

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

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

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

# 2024

Open to Public Inspection

**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>SMA HEALTHCARE, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>150 MAGNOLIA AVENUE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>DAYTONA BEACH, FL 32114-4304</b><br><b>F</b> Name and address of principal officer: <b>ANDREA SCHWEIZER</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>59-0976866</b><br><b>E</b> Telephone number<br><b>386-236-3200</b><br><b>G</b> Gross receipts \$ <b>104,622,226.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J</b> Website: <b>WWW.SMAHEALTHCARE.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>L</b> Year of formation: <b>1961</b> <b>M</b> State of legal domicile: <b>FL</b>   |

## Part I Summary

|                                    |                |  |   |                     |
|------------------------------------|----------------|--|---|---------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>SMA HEALTHCARE IMPROVES LIVES THROUGH EXCEPTIONAL SUBSTANCE ABUSE, MENTAL HEALTH AND PRIMARY CARE</b> |   |                     |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |   |                     |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                                      | <b>21</b>           |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                                      | <b>21</b>           |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2024 (Part V, line 2a)   | <b>5</b>                                      | <b>1426</b>         |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)   | <b>6</b>                                      | <b>70</b>           |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                     | <b>0.</b>           |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>                                     | <b>0.</b>           |
|                                    | <b>Revenue</b> | <b>8</b>   | Contributions and grants (Part VIII, line 1h) | <b>Prior Year</b>   |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)   | <b>62,506,273.</b>                            | <b>73,773,095.</b>  |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>29,720,280.</b>                            | <b>30,087,979.</b>  |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>1,317,312.</b>                             | <b>752,853.</b>     |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>105,387.</b>                               | <b>8,299.</b>       |
| <b>12</b>                          |                |  | <b>93,649,252.</b>                            | <b>104,622,226.</b> |
| <b>Expenses</b>                    | <b>13</b>      | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0.</b>                                     | <b>23,361.</b>      |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>                                     | <b>0.</b>           |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>61,987,587.</b>                            | <b>67,773,951.</b>  |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>                                     | <b>0.</b>           |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25)  | <b>0.</b>                                     |                     |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>27,182,727.</b>                            | <b>28,237,459.</b>  |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>89,170,314.</b>                            | <b>96,034,771.</b>  |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12   | <b>4,478,938.</b>                             | <b>8,587,455.</b>   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b>              | <b>End of Year</b>  |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)  | <b>80,967,106.</b>                            | <b>93,714,981.</b>  |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20   | <b>16,138,155.</b>                            | <b>20,239,607.</b>  |
|                                    | <b>22</b>      |  | <b>64,828,951.</b>                            | <b>73,475,374.</b>  |

## Part II Signature Block

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

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>ANDREA SCHWEIZER, CFO</b>                           | Date   |
|                               | Type or print name and title   |  |
| <b>Paid Preparer Use Only</b> | Preparer's name<br><b>JAMES A. HALLERAN</b>                                    | Preparer's signature<br><b>JAMES A. HALLERAN</b>                         |
|                               | Firm's name<br><b>JAMES MOORE &amp; CO., P.L.</b>                              | Date<br><b>04/12/26</b>  |
|                               | Firm's address<br><b>121 EXECUTIVE CIRCLE<br/>DAYTONA BEACH, FL 32114-1180</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P00005496</b> |
|                               |  | Firm's EIN <b>59-3204548</b>   |
|                               |  | Phone no. <b>386-257-4100</b>  |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SMA HEALTHCARE IMPROVES LIVES THROUGH EXCEPTIONAL SUBSTANCE ABUSE, MENTAL HEALTH AND PRIMARY CARE SERVICES. SMA HEALTHCARE ENVISIONS A

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 17,728,892. including grants of \$ ) (Revenue \$ 1,922,905. ) RESIDENTIAL - SMA PROVIDES RESIDENTIAL, GENDER-SPECIFIC PROGRAMS FOR VOLUNTARY OR INVOLUNTARY INDIVIDUALS WHOSE SUBSTANCE ABUSE/CO-OCCURRING DISORDERS CANNOT BE ADDRESSED IN A LESS RESTRICTIVE SETTING.

PROJECT WARM, A COMPREHENSIVE SUBSTANCE ABUSE RESIDENTIAL TREATMENT PROGRAM PROVIDING SERVICES FOR PREGNANT AND POSTPARTUM WOMEN AND THEIR CHILDREN AGE 5 AND UNDER, SERVED 280 WOMEN DURING THE FISCAL YEAR. A TOTAL OF 6 DRUG-FREE BABIES WERE BORN AT PROJECT WARM DURING THE SAME

4b (Code: ) (Expenses \$ 11,700,373. including grants of \$ ) (Revenue \$ 3,625,912. ) CRISIS STABILIZATION: SMA HEALTHCARE PROVIDES CRISIS STABILIZATION SERVICES TO INDIVIDUALS EXPERIENCING ACUTE MENTAL HEALTH AND SUBSTANCE USE CRISES. THESE SERVICES ARE DESIGNED TO ENSURE IMMEDIATE SAFETY, REDUCE THE NEED FOR INPATIENT HOSPITALIZATION, AND CONNECT INDIVIDUALS TO APPROPRIATE ONGOING CARE.

4c (Code: ) (Expenses \$ 10,346,597. including grants of \$ ) (Revenue \$ 862,293. ) OUTPATIENT: SMA HEALTHCARE PROVIDES A COMPREHENSIVE RANGE OF OUTPATIENT SERVICES TO SUPPORT INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE USE TREATMENT NEEDS. OUTPATIENT SERVICES INCLUDE PSYCHIATRIC EVALUATION AND MEDICATION MANAGEMENT, INDIVIDUAL, GROUP, AND FAMILY COUNSELING, CASE MANAGEMENT, AND EVIDENCE BASED THERAPEUTIC INTERVENTIONS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 46,477,221. including grants of \$ 23,361.) (Revenue \$ 23,676,871.)

