year

**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.

**Public support.** (Subtract line 7c

securities loans, rents, royalties and income from similar sources

from businesses acquired after

Unrelated business taxable income (less section 511 taxes)

. . . . .

persons

52,580,917

n

52,580,917

52,580,917

18,978,236

450,870

19,429,106

72,010,023

73.020 %

73.380 %

26.980 %

Schedule A (Form 990) 2023

(f) Total

Schedule A (Form 990) 2023 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

8,745,449

(a) 2019

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

8,745,449

4,387,100

4,387,100

Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . .

Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)) . . . . . .

Public support percentage from 2022 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . .

Investment income percentage from 2022 Schedule A, Part III, line 17 . . . . . . . . . . . . . . .

	(complete only in your oriented the box of t									
	II. If the organization fails to qualify under the tests listed below, please complete Part II.)									
S	Section A. Public Support									
	endar year fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	30,930	29,507	26,949	19,629	24,144	131,159			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,714,519	8,868,737	9,696,451	11,674,363	13,495,688	52,449,758			

8,898,244

**(b)** 2020

8,898,244

5,630,642

5,630,642

14,528,886

19a 33 1/3% support tests-2023. 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-2022. 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 . . . . . . 🕨 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

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, 

9,723,400

(c) 2021

9,723,400

3,004,205

142,413

3,146,618

12,870,018

11,693,992

(d) 2022

11,693,992

2.773,206

164,545

2,937,751

14,631,743

13,519,832

(e) 2023

13,519,832

3.183.083

143,912

3,326,995

16,846,827

15

16

17

2

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990) 2023

Page 4

No

# (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked box Section A. All Supporting Organizations

Part IV Supporting Organizations

		Yes
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
describe the designation. If historic and continuing relationship, explain.	1	
Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization		

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

was described in section 509(a)(1) or (2).

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

3b and 3c below.

made the determination.

Supporting Organizations (continued)

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.* 

Page 5

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
b	A family member of a person described on 11a above?	11a 11b		
c		11c		_
	Part VI			
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported			
_	ection of the supporting Organizations			L
	cotton bi An Type 111 Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's income or	-		
	assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see		
2	Activities Test. Answer lines 2a and 2b below.		V	
	Did sub-heatistly all of the sounderlies of activities during the heat was disable for the activities as a constant of the		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b> supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities			
	constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
	organization's involvement.	2b		

За

1

Page 6

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). $ \\$	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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

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

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

7

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

excess of income from activity

**a** Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

See instructions.

3j and 4c. 8 Breakdown of line 7: a Excess from 2019. **b** Excess from 2020. . . c Excess from 2021. d Excess from 2022. e Excess from 2023. . .

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in  ${\it Part~VI}$ 

6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines

Section D<sup>Or</sup> อารูปาริยาการ

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

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

Schedule A (Form 990) (2023)

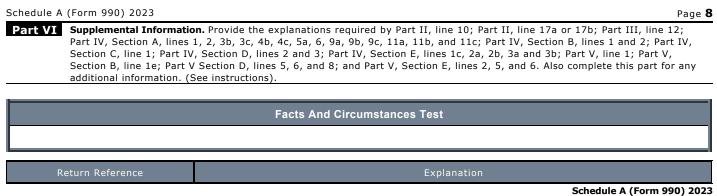
1

2

Page 7

<b>3</b> Administrative expenses paid to accomplish exempt	purposes of supported organ	lizations	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6 Other distributions (describe in Part VI). See instruc	tions		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is re	sponsive	8		
9 Distributable amount for 2023 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	Underdis	ii) tribut -2023	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ).					
See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2023:					
a From 2018					
<b>b</b> From 2019					
<b>c</b> From 2020					
<b>d</b> From 2021					
e From 2022					
f Total of lines 3a through e					
<b>g</b> Applied to underdistributions of prior years					
<b>h</b> Applied to 2023 distributable amount					
<ul> <li>i Carryover from 2018 not applied (see instructions)</li> </ul>					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
<b>4</b> Distributions for 2023 from Section D, line 7:					
<u></u>					

organizations, in



# Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** AMERICAN COUNSELING ASSOCIATION 53-0211350 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 other 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<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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.,

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

Name of organization

**Employer identification number** 

AMERICAN COUNSELING ASSOCIATION 53-0211350 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. **Contributors** (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person RESTRICTED Pavroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Pavroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Part I

(a)

No. from

Part I

**Employer identification number** 

(See instructions)

(c)

FMV (or estimate)

(See instructions)

\$

\$

Page 3

		53-0211350	
Part II No	oncash Property (see instructions). Use duplicate copies of Part II if additional space is no	needed.	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
. =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received

(b)

Description of noncash property given

(d)

Date received

### SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Open to Public Inspection

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

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Section 527 organizations: Complete Part I-A only.