4e Total program service expenses 86,253,083.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included on line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
ANDREA SCHWEIZER - 386-236-1683
150 MAGNOLIA AVENUE, DAYTONA BEACH, FL 32114-4304

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

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

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

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

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

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

| (A)<br>Name and title                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) YUSEF A. CANAAN<br>CHIEF MEDICAL OFFICER         | 40.00<br>0.00   |   |                       |         | X            |                              |        | 393,805.  | 0.   | 37,495.   |
| (2) VICKKI-ANN S SAMUEL<br>REGIONAL MEDICAL DIRECTOR | 40.00<br>0.00   |   |                       |         | X            |                              |        | 362,479.  | 0.   | 30,786.   |
| (3) IVAN COSIMI<br>CEO                               | 40.00<br>0.00   |   |                       | X       |              |                              |        | 331,712.  | 0.   | 25,073.   |
| (4) GUY R. CZAYKOWSKY<br>PSYCHIATRIST                | 32.00<br>0.00   |   |                       |         |              | X                            |        | 274,701.  | 0.   | 26,784.   |
| (5) NICOLE J. SHARBONO<br>COO                        | 40.00<br>0.00   |   |                       | X       |              |                              |        | 197,184.  | 0.   | 20,908.   |
| (6) KIMBERLY ROGERS<br>APRN                          | 40.00<br>0.00   |   |                       |         |              | X                            |        | 187,642.  | 0.   | 24,902.   |
| (7) RICHARD CURLEY<br>CHIEF INFORMATION OFFICER      | 40.00<br>0.00   |   |                       | X       |              |                              |        | 179,429.  | 0.   | 25,345.   |
| (8) APRIL FERGUSON<br>MEDICAL DIRECTOR               | 40.00<br>0.00   |   |                       |         |              | X                            |        | 180,988.  | 0.   | 4,194.  |
| (9) KAREN DUNCAN<br>CHIEF NURSING OFFICER            | 40.00<br>0.00   |   |                       | X       |              |                              |        | 159,014.  | 0.   | 24,196.   |
| (10) KELLY MELLICHAMPE<br>CHIEF HR OFFICER           | 40.00<br>0.00   |   |                       | X       |              |                              |        | 153,008.  | 0.   | 22,642.   |
| (11) ANDREA SCHWEIZER<br>CFO                         | 40.00<br>0.00   |   |                       | X       |              |                              |        | 153,860.  | 0.   | 21,105.   |
| (12) SARAH BURMAN<br>CHIEF ADMIN. OFFICER            | 40.00<br>0.00   |   |                       | X       |              |                              |        | 148,425.  | 0.   | 18,932.   |
| (13) TABITHA J RUTTER<br>APRN                        | 40.00<br>0.00   |   |                       |         |              | X                            |        | 154,928.  | 0.   | 12,365.   |
| (14) DEBORAH HOISINGTON<br>APRN                      | 40.00<br>0.00   |   |                       |         |              | X                            |        | 163,183.  | 0.   | 74.   |
| (15) ALVIN JACKSON<br>BOARD MEMBER                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) ANDRE FLEMING<br>BOARD MEMBER                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) AUSTIN BROWNLEE<br>VICE CHAIR                   | 1.00<br>1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) CONNIE RITCHEY<br>BOARD MEMBER                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) DEBBIE ALLEN<br>SECRETARY                                 | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (20) GARY NORMAN<br>TREASURER                                  | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (21) HEATHER SHUBIRG<br>BOARD MEMBER                           | 1.00<br>1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) HEIDI PETITO<br>BOARD MEMBER                              | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) JACK C. FISHER<br>BOARD MEMBER                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) JAMES ROSE<br>IMMEDIATE PAST CHAIR                        | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (25) JOHN REID<br>BOARD MEMBER                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) JOYCE SHANAHAN<br>BOARD MEMBER                            | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 3,040,358.  | 0.   | 294,801.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 3,040,358.  | 0.   | 294,801.  |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 55

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| AM WEIGEL CONSTRUCTION INC, 166 S. PALMETTO AVE, DAYTONA BEACH, FL 32114        | BUILDING CONTRACTOR            | 1,949,422.          |
| EXECUTIVE BUILDING SERVICES<br>616 RIDGE BLVD, SOUTH DAYTONA, FL 32119          | COMMERCIAL CLEANING SERVICES   | 1,239,217.          |
| PAUL CULVER CONSTRUCTION<br>201 OSCEOLA AVE, DAYTONA BEACH, FL 32114            | BUILDING CONTRACTOR            | 382,182.            |
| EDMUNDO RIVERA<br>250 TREEMONT DR, ORANGE CITY, FL 32763                        | CONTRACT PHYSICIAN             | 114,000.            |
| AFFORDABLE ROOFING & CONSTRUCTION, 180 FARRIER PASS, NEW SMYRNA BEACH, FL 32168 | ROOFING                        | 107,461.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|  |  |  | (A)  | (B)                                | (C)                        | (D)  |          |
|--|--|--|--|------------------------------------|----------------------------|--|----------|
|  |  |  | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns .....  | 1a 60,000.   |                                    |                            |  |          |
|  | <b>b</b>   | Membership dues .....  | 1b   |                                    |                            |  |          |
|  | <b>c</b>   | Fundraising events .....   | 1c   |                                    |                            |  |          |
|  | <b>d</b>   | Related organizations .....  | 1d 1,095,576.  |                                    |                            |  |          |
|  | <b>e</b>   | Government grants (contributions) .....  | 1e 72,026,631.   |                                    |                            |  |          |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | 1f 590,888.  |                                    |                            |  |          |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | 1g \$ 365,886.   |                                    |                            |  |          |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |  | 73,773,095.                        |                            |  |          |
|  | Program Service Revenue  | <b>2 a</b>   | MEDICARE AND MEDICAID  | Business Code 623990               | 8,212,326.                 | 8,212,326.   |          |
| <b>b</b>   |  | PHARMACY   | 623990   | 7,147,700.                         | 7,147,700.                 |  |          |
| <b>c</b>   |  | CLIENT FEES & INSUR. REIMBURSEMEN  | 623990   | 6,842,556.                         | 6,842,556.                 |  |          |
| <b>d</b>   |  | CONTRACTS  | 623990   | 6,274,504.                         | 6,274,504.                 |  |          |
| <b>e</b>   |  | INTERDEPARTMENT REVENUE  | 623990   | 773,987.                           | 773,987.                   |  |          |
| <b>f</b>   |  | All other program service revenue .....  | 623990   | 836,906.                           | 836,906.                   |  |          |
| <b>g</b>   |  | <b>Total.</b> Add lines 2a-2f .....  |  | 30,087,979.                        |                            |  |          |
| Other Revenue  |  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                                    | 548,971.                   |  | 548,971. |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds                                 |  |                                    |                            |  |          |
|  | <b>5</b>   | Royalties .....  |  |                                    |                            |  |          |
|  | <b>6 a</b>   | Gross rents .....  | (i) Real   | 8,299.                             |                            |  |          |
|  |  |  | (ii) Personal  |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>6 b</b>   | Less: rental expenses ...  | 6b 0.  |                                    |                            |  |          |
|  | <b>6 c</b>   | Rental income or (loss)  | 6c 8,299.  |                                    |                            |  |          |
|  | <b>d</b>   | Net rental income or (loss) .....  |  | 8,299.                             |                            | 8,299.   |          |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory                             | (i) Securities   | 79,095.                            | 124,787.                   |  |          |
|  |  |  | (ii) Other   |                                    |                            |  |          |
|  |  |  |  |                                    |                            |  |          |
|  | <b>7 b</b>   | Less: cost or other basis and sales expenses .....                                 | 7b 0.  | 0.                                 |                            |  |          |
|  | <b>7 c</b>   | Gain or (loss) .....   | 7c 79,095.   | 124,787.                           |                            |  |          |
|  | <b>d</b>   | Net gain or (loss) .....   |  | 203,882.                           |                            | 203,882.   |          |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | 8a   |  |                                    |                            |  |          |
| <b>8 b</b>   | Less: direct expenses .....  | 8b   |  |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |  |                                    |                            |  |          |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | 9a   |  |                                    |                            |  |          |
| <b>9 b</b>   | Less: direct expenses .....  | 9b   |  |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |  |                                    |                            |  |          |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | 10a  |  |                                    |                            |  |          |
| <b>10 b</b>  | Less: cost of goods sold .....   | 10b  |  |                                    |                            |  |          |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  |  |                                    |                            |  |          |
| Miscellaneous Revenue                                  | <b>11 a</b>  | _____  | Business Code  |                                    |                            |  |          |
|  | <b>b</b>   | _____  |  |                                    |                            |  |          |
|  | <b>c</b>   | _____  |  |                                    |                            |  |          |
|  | <b>d</b>   | All other revenue .....  |  |                                    |                            |  |          |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |  |                                    |                            |  |          |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  | 104622226.   | 30087979.                          | 0.                         | 761,152.   |          |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 22,850.               | 22,850.                         |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22  | 511.                  | 511.                            |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| 4 Benefits paid to or for members  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees   | 2,558,212.            | 1,472,051.                      | 1,086,161.                             |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages   | 54,157,129.           | 47,219,420.                     | 6,937,709.                             |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 1,198,440.            | 1,046,623.                      | 151,817.                               |                             |
| 9 Other employee benefits  | 5,795,765.            | 4,912,908.                      | 882,857.                               |                             |
| 10 Payroll taxes   | 4,064,405.            | 3,517,498.                      | 546,907.                               |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  | 90,777.               | 700.                            | 90,077.                                |                             |
| c Accounting   | 131,790.              | 39,174.                         | 92,616.                                |                             |
| d Lobbying   | 69,062.               |                                 | 69,062.                                |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees   |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 984,540.              | 745,074.                        | 239,466.                               |                             |
| 12 Advertising and promotion   | 245,601.              | 84,457.                         | 161,144.                               |                             |
| 13 Office expenses   | 1,490,642.            | 971,269.                        | 519,373.                               |                             |
| 14 Information technology  | 1,772,167.            | 938,790.                        | 833,377.                               |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 4,890,584.            | 4,563,976.                      | 326,608.                               |                             |
| 17 Travel  | 489,329.              | 299,645.                        | 189,684.                               |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  | 224,694.              | 3,079.                          | 221,615.                               |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 2,459,339.            | 1,750,410.                      | 708,929.                               |                             |
| 23 Insurance   | 2,220,867.            | 1,875,908.                      | 344,959.                               |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>ALLOCATION OF INDIRECT</b>  | 0.                    | 4,253,545.                      | -4,253,545.                            |                             |
| b <b>MEDICAL &amp; PHARMACY</b>  | 6,768,022.            | 6,766,854.                      | 1,168.                                 |                             |
| c <b>CLIENT PROGRAMS &amp; SERVI</b>   | 2,087,672.            | 1,853,651.                      | 234,021.                               |                             |
| d <b>EQUIPMENT COSTS</b>   | 1,940,938.            | 1,557,623.                      | 383,315.                               |                             |
| e All other expenses   | 2,371,435.            | 2,357,067.                      | 14,368.                                |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 96,034,771.           | 86,253,083.                     | 9,781,688.                             | 0.                          |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)                    |             | (B)         |             |
|---|--|------------------------|-------------|-------------|-------------|
|   |  | Beginning of year      |             | End of year |             |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 5,038,538.             | <b>1</b>    | 12,833,321. |             |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,696,360.             | <b>2</b>    | 4,845,653.  |             |
|   | <b>3</b> Pledges and grants receivable, net .....  | 18,092,544.            | <b>3</b>    | 8,739,999.  |             |
|   | <b>4</b> Accounts receivable, net .....  | 3,441,097.             | <b>4</b>    | 4,539,329.  |             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                        | <b>5</b>    |             |             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                        | <b>6</b>    |             |             |
|   | <b>7</b> Notes and loans receivable, net .....   |                        | <b>7</b>    |             |             |
|   | <b>8</b> Inventories for sale or use .....   | 817,568.               | <b>8</b>    | 668,684.    |             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 350,692.               | <b>9</b>    | 451,830.    |             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 66,949,054. |             |             |             |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 23,521,957. | 32,144,442. | <b>10c</b>  | 43,427,097. |
|   | <b>11</b> Investments - publicly traded securities .....   | 7,022,553.             | <b>11</b>   | 7,273,736.  |             |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 8,094,158.             | <b>12</b>   | 7,905,228.  |             |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                        | <b>13</b>   |             |             |
|   | <b>14</b> Intangible assets .....  |                        | <b>14</b>   |             |             |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 3,269,154.             | <b>15</b>   | 3,030,104.  |             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 80,967,106.  | <b>16</b>              | 93,714,981. |             |             |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 8,780,887.             | <b>17</b>   | 10,787,120. |             |
|   | <b>18</b> Grants payable .....   |                        | <b>18</b>   |             |             |
|   | <b>19</b> Deferred revenue .....   |                        | <b>19</b>   |             |             |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                        | <b>20</b>   |             |             |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 116,490.               | <b>21</b>   | 79,405.     |             |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                        | <b>22</b>   |             |             |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 4,824,919.             | <b>23</b>   | 6,826,309.  |             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                        | <b>24</b>   |             |             |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 2,415,859.             | <b>25</b>   | 2,546,773.  |             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 16,138,155.            | <b>26</b>   | 20,239,607. |             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                        |             |             |             |
|   | <b>27</b> Net assets without donor restrictions .....  | 56,734,793.            | <b>27</b>   | 65,570,146. |             |
|   | <b>28</b> Net assets with donor restrictions .....   | 8,094,158.             | <b>28</b>   | 7,905,228.  |             |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                        |             |             |             |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                        | <b>29</b>   |             |             |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                        | <b>30</b>   |             |             |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                        | <b>31</b>   |             |             |
|   | <b>32</b> Total net assets or fund balances .....  | 64,828,951.            | <b>32</b>   | 73,475,374. |             |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 80,967,106.  | <b>33</b>              | 93,714,981. |             |             |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |              |
|----|--|----|--------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 104,622,226. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 96,034,771.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 8,587,455.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 64,828,951.  |
| 5  | Net unrealized gains (losses) on investments   | 5  | 247,898.     |
| 6  | Donated services and use of facilities   | 6  |              |
| 7  | Investment expenses  | 7  |              |
| 8  | Prior period adjustments   | 8  |              |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -188,930.    |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 73,475,374.  |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2024)