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

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

 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** AMERICAN COUNSELING ASSOCIATION 53-0211350 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." 2 Political campaign activity expenditures. See instructions ..... Volunteer hours for political campaign activities. See instructions ...... Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes Was a correction made? ..... If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 1

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......... Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes □ No

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (a) Name (c) EIN (d) Amount paid from (e) Amount of filing organization's political contributions funds. If none, enter received and -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. 5

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

Grassroots ceiling amount 1.341.366

(150% of line 2d, column (e))

696 2.411 679 3.786 Grassroots lobbying expenditures

Schedule C (Form 990) 2022

through the use of:

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

(a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No During the year, did the filing organization attempt to influence foreign, national, state or local 1

legislation, including any attempt to influence public opinion on a legislative matter or referendum,

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .......

Mailings to members, legislators, or the public? ..... Publications, or published or broadcast statements? .....

Total. Add lines 1c through 1i ..... Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....

If "Yes," enter the amount of any tax incurred under section 4912 ......

If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....

Were substantially all (90% or more) dues received nondeductible by members? .....

Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....

Did the organization agree to carry over lobbying and political expenditures from the prior year? .....

Volunteers?

Media advertisements? .....

(b)

Amount

Yes

1

2

1

2a

2b 2c

3

4

5

No

Page 3

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... h Other activities?

2a

1

3

1 2

3

Part III-B

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

section 501(c)(6).

Dues, assessments and similar amounts from members ...... Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Current year ..... Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and

Part IV

political expenditure next year? ..... Taxable amount of lobbying and political expenditures. See Instructions ......

Return Reference

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

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or

Schedule C (Form 990) 2022

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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 <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

				53-0211350	
Pā	rt I Organizations Maintaining Donor A			nds or Acco	unts.
	Complete if the organization answered '		, Part IV, line 6.  dvised funds	(h) Funda	and ather accounts
1	Total number at end of year	(a) Dollor at	ivised fullus	(b) Fullus	and other accounts
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
		vices in weiting that t	be assets held in done	- advised funds	
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat				Yes No
6	Did the organization inform all grantees, donors, and	l donor advisors in wr	iting that grant funds c	an he used only	
•	charitable purposes and not for the benefit of the dor	nor or donor advisor,	or for any other purpos	e conferring	
	impermissible private benefit?		· · · · · · · · · · · · · · · · · · ·		Yes No
Pa	rt II Conservation Easements. Complete if the organization answered '	"Vec" on Form 990	Dart IV line 7		
1	Purpose(s) of conservation easements held by the o				
•	Preservation of land for public use (e.g., recreati	_	_	nistorically impo	ortant land area
	Protection of natural habitat	, . [	Preservation of a ce	, ,	
	Preservation of open space				
_		d = == ;£;=d =====		- 6	
2	Complete lines 2a through 2d if the organization hel easement on the last day of the tax year.	u a quanneu conserva	ation contribution in the		t the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements	i		2b	
	N			_ [	
C	Number of conservation easements on a certified his		` ′	2c	
d	Number of conservation easements included in (c) a historic structure listed in the National Register		2006, and not on a	2d	
3	Number of conservation easements modified, transfe	erred, released, exting	guished, or terminated	by the organiza	ation during the
	tax year -				
4	Number of states where property subject to conserv	ation easement is loc	cated 🕨		
5	Does the organization have a written policy regardin	g the periodic monito	ring, inspection, handli	ng of	
	violations, and enforcement of the conservation eas	ements it holds?		I	Yes No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of	violations, and enforcin	g conservation	easements during the
	year				
	Amount of expenses incurred in monitoring, inspecti	na handlina of violat	ions and onfouring so.	tion	monto durina the very
7	s	ilg, ilaliullilg of violat	ions, and emorcing cor	iservation ease	inents during the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the	requirements of secti	on 170(h)(4)	
•	(B)(i) and section 170(h)(4)(B)(ii)?		·		Yes No
9	In Part XIII, describe how the organization reports	conservation easeme	nts in its revenue and	expense statem	ent, and
	balance sheet, and include, if applicable, the text of		rganization's financial	statements tha	t describes
Pai	the organization's accounting for conservation ease till Organizations Maintaining Collection		rical Treasures. o	r Other Sim	ilar Assets.
	Complete if the organization answered '				
1a	If the organization elected, as permitted under FASI				
	of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot				ice of public
b	If the organization elected, as permitted under FASI				sheet works of
	art, historical treasures, or other similar assets held	•	education, or research	n in furtherance	e of public service,
	provide the following amounts relating to these item			<b>.</b>	
	(i) Revenue included on Form 990, Part VIII, line 1			_	
	ii) Assets included in Form 990, Part X			<del></del>	
2	If the organization received or held works of art, his following amounts required to be reported under FA			tinancial gain,	provide the
а	Revenue included on Form 990, Part VIII, line 1 · ·	_		<b>&gt;</b> \$	
b				· · · · · · · ·	
	Paperwork Reduction Act Notice, see the Instructions				hedule D (Form 990) 202