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 41767200. | 75729575. | 56343825. | 62506273. | 73773095. | 310119968 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 41767200. | 75729575. | 56343825. | 62506273. | 73773095. | 310119968 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 310119968 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020  | (b) 2021  | (c) 2022  | (d) 2023  | (e) 2024  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 41767200. | 75729575. | 56343825. | 62506273. | 73773095. | 310119968                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 129,314.  | 196,010.  | 298,019.  | 684,158.  | 557,270.  | 1864771.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           |           |           |           |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |           |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 311984739                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        | 117,855,252.             |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

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

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 99.40 | %                                   |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....  | <b>15</b> | 99.46 | %                                   |
| <b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| 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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

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

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

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

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

Schedule A (Form 990) 2024

**Part VI**

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

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Table with 2 columns: Name of the organization (SMA HEALTHCARE, INC.) and Employer identification number (59-0976866)

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ \_\_\_\_\_

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

|   |   |
|---|---|
| Name of organization<br><br><b>SMA HEALTHCARE, INC.</b> | Employer identification number<br><br><b>59-0976866</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | <hr/> <hr/> <hr/>                 | \$ <u>3,812,373.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <hr/> <hr/> <hr/>                 | \$ <u>18,689,589.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <hr/> <hr/> <hr/>                 | \$ <u>42,833,565.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <hr/> <hr/> <hr/>                 | \$ <u>4,267,777.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>SMA HEALTHCARE, INC.</b> | Employer identification number<br><br><b>59-0976866</b> |
|---|---|

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>SMA HEALTHCARE, INC.</b> | Employer identification number<br><br><b>59-0976866</b> |
|---|---|

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

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

|   |   |
|---|---|
| Name of organization<br><b>SMA HEALTHCARE, INC.</b> | Employer identification number (EIN)<br><b>59-0976866</b> |
|---|---|

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2024

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals             |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is:   | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. |  |  |
| IF the amount on line 1e, column (a) or (b), is:  | THEN the lobbying nontaxable amount is:            |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| not over \$500,000  | 20% of the amount on line 1e.                      |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| over \$17,000,000   | \$1,000,000.                                       |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No             |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers? .....  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     | X  |         |
| <b>c</b> Media advertisements? .....  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     | X  |         |
| <b>i</b> Other activities? .....  | X   |    | 69,062. |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 69,062. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |         |

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**LEGISLATIVE REPRESENTATIVE - A LAW FIRM HAS BEEN HIRED TO PROTECT THE INTERESTS OF THE BEHAVIORAL HEALTH INDUSTRY WITH THE FLORIDA LEGISLATURE.**

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **SMA HEALTHCARE, INC.** Employer identification number **59-0976866**

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

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate value of contributions to (during year) .....   |                              |                              |
| 3 Aggregate value of grants from (during year) .....  |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

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

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

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

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|---|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land   |                                      | 4,050,433.                      |                              | 4,050,433.         |
| b Buildings   |                                      | 54,457,646.                     | 17,548,317.                  | 36,909,329.        |
| c Leasehold improvements  |                                      | 576,490.                        | 387,130.                     | 189,360.           |
| d Equipment   |                                      | 5,032,612.                      | 3,599,659.                   | 1,432,953.         |
| e Other   |                                      | 2,831,873.                      | 1,986,851.                   | 845,022.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | <b>43,427,097.</b> |

**Part VII Investments - Other Securities**

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other   |                |   |
| (A) BENEFICIAL INTEREST IN  |                |   |
| (B) ASSETS HELD BY FOUNDATION   | 7,905,228.     | END-OF-YEAR MARKET VALUE                                  |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 7,905,228.     |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DEFERRED COMPENSATION PLAN  | 70,201.        |
| (3) REFUNDABLE ADVANCES   | 2,129,874.     |
| (4) FINANCING LEASE LIABILITY - RIGHT OF USE                              | 346,698.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 2,546,773.     |

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

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

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

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements        | <b>1</b>  | 105,347,446. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |           |              |
| <b>a</b> | Net unrealized gains (losses) on investments                                    | <b>2a</b> | 247,898.     |
| <b>b</b> | Donated services and use of facilities  | <b>2b</b> | 477,322.     |
| <b>c</b> | Recoveries of prior year grants   | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |              |
| <b>e</b> | Add lines 2a through 2d   | <b>2e</b> | 725,220.     |
| <b>3</b> | Subtract line 2e from line 1  | <b>3</b>  | 104,622,226. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                | <b>4a</b> |              |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |              |
| <b>c</b> | Add lines 4a and 4b   | <b>4c</b> | 0.           |
| <b>5</b> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 104,622,226. |

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

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

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                       | <b>1</b>  | 96,512,093. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |             |
| <b>a</b> | Donated services and use of facilities   | <b>2a</b> | 477,322.    |
| <b>b</b> | Prior year adjustments   | <b>2b</b> |             |
| <b>c</b> | Other losses   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |             |
| <b>e</b> | Add lines 2a through 2d  | <b>2e</b> | 477,322.    |
| <b>3</b> | Subtract line 2e from line 1   | <b>3</b>  | 96,034,771. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines 4a and 4b  | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 96,034,771. |

**Part XIII Supplemental Information**

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

**PART IV, LINE 2B:**

THE ORGANIZATION IS THE ASSIGNED REPRESENTATIVE PAYEE BY SOCIAL SECURITY ADMINISTRATION FOR SOME OF OUR CLIENTS. WE RECEIVE THEIR MONTHLY PAYMENTS AND THEN WORK WITH CASE MANAGERS TO ASSURE THAT THEIR BILLS ARE PAID.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON UNRELATED BUSINESS INCOME. SINCE THE ORGANIZATION HAD NO TAXABLE UNRELATED BUSINESS INCOME DURING THE YEARS ENDED JUNE 30, 2025 AND 2024, NO PROVISION FOR INCOME TAXES IS PROVIDED IN THE FINANCIAL STATEMENTS.

MANAGEMENT OF THE ORGANIZATION CONSIDERS THE LIKELIHOOD OF CHANGES BY TAXING AUTHORITIES IN ITS FILED INCOME TAX RETURNS AND RECOGNIZES A LIABILITY FOR OR DISCLOSES POTENTIAL SIGNIFICANT CHANGES THAT MANAGEMENT BELIEVES ARE MORE LIKELY THAN NOT TO OCCUR, INCLUDING CHANGES TO THE ORGANIZATION'S STATUS AS A NOT-FOR-PROFIT ENTITY. MANAGEMENT BELIEVES THE ORGANIZATION MET THE REQUIREMENTS TO MAINTAIN ITS TAX-EXEMPT STATUS AND HAS NO INCOME SUBJECT TO UNRELATED BUSINESS INCOME TAX, THEREFORE NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS FOR THE PAST THREE YEARS ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES, AND MAY CHANGE UPON EXAMINATION.



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **SMA HEALTHCARE, INC.** Employer identification number **59-0976866**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| <b>1 (a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|---|--|--|---|
| UNITED WAY OF VOLUSIA & FLAGLER COUNTY - 1530 CORNERSTONE BLVD - DAYTONA BEACH, FL 32117 | 59-1099774     | 501(C)(3)                              | 5,500.                          | 0.                                      |  |  | GENERAL SUPPORT                           |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |
|  |                |  |                                 |   |  |  |   |