	collection items (check all that apply):	on, and other record	5, CII	_			_	int use or	11.5		
а	Public exhibition		u			ge program					
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization's copart XIII.	ollections and explair	n hov	v they furthe	er the org	anization's	exempt pu	rpose in			
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				Yes	No		
Pai	<b>t IV Escrow and Custodial Arrang</b> Complete if the organization ans Part X, line 21.		rm '	990, Part I	V, line 9	, or repor	ted an an	nount on	Form	ı 990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		,					Yes	No		
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving table:			Amo	ount			
c	Beginning balance	•		-		1c					
d	Additions during the year				[	1d				_	
е	Distributions during the year				ī	1e				_	
f	Ending balance					1f				_	
2a	Did the organization include an amount on F	Form 990, Part X, line	e 21,	for escrow	or custod	ial account	liability?	Yes	No		
b	If "Yes," explain the arrangement in Part XI	II. Check here if the	expl	anation has	been pro	vided in Par	t XIII	□			
Pa	rt V Endowment Funds.										
	Complete if the organization ans							1			
1-	Poginning of year halance	(a) Current year 1,594,987	(b)	1,360,220		ears back (d)	Three years 2,818			433,679	
	Beginning of year balance  Contributions	5,200		5,000		224,087	-	1,400		355,287	
	Net investment earnings, gains, and losses	545,244		506,930	-2	,586,845	1,066			217,470	
·	ivet investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities and programs	148,047		277,163			67	7,696		145,576	
f	Administrative expenses					53,097	46	5,266		41,943	
g	End of year balance	1,997,384		1,594,987	1	,360,220	3,776	5,075	2,8	818,917	
2	Provide the estimated percentage of the cur	rent year end balanc	e (lin	ie 1g, colum	n (a)) hel	d as:					
а	Board designated or quasi-endowment 🕨	100.000 %									
b	Permanent endowment										
С	Term endowment 🕨										
_	The percentages on lines 2a, 2b, and 2c sh	•									
3a	Are there endowment funds not in the posse organization by:	ssion of the organiza	tion	that are held	d and adm	ninistered fo	r the		Yes	No	
	(i) Unrelated organizations							3a(i)		No	
	(ii) Related organizations							3a(ii)		Νo	
b	If "Yes" on 3a(ii), are the related organizati	ons listed as required	d on	Schedule R?	)			3b			
4	Describe in Part XIII the intended uses of the	ne organization's end	lowm	ent funds.							
	t VI Land, Buildings, and Equipme										
	Complete if the organization ans		rm s	990, Part I	V, line 1	1a. See Fo	orm 990,	Part X, I	ine 10	0.	
	Description of property  (a) Cost or othe (investment)		r othe	r basis (other)	(c) Accu	mulated depre	eciation	( <b>d)</b> Bo	ok valu	e	
1a	Land							_			
b	Buildings										
С	Leasehold improvements			1,487,011			270,729		1,	,216,282	
d	Equipment			1,892,232		1,	647,054			245,178	
е	Other			552,397			351,512			200,885	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	, colu	ımn (B), line	10(c).) .	. >			1	,662,345	