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

**3** Enter total number of other organizations listed in the line 1 table 0.



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization

**SMA HEALTHCARE, INC.**

Employer identification number

**59-0976866**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

| (A) Name and Title                                   |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) YUSEF A. CANAAN<br>CHIEF MEDICAL OFFICER         | (i)  | 373,805.   | 20,000.                             | 0.                                  | 21,454.  | 16,041.                 | 431,300.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) VICKKI-ANN S SAMUEL<br>REGIONAL MEDICAL DIRECTOR | (i)  | 356,479.   | 6,000.                              | 0.                                  | 16,441.  | 14,345.                 | 393,265.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) IVAN COSIMI<br>CEO                               | (i)  | 303,712.   | 28,000.                             | 0.                                  | 16,714.  | 8,359.                  | 356,785.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) GUY R. CZAYKOWSKY<br>PSYCHIATRIST                | (i)  | 269,951.   | 4,750.                              | 0.                                  | 16,665.  | 10,119.                 | 301,485.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) NICOLE J. SHARONO<br>COO                         | (i)  | 177,184.   | 20,000.                             | 0.                                  | 11,027.  | 9,881.                  | 218,092.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) KIMBERLY ROGERS<br>APRN                          | (i)  | 185,642.   | 2,000.                              | 0.                                  | 11,047.  | 13,855.                 | 212,544.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) RICHARD CURLEY<br>CHIEF INFORMATION OFFICER      | (i)  | 159,429.   | 20,000.                             | 0.                                  | 11,208.  | 14,137.                 | 204,774.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) APRIL FERGUSON<br>MEDICAL DIRECTOR               | (i)  | 176,238.   | 4,750.                              | 0.                                  | 4,194.   | 0.                      | 185,182.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) KAREN DUNCAN<br>CHIEF NURSING OFFICER            | (i)  | 141,014.   | 18,000.                             | 0.                                  | 10,059.  | 14,137.                 | 183,210.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) KELLY MELLICHAMPE<br>CHIEF HR OFFICER           | (i)  | 135,008.   | 18,000.                             | 0.                                  | 8,782.   | 13,860.                 | 175,650.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) ANDREA SCHWEIZER<br>CFO                         | (i)  | 135,860.   | 18,000.                             | 0.                                  | 5,059.   | 16,046.                 | 174,965.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) SARAH BURMAN<br>CHIEF ADMIN. OFFICER            | (i)  | 130,425.   | 18,000.                             | 0.                                  | 9,073.   | 9,859.                  | 167,357.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) TABITHA J RUTTER<br>APRN                        | (i)  | 154,928.   | 0.                                  | 0.                                  | 4,729.   | 7,636.                  | 167,293.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) DEBORAH HOISINGTON<br>APRN                      | (i)  | 160,683.   | 2,500.                              | 0.                                  | 0.   | 74.                     | 163,257.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **SMA HEALTHCARE, INC.** Employer identification number **59-0976866**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                | X                          | 1   | 365,886.   | FMV   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  |     | X  |
| 32a |     | X  |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):  
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**SMA HEALTHCARE, INC.**

Employer identification number

**59-0976866**

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
SERVICES. SMA HEALTHCARE ENVISIONS A COMMUNITY WHERE ALL INDIVIDUALS  
LIVING WITH ADDICTION AND MENTAL HEALTH NEEDS, FIND HOPE, HEALING, AND  
RECOVERY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
COMMUNITY WHERE ALL INDIVIDUALS LIVING WITH ADDICTION AND MENTAL HEALTH  
NEEDS, FIND HOPE, HEALING, AND RECOVERY.

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

THE REALITY HOUSE WORK RELEASE PROGRAMS ALLOW SELECTED DOC INMATES TO  
WORK AT PAID EMPLOYMENT IN THE COMMUNITY DURING THE LAST MONTHS OF  
THEIR CONFINEMENT. CLIENTS SERVED IN THIS PROGRAM DURING THE FISCAL  
YEAR TOTALED 357.

THE RESIDENTIAL ADOLESCENT PROGRAM (RAP) SERVES SUBSTANCE DEPENDENT  
YOUTH UTILIZING INDIVIDUAL, GROUP AND FAMILY INTERVENTIONS. THE  
PROGRAM IS STAFFED BY LICENSED AND CERTIFIED CLINICAL AND NURSING  
STAFF, CASE MANAGERS AND YOUTH SPECIALISTS WITH PSYCHIATRIC EVALUATION  
AND MEDICATION MANAGEMENT AVAILABLE. EDUCATION SERVICES ARE PROVIDED  
BY VOLUSIA COUNTY SCHOOLS. THE RAP PROGRAM SERVED 48 YOUTH AND THEIR  
FAMILIES DURING THE FISCAL YEAR.

TARGETED YOUTH SERVICES CONSISTS OF FOUR PROGRAMS: SERVICE MANAGEMENT,  
BEACH HOUSE, FIGHTING FAIR FOR FAMILIES AND SAFE PLACE THAT WORK IN  
CONJUNCTION WITH ONE ANOTHER TO REACH AS MANY YOUTH EXPERIENCING  
DIFFICULTIES AT SCHOOL AND AT HOME AS POSSIBLE. THE SERVICE MANAGEMENT  
AND FIGHTING FAIR FOR FAMILIES COMPONENTS WORK WITH YOUTH, THEIR  
FAMILIES AND THE SCHOOLS. SAFE PLACE AND BEACH HOUSE, WHICH IS A  
SHORT-TERM RESIDENTIAL PROGRAM, BRING YOUTH OFF THE STREETS AND PROVIDE  
SHELTER, MEALS, GROUP COUNSELING, EDUCATIONAL GROUPS, INDIVIDUAL AND  
FAMILY THERAPY. THE TARGETED YOUTH SERVICES CONTINUUM PROVIDED  
SERVICES TO 160 YOUTH AND THEIR FAMILIES DURING THE FISCAL YEAR.

THE DELAND MEN'S RESIDENTIAL PROGRAM (DMRT) IS A 54-BED MEN'S SUBSTANCE  
ABUSE TREATMENT PROGRAM ACCEPTING BOTH VOLUNTARY AND INVOLUNTARY  
CLIENTS WITH A PRIMARY FOCUS ON SUBSTANCE ABUSE DISORDERS BUT ALSO  
DESIGNED TO EFFECTIVELY MANAGE CO-OCCURRING MENTAL HEALTH ISSUES. DRMT  
PROVIDES A STRUCTURED ATMOSPHERE, PROMOTING SELF-AWARENESS THROUGH  
INDIVIDUAL, GROUP, COMMUNITY-BASED THERAPY AND PSYCHIATRIC  
INTERVENTION. DMRT SERVED 194 CLIENTS DURING THE FISCAL YEAR.

SHELTER CARE (MARION) IS A 12-BED UNIT THAT PROVIDES RESPITE CARE FOR  
YOUTH WHO ARE 10-17 YEARS OLD. THE AVERAGE LENGTH OF STAY IS 14 DAYS.  
REFERRALS ARE RECEIVED FROM THE COMMUNITY AND FROM THE CHILD WELFARE  
SYSTEM OF CARE. A TOTAL OF 62 YOUTH WERE SERVED DURING THE FISCAL YEAR.

WESTSIDE RESIDENTIAL SERVICES (MARION) INCLUDING BOTH BEACON POINT AND  
AIRPORT ROAD LOCATIONS, HAVE RESIDENTIAL TREATMENT FACILITIES FOR  
INDIVIDUALS EXHIBITING SYMPTOMS OF DRUG AND ALCOHOL MISUSE, WESTSIDE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

|  |  |
|--|--|
| Name of the organization<br>SMA HEALTHCARE, INC. | Employer identification number<br>59-0976866 |
|--|--|

HOUSES 32 MALE BEDS AND 24 FEMALE BEDS AND BEACON POINT HAS 10 UNISEX BEDS. THERE IS A VERY STRUCTURED DAILY SCHEDULE INCLUDING INDIVIDUAL COUNSELING, GROUP COUNSELING, AND RECREATIONAL ACTIVITIES. THE AVERAGE LENGTH OF STAY AT WESTSIDE IS 1-6 MONTHS. REFERRALS ARE RECEIVED FROM THE COMMUNITY AND THE JUDICIAL SYSTEM. 352 ADULTS WERE SERVED DURING THE FISCAL YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: INDIVIDUAL NEEDS, INDIVIDUAL AND GROUP COUNSELING, AND DISCHARGE PLANNING TO THE NEXT APPROPRIATE LEVEL OF CARE.

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

THE ORGANIZATIONS OTHER PROGRAM SERVICES INCLUDE: ASSESSMENT, CRISIS SUPPORT, CRISIS STABILIZATION, INTERVENTION, OUTPATIENT, FACT TEAM, CASE MANAGEMENT TEAMS, RESIDENTIAL LEVEL 1, RESIDENTIAL DETOX, PREVENTION, SUPPORTED EMPLOYMENT, SHELTERED WORKSHOP, OVERLAY, DROP IN CENTER, PRIMARY CARE (A RECOGNIZED LOOK-ALIKE, FEDERALLY QUALIFIED HEALTH CENTER).

EXPENSES \$ 29,390,728. INCL GRANTS OF \$ 23,361. REVENUE \$ 14,188,345.

MEDICATION MANAGEMENT SERVICES - THE PHYSICIAN SERVICES MEDICATION OUTPATIENT PROGRAM HAS CLINICS OPERATING IN VOLUSIA, FLAGLER, PUTNAM, ST JOHNS AND MARION COUNTIES AND PROVIDE MEDICAL AND CLINICAL SUPPORT SERVICES TO INDIVIDUALS WITH SEVERE AND PERSISTENT MENTAL ILLNESS AND CO-OCCURRING DISORDERS. TEAMS COMPRISED OF ADVANCED REGISTERED NURSE PRACTITIONERS, NURSES, THERAPISTS, CASE MANAGERS AND LIFE SKILLS COACHES PROVIDE PSYCHIATRIC EVALUATIONS, TREATMENT PLANNING, MEDICATION MANAGEMENT, NURSING SERVICES, THERAPY AND TARGETED CASE MANAGEMENT. DURING THE FISCAL YEAR MEDICAL OUTPATIENT SERVICES WERE PROVIDED TO 10,614 CLIENTS.

EXPENSES \$ 10,124,236. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,340,826.

PHARMACY - SMA'S PHARMACY FILLED 51,346 PRESCRIPTIONS DURING THE FISCAL YEAR. PRESCRIPTIONS ARE DISPENSED FOR THE AGENCY'S INPATIENT AND RESIDENTIAL UNITS AS WELL AS TO OUR OUTPATIENT CLIENTS.

EXPENSES \$ 6,962,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,147,700.

FORM 990, PART VI, SECTION A, LINE 4:

ARTICLE II, SECTION 1 (AUTHORITY BOARD RESPONSIBILITIES): BOARD OVERSIGHT AUTHORITY CHANGED FROM APPROVING HEALTH CENTER PROGRAM SERVICE DELIVERY LOCATIONS AND HOURS OF OPERATION TO APPROVING HEALTH CENTER PROGRAM SERVICES, SERVICE DELIVERY LOCATIONS, AND HOURS OF OPERATION, EXPANDING THE BOARD'S AUTHORITY TO INCLUDE APPROVAL OF THE SERVICES THEMSELVES.

ARTICLE II, SECTION 2 (NUMBER AND COMPOSITION TERMINOLOGY): BOARD MEMBERSHIP TERMINOLOGY CHANGED FROM "USER MEMBERS SERVED BY THE HEALTH CENTER" TO "PATIENT MEMBERS SERVED BY THE HEALTH CENTER." CORRESPONDINGLY, TERMINOLOGY DESCRIBING OTHER BOARD MEMBERS CHANGED FROM "NON-USER MEMBERS" TO "NON-PATIENT MEMBERS."