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Part	TV line 11h Co	. Form 000	Dart V line 12
	(a) Description of security or category	(b) Book value		(c) Method of	
(1) Financia	(including name of security) al derivatives		Cost	or end-or-yea	ii iiiaiket value
(2) Closely (3) Other _	-held equity interests				
(A) ISHARE	S MSCI KLD 400 SCL ETF (DSI)	1,511,53	37	F	
(B) CCM CC	DMMUNITY IMPACT BD INST (CRANX)	1,353,76	55	F	
(C) NUVEEL	N CORE IMPACT BD R6 (TSBIX)	1,379,55	56	F	
(D)					
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	4,244,85	50		
Part	Investments - Program Related.				
VIII	Complete if the organization answered 'Yes' (a) Description of investment	on Form 990, Part	IV, line 11c. Se <b>(b)</b> Book value		Part X, line 13.
(1)				Cost or end	d-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nn (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets.  Complete if the organization answered 'Yes' or	on Form 990, Part	IV, line 11d. See	e Form 990,	Part X, line 15.
(1)DEPOSI	(a) Description				<b>(b)</b> Book value 70,956
<b>(2)</b> DUE FR	OM DIVISIONS				63,540
	ING LEASE RIGHT-OF-USE ASSETS, NET				489,999 2,385,258
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)			. •	3,009,753
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' o	on Form 990, Part :	IV, line 11e or 1	1f.	
1.	See Form 990, Part X, line 25.  (a) Description of	liability			(b) Book value
	income taxes				(5) 200
	REMENT BENEFIT OBLIGATION COMPENSATION OBLIGATION				1,031,483 489,999
DUE TO DI	IVISIONS G LEASE LIABILITIES, NET				80,101 3,921,471
OFERATING	G LEAST LIABILITIES, NET				3,921,471
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	5,523,054
2. Liability f	for uncertain tax positions. In Part XIII, provide the t		-	s financial sta	tements that reports the
XIII X	n's liability for uncertain tax positions under FIN 48 (	MOC 740). CHECK HER	e ii tile text of the	: 100thote has	been provided in Part

PART X, LINE 2:

	rt XI Reconciliation of I	Revenue per Audited Financial Sta	atemen	ts With Revenue	ner	Page 4
· a	Return.	tevenue per Addited i maneiar ste	accincii	ts with Revenue	pcı	
	Complete if the orga	nization answered 'Yes' on Form 990,	Part IV,	line 12a.		
1	Total revenue, gains, and other	support per audited financial statements			1	
2	Amounts included on line 1 but	not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) o	n investments	2a			
b	Donated services and use of fa	cilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990	, Part VIII, line 12, but not on line 1:				
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines <b>3</b> and	<b>4c.</b> (This must equal Form 990, Part I, line	12.) .		5	
Par		Expenses per Audited Financial St			s pe	r Return.
_		nization answered 'Yes' on Form 990,			_	
1	·	audited financial statements			1	
2		not on Form 990, Part IX, line 25:	1 _ 1			
a	Donated services and use of fa		2a			
Ь	Prior year adjustments		2b			
C	Other losses		2c			
d	Other (Describe in Part XIII.)		2d			
е					2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4		, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line	e 18.) .		5	
	rt XIII Ipplemental Information					_
	·	r Part II, lines 3, 5, and 9; Part III, lines 1a t XII, lines 2d and 4b. Also complete this pa		•	,	
	Return Reference		Expla	nation		
PAR <sup>-</sup>	THE ORGANIZATION HAS SEVERAL BOARD-DESIGNATED FUNDS REPORTED IN PART V, WIT THE FOLLOWING INTENDED USES: UNDESIGNATED WITHOUT DONOR RESTRICTIONS: AVAILABLE FOR THE GENERAL OPERATIONS OF THE AMERICAN COUNSELING ASSOCIATIO (ACA). DESIGNATED WITHOUT DONOR RESTRICTIONS: THESE FUNDS HAVE BEEN APPROPRIATED BY THE GOVERNING COUNCIL OF ACA FOR DESIGNATED PROGRAMS AND CONSIST OF THE FOLLOWING: - LONG-TERM RESERVE FUND: THIS FUND WAS ESTABLISHED TO PROVIDE A RESERVE FOR ANY EXPENDITURES THAT MAY ARISE IN FUTURE YEARS, INCLUDING EMERGENCIES, AND TO ADDRESS THE POSTRETIREMENT BENEFIT OBLIGATION					
	ASSOCIATED WITH ACA'S PLAN. THE GOVERNING COUNCIL DID NOT DESIGNATE THIS FUND AS A QUASI-ENDOWMENT REPLACEMENT RESERVE FUND: THIS FUND WAS ESTABLISHED TO FUND THE REPLACEMENT OF PROPERTY AND EQUIPMENT IN FUTURE YEARS. REGIONS: THE BALANCE CONSISTS OF FUNDS TO BE USED TO SUPPORT THE REGIONS.					