ARTICLE II, SECTION 2 (NUMBER AND COMPOSITION SPECIAL POPULATION REPRESENTATION): BOARD COMPOSITION REQUIREMENTS CHANGED FROM HAVING NO EXPLICIT REQUIREMENT REGARDING REPRESENTATION OF A SPECIFIC SPECIAL POPULATION TO REQUIRING THAT AT LEAST ONE BOARD MEMBER BE A REPRESENTATIVE WITH KNOWLEDGE AND EXPERTISE RELATED TO INDIVIDUALS EXPERIENCING

|   |   |
|---|---|
| Name of the organization<br><b>SMA HEALTHCARE, INC.</b> | Employer identification number<br><b>59-0976866</b> |
|---|---|

**HOMELESSNESS.**

ARTICLE II, SECTION 4 (SELECTION OF DIRECTORS): DIRECTOR SELECTION PROCEDURES CHANGED FROM REQUIRING THE NOMINATING COMMITTEE TO SCREEN CANDIDATES BASED ON QUALIFICATIONS, INTEREST, AND ABILITY TO SERVE THE ORGANIZATION TO ALSO REQUIRING THE NOMINATING COMMITTEE TO REVIEW ANY APPLICANT FOR POTENTIAL CONFLICTS OF INTEREST IN ACCORDANCE WITH THE BOARD CONFLICT OF INTEREST POLICY PRIOR TO SUBMISSION TO THE FULL BOARD OF DIRECTORS.

ARTICLE XIII (REVISION HISTORY): THE REVISION HISTORY CHANGED FROM LISTING REVISIONS THROUGH DECEMBER 7, 2021 TO INCLUDING ADDITIONAL REVISIONS DATED JUNE 1, 2022; OCTOBER 13, 2023; AND SEPTEMBER 13, 2024.

FORM 990, PART VI, SECTION B, LINE 11B:  
FORM 990 IS REVIEWED BY THE BOARD'S AUDIT COMMITTEE AND THE RESULTS OF THE REVIEW ARE REPORTED TO THE FULL BOARD. EACH BOARD MEMBER RECEIVES A COPY OF FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:  
THE ORGANIZATION EMPLOYS A CORPORATE COMPLIANCE OFFICER. COMPLIANCE WITH ALL OF OUR POLICIES ARE MONITORED THROUGH THAT POSITION AND A COMMITTEE THAT WAS FORMED TO ENSURE WE ARE IN COMPLIANCE WITH OUR VARIOUS POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:  
REVIEW OF THE CEO'S SALARY IS PERFORMED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AFTER CONSIDERING THE SCOPE OF THE AGENCY AS COMPARED TO OTHER NON-PROFITS PROVIDING SIMILAR SERVICES. IN DETERMINING THE COMPENSATION THE COMMITTEE UTILIZES INFORMATION ABOUT OTHER SIMILAR ORGANIZATIONS AS WELL AS LOCAL MARKET DATA IN DETERMINING THE CEO COMPENSATION.

THE ORGANIZATION'S PROCESS FOR DETERMINING THE COMPENSATION OF OTHER OFFICERS ALSO INCLUDES REVIEW AND APPROVAL BY INDEPENDENT PERSONS, USE OF COMPARABILITY DATA FROM FBHA SALARY SURVEY, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19:  
AS AN ENTITY FUNDED SUBSTANTIALLY WITH PUBLIC DOLLARS, SMA'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE READILY AVAILABLE TO ANY MEMBER OF THE PUBLIC, UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|   |           |
|---|-----------|
| CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY FOUNDATION - IN PERPETUITY PURPOSE RESTRICTED |           |
| FOUNDATION ASSETS DEVELOPMENT   | -173,038. |
| CHANGE IN FOUNDATION - PERM RESTRICTED  | -15,892.  |
| TOTAL TO FORM 990, PART XI, LINE 9  | -188,930. |

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

Name of the organization **SMA HEALTHCARE, INC.** Employer identification number **59-0976866**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                                      | (b)<br>Primary activity                     | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |          |
|---|---|---|-------------------------------|---|-------------------------------------|--|----------|
|   |   |   |                               |   |                                     | Yes  | No       |
| SMA HEALTHCARE FOUNDATION, INC - 59-3496645<br>150 MAGNOLIA AVENUE<br>DAYTONA BEACH, FL 32114 | FUNDRAISING IN SUPPORT OF<br>SMA HEALTHCARE | FLORIDA   | 501(C)(3)                     | LINE 12C,<br>III-FI                                       | N/A                                 |  | <b>X</b> |
|   |   |   |                               |   |                                     |  |          |
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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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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





**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|  |   |   |
|--|---|---|
| <b>Type or Print</b>   | Name of exempt organization, employer, or other filer, see instructions.<br><b>SMA HEALTHCARE, INC.</b>                         | Taxpayer identification number (TIN)<br><b>59-0976866</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>150 MAGNOLIA AVENUE</b>                            |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>DAYTONA BEACH, FL 32114-4304</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For                       | Return Code | Application Is For                 | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual)  | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                          | 10          |
| Form 990-PF                              | 04          | Form 6069                          | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                          | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)             | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual)  | 14          |
| Form 1041-A                              | 08          | Form 990-T (governmental entities) | 15          |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **ANDREA SCHWEIZER**  
**150 MAGNOLIA AVENUE - DAYTONA BEACH, FL 32114-4304**

Telephone No. **386-236-1683** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

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