THE AMERICAN COUNSELING ASSOCIATION (ACA) IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS NOT CONSIDERED TO BE A PRIVATE FOUNDATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO INCOME TAXES. ACA HAD NO MATERIAL NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED

JUNE 30, 2024 AND 2023. MANAGEMENT EVALUATED ACA'S TAX POSITIONS AND CONCLUDED THAT ACA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADJUSTMENT TO THE FINANCIAL STATEMENTS.

# Schedule D (Form 990) 2022

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number AMERICAN COUNSELING ASSOCIATION 53-0211350 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (if applicable) arant cash (book, FMV, appraisal, noncash assistance or assistance or government assistance other) (1) (2) (3) (4) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . . . . . . Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2023

(4) (5)

(6)

(7)

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

Part IV

Return Reference Explanation

PART I, LINE 2: GRANTS AND AWARDS ARE GIVEN FOR SPECIFIC APPROVED PURPOSES RELATED TO THE MISSION OF THE AMERICAN COUNSELING

ASSOCIATION AND ARE AUTHORIZED BY THE CHIEF EXECUTIVE OFFICER AND/OR THE CHIEF OPERATING OFFICER OR HIS/HER DESIGNEE(S).

Schedule I (Form 990) 2023

**Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) 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. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection **Employer identification number** Name of the organization AMERICAN COUNSELING ASSOCIATION 53-0211350 **Questions Regarding Compensation** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

No

Yes

Yes Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations

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: Yes Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c 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 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a Νo Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

Νo Νo Νo compensation contingent on the net earnings of: The organization? . . . . . 6a Νo Any related organization? . . . . . . . . . Νo If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . . . . . 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

8 subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations 

Cat. No. 50053T

Schedule J (Form 990) 2023

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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 are not listed on <b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equa	For	rm 990, Part VII.	_	II, Section A, line	1a, applicable col	umn (D) and (E	) amounts for	that individual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 SHAWN BOYNES CEO AND SECRETARY	(i)	421,513	36,000	23,190	12,561	13,562	506,826	0
(	ii)	10,650	0	 0	- <b></b> -	0	10,650	- <b>-</b> -
FORMER CEO	(i)	0	0	402,833	29,434	16,309	448,576	0
	ii)	0	0	0	0	0	0	0
CHIEF OPERATING OFFICER	(i)	319,551	13,702	1,980	15,844	29,412	380,489	0
	ii)	0	0	0	0	0	0	0
CHILF OF PROFESSIONAL PRACTICE	(i)	222,044	0	6,180	22,473	5,707 	256,404 	0
	ii)	0	0	0	0	0	0	0
CHILF GOV I AFFAIRS & POBLIC POLICI	(i)	210,820	0	450 	10,800	19,665	241,735	0
	ii)	0	0	0	0	0	0	0
CHIEF COMPONICATIONS & MARKETING OFF	(i)	175,590 	0	394 	0	31,747	207,731	0
(	ii)	0	0	0	0	0	0	0
7 MORRIS FLATER DIRECTOR OF IT AND IT SECURITY  (	(i)	149,717	0	450	7,603	12,586	170,356	0
(	ii)	0	 0	 0	 0	0	0	
8 CAROL SALERNO DIRECTOR OF FINANCE	(i)	134,635	5,000	1,118	2,400	16,091	159,244	0
(	ii)	0	0	0	0	0	0	0
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Part III Supplemental Information								
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information								
Return Reference	Explanation							
,	THE FOLLOWING INDIVIDUALS RECEIVED TAX GROSS-UP PAYMENTS DURING THE REPORTING PERIOD: ANGELA THOMPSON - \$3,702, STACY WHATLEY - \$7,537, MIRIAM WILLIAMS - \$7,797, AND MAHZARINE CHINOY - \$4,255. THESE AMOUNTS ARE INCLUDED IN REPORTABLE COMPENSATION ON FORM 990, PART VII AND SCHEDULE J.							
,	RICHARD YEP, FORMER CHIEF EXECUTIVE OFFICER, IS ELIGIBLE TO RECEIVE EXECUTIVE SEVERANCE PAY AS DEFINED BY HIS EMPLOYMENT AGREEMENT DATED JULY 1, 2017. IN THE REPORTING PERIOD, RICHARD YEP RECEIVED A SEVERANCE PAYMENT OF \$402,833. THIS AMOUNT IS INCLUDED IN REPORTABLE COMPENSATION ON FORM 990, PART VII AND SCHEDULE J.							
PART I. LINE 7:	CERTAIN EMPLOYEES ARE ELIGIBLE FOR DISCRETIONARY BONUSES BASED ON ANNUAL PERFORMANCE ASSESSMENTS. BONUS PAYMENTS							

Schedule J (Form 990) 2023

ARE INCLUDED IN REPORTABLE COMPENSATION ON FORM 990, PART VII AND SCHEDULE J.



**SCHEDULE 0** 

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2023

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization AMERICAN COUNSELING ASSOCIATION 53-0211350

Return **Explanation** Reference FORM 990, THIS NUMBER INCLUDES APPROXIMATELY 150 STUDENT MEMBER VOLUNTEERS AT OUR ANNUAL CONFERENCE AS WELL PART I, LINE 6, AS VOLUNTEER LEADERSHIP. NUMBER OF **VOLUNTEERS:** FORM 990, THE AMERICAN COUNSELING ASSOCIATION (ACA) HAS SIX CLASSES OF VOTING MEMBERS WITH RIGHTS TO ELECT THE PART VI, PRESIDENT: PROFESSIONAL MEMBERS, REGULAR MEMBERS, NEW PROFESSIONAL MEMBERS, NEW PROFESSIONAL YEAR 2 SECTION A, MEMBERS, STUDENT MEMBERS, AND RETIRED MEMBERS. EACH ACA DIVISION AND REGION APPOINTS ONE VOTING REPRESENTATIVE TO THE ACA GOVERNING COUNCIL WHO IS A MEMBER IN GOOD STANDING OF ACA AND OF THE LINE 6 RESPECTIVE DIVISION OR REGION. FORM 990. AMERICAN COUNSELING ASSOCIATION MEMBERS ELECT THE ORGANIZATION'S OFFICERS. SPECIALTY DIVISIONS AND PART VI, REGIONS APPOINT OR ELECT THEIR GOVERNING COUNCIL REPRESENTATIVES BASED ON THEIR BYLAWS AND SECTION A. PROCEDURES. LINE 7A FORM 990. AMERICAN COUNSELING ASSOCIATION MEMBERS ELECT THE ORGANIZATION'S OFFICERS AND HAVE THE RIGHT TO AMEND PART VI. THE ORGANIZATION'S BYLAWS AND ARTICLES OF INCORPORATION. SECTION A. LINE 7B FORM 990, NO COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY OF THE AMERICAN COUNSELING PART VI. ASSOCIATION. SECTION A. LINE 8B FORM 990, THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND THE AUDIT COMMITTEE. PART VI, THE FORM 990 IS THEN POSTED ON THE PRIVATE GOVERNING COUNCIL WEBSITE FOR REVIEW BY THE GOVERNING BODY SECTION B. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. LINE 11B THE CHIEF EXECUTIVE OFFICER'S (CEO) PERFORMANCE REVIEW IS CONDUCTED BY THE EXECUTIVE COMMITTEE. THE FORM 990. PART VI. SALARY IS SET BY CONTRACTUAL AGREEMENT BETWEEN THE CEO AND THE EXECUTIVE COMMITTEE FOLLOWING A SECTION B. RECOMMENDATION BY THE CEO EVALUATION COMMITTEE. THE RECOMMENDATION INCLUDES A REPORT. PROVIDED BY AN LINE 15A INDEPENDENT COMPENSATION CONSULTANT. THAT INCLUDES SALARY AND BENEFIT INFORMATION FOR SIMILAR POSITIONS AT COMPARABLE ORGANIZATIONS. THIS PROCESS IS CONTEMPORANEOUSLY DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES AND WAS LAST COMPLETED JUNE 11. 2024. FORM 990. THE AMERICAN COUNSELING ASSOCIATION MAKES ITS GOVERNING DOCUMENTS. CONFLICT OF INTEREST POLICY, AND PART VI. AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN THE SAME TIME AND MANNER AS OTHER SECTION C. DISCLOSURES REQUIRED UNDER INTERNAL REVENUE CODE SECTION 6104. LINE 19 FORM 990. IN 2023, AMERICAN COUNSELING ASSOCIATION DETERMINED THAT IT WAS MORE APPROPRIATE TO INCLUDE IN COLUMN (B) PART X. (END OF YEAR) FOR LINES 11 (INVESTMENTS - PUBLICLY TRADED SECURITIES) AND 12 (INVESTMENTS - OTHER COLUMN (A), SECURITIES) CERTAIN ITEMS INCLUDED IN PRIOR YEAR FORMS 990 IN LINES 11 (INVESTMENTS - PUBLICLY TRADED LINES 11 & 12: SECURITIES), RESPECTIVELY. CONFORMING ADJUSTMENTS HAVE BEEN MADE TO THE 2023 BEGINNING OF YEAR AMOUNTS LISTED IN COLUMN (A) OF PART X. FORM 990. AMERICAN COUNSELING ASSOCIATION DID NOT CHANGE THE OVERSIGHT OR SELECTION PROCESS FROM THE PRIOR PART XII, LINE YEAR. 2C:

## **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization AMERICAN COUNSELING ASSOCIATION

## **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 <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

53-0211350

Part I Identification of Disregarded Entities. Compl	ete if the org	anization ar	nswere	d "Yes" on I	Form 99	0, Part IV	, line	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activit		ity (c) Legal domicile or foreign cou				<b>(e)</b> End-of-year asso	sets (f) Direct controlling		ling	
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	a <b>tions.</b> Com le tax year.	nplete if the	organi	zation ansv	vered "Y	es" on For	rm 99	0, Part IV, lii	ne 34 bed	cause it had	one	
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		Exempt	( <b>d)</b> Code section	Publi (if se	(e) ic charity status ction 501(c)(3))	(f) Direct controlling entity		Se 51 () cont	ction (2(b) 13) trolle tity?
(1)AMERICAN COUNSELING ASSOCIATION FOUNDATION 6101 STEVENSON AVE SUITE 600	GRANTS AND P	PUBLICATIONS	DC		501(C)(3)		LINE 12B, II		AMERICAN ( ASSOCIATIO	COUNSELING	Yes	
ALEXANDRIA, VA 22304 51-0252372												
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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>(b)</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	Disprop alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene man part	aging mer?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	ŀ
Part IV Identification of Related Organizations								answered	l "Yes" on	Form 9	90, 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	<b>(h)</b> Percentage ownership	Section 5 controlled	i <b>)</b> 12(b)(13) d entity?	
		(state or foreign country)		corp, or trust)		assets		Yes	No	
=										
Schedule R (Form 990) 2023										

Schedule R (Form 990) 2023							
Part V Transactions With Related Organizations. Complete if the organization answere	ed "Yes" on Form 9	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.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity · · · · ·				1a		No	
$f b$ Gift, grant, or capital contribution to related organization(s) $\dots \dots \dots \dots \dots \dots$				1b		No	
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No	
$f d$ Loans or loan guarantees to or for related organization(s) $\ \cdot \ $				1d		No	
$f e$ Loans or loan guarantees by related organization(s) $\dots \dots \dots \dots \dots \dots \dots$				1e		No	
${f f}$ Dividends from related organization(s)				<b>1</b> f		No	
<b>g</b> Sale of assets to related organization(s)				<b>1</b> g		No	
f h Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)				1i		No	
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) $\cdot$				1j		No	
${f k}$ Lease of facilities, equipment, or other assets from related organization(s) $\cdot$ · · · · · · · · · · · · · · · · · · ·				1k		No	
Performance of services or membership or fundraising solicitations for related organization(s)				11	Yes	1	
$\dot{\mathbf{m}}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
$f n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) $\cdot$ $\cdot$ $\cdot$				1n	Yes		
• Sharing of paid employees with related organization(s)				10	Yes		
${f p}$ Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
${f q}$ Reimbursement paid by related organization(s) for expenses				1q	Yes	l	
${f r}$ Other transfer of cash or property to related organization(s)				1r		No	
${f s}$ Other transfer of cash or property from related organization(s)				1s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	vered relationships	and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ii	nvolved	ı	

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

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

revenue) that was not a related organization. See histi										<del></del>			
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 organ	(e) Il partners ection L(c)(3) nizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) Gener mana partr	ral or aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
								_					
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Part VII Supplemental In		
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Exp	planation
		Schedule R (Form 990) 2023
Additional Data		Return to Form
	Software ID:	
	Software Version:	