

0000183
American College of Lifestyle

2023 Government

Public Inspection Copy

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN COLLEGE OF LIFESTYLE MEDICINE		D Employer identification number 32-0208451
	Doing business as		E Telephone number 314-398-7343
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 6432		
	City or town, state or province, country, and ZIP or foreign postal code CHESTERFIELD MO 63006		G Gross receipts \$ 11,948,525

F Name and address of principal officer: SUSAN BENIGAS PO BOX 6432 CHESTERFIELD MO 63006	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
--	---

I 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	J Website: WWW.LIFESTYLEMEDICINE.ORG	H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2004	M State of legal domicile: MO

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MISSION: ADVANCING EVIDENCED-BASED LIFESTYLE MEDICINE TO TREAT, REVERSE AND PREVENT NON-COMMUNICABLE, CHRONIC DISEASE. VISION: A NATION WHEREIN LIFESTYLE MEDICINE IS THE FOUNDATION OF HEALTH AND ALL HEALTH CARE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,285,668	2,427,229
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,743,928	6,030,758
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-30,932	83,520
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,998,664	8,541,507
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,543,703	3,699,628
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 77,983		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,094,439	5,112,156
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,638,142	8,811,784	
19 Revenue less expenses. Subtract line 18 from line 12	-639,478	-270,277	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,667,930	4,811,616
	22 Net assets or fund balances. Subtract line 21 from line 20	1,529,808	1,863,739

Part II Signature Block

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

Sign Here	Signature of officer SUSAN BENIGAS	EXECUTIVE DIRECTOR	Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ROBERT M. KLUTHO, CPA	Preparer's signature ROBERT M. KLUTHO, CPA	Date 09/25/24
	Firm's name CONNER ASH P.C.	Firm's EIN 43-1012822	Check <input type="checkbox"/> if self-employed PTIN P00229981
	Firm's address 12101 WOODCREST EXECUTIVE DR STE 300 ST. LOUIS, MO 63141	Phone no. 314-205-2510	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

Public Inspection Copy

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

[] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

[] Yes [X] No

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

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

4a (Code:) (Expenses \$ 4,386,046 including grants of \$) (Revenue \$ 2,734,490)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 20,318 including grants of \$) (Revenue \$ 1,780,921)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,936,700 including grants of \$) (Revenue \$ 301,064)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,337,926 including grants of \$) (Revenue \$ 1,214,283)

4e Total program service expenses 7,680,990

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Public Inspection Copy

Table with 3 columns: Question, Yes, No. Rows include questions 28 through 37 regarding business transactions, contributions, and related organizations.

Summary table with 3 columns: Yes, No, Total. Includes a shaded cell in the 'Yes' column.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	37		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
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?		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		
6	Did the organization have members or stockholders?		
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?		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?		
b	Each committee with authority to act on behalf of the governing body?		
9			

10a			
11a			

Section C. Disclosure

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN BENIGAS EXECUTIVE DIRECTOR	50.00 0.00			X				319,782	0	30,995
(2) CATHERINE COLLINGS PAST PRESIDENT	2.00 0.00	X		X				4,500	0	0
(3) MELISSA BERNSTEIN DIRECTOR	1.00 0.00	X						3,000	0	0
(4) MEGAN ALEXANDER DIRECTOR	1.00 0.00	X						0	0	0
(5) KRISTI ARTZ DIRECTOR	1.00 0.00	X						0	0	0
(6) JOSIE BIDWELL DIRECTOR	1.00 0.00	X						0	0	0
(7) BRAD BISKUP DIRECTOR	1.00 0.00	X						0	0	0
(8) DAVID BOWMAN DIRECTOR	1.00 0.00	X						0	0	0
(9) ELIZABETH PEGG FRATES PRESIDENT	10.00 0.00	X		X				0	0	0
(10) MEAGAN GREGA SECRETARY	2.00 0.00	X		X				0	0	0
(11) MAHIMA GULATI DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ALKA GUPTA DIRECTOR	1.00 0.00							0	0	0
(13) PADMAJA PATEL PRESIDENT ELECT	10.00 0.00	X		X				0	0	0
(14) NEHA PATHAK DIRECTOR	1.00 0.00	X						0	0	0
(15) WIL WONG TREASURER	2.00 0.00	X		X				0	0	0
(16) COLIN ZHU DIRECTOR	1.00 0.00	X						0	0	0
(17)										
(18)										
(19)										
1b Subtotal								327,282		30,995
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								327,282		30,995

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GAYLORD ROCKIES RESORT AURORA CO 80019	6700 N. GAYLORD ROCKIES BLVD. 2023 CONFERENCE	1,001,358
METROCONNECTIONS, INC. BURNSVILLE MN 55337	401 CLIFF ROAD E. PROGRAM SERVICE	267,863
FACULTY PHYSICIANS & SURGEONS	350 E. COMMERCIAL RD., SUITE 101	

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,564,954				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	862,275				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,427,229			
Program Service Revenue			Business Code				
	2a CONFERENCE/EDUCATIONAL		611430	2,734,490	2,734,490		
	b ONLINE MEDICAL EDUCATION		611430	1,780,921	1,780,921		
	c OTHER EDUCATION		611430	1,203,113	1,203,113		
	d ADVOCACY		611430	301,064	301,064		
	e MEMBERSHIP SUPPORT		611430	5,605	5,605		
	f All other program service revenue		611430	5,565	5,565		
g Total. Add lines 2a-2f			6,030,758				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			103,890		103,890	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(ii) Personal				
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
		7a	(ii) Other				
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				8,541,507	6,030,758	0	
						83,520	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	326,782	310,234	9,803	6,745
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,712,042	2,426,215	233,073	52,754
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	432,675	360,486	58,517	13,672
10 Payroll taxes	228,129	208,946	14,371	4,812
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,794		3,794	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	170,039	22,913	147,126	
12 Advertising and promotion	521,158	521,158		
13 Office expenses	207,530	11,338	196,192	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	118,358	97,945	20,413	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	362,953	362,953		
23 Insurance				
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 EVENT EXPENSES	1,384,425	1,384,425		
b CURRICULUM DEVELOP & MAIN	700,887	700,887		
c ADVOCACY AND RESEARCH EXP	589,261	589,261		
d MISCELLANEOUS EXPENSE	298,545	117,151	181,394	
e All other expenses	755,206	567,078	188,128	
25 Total functional expenses. Add lines 1 through 24e	8,811,784	7,680,990	1,052,811	77,983
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	656,362	1	633,672
	2	Savings and temporary cash investments	1,199,711	2	1,002,214
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	70,316	4	636,035
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	73,776	9	201,990
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	11	Investments—publicly traded securities	2,204,044	11	1,856,152
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	463,721	14	481,553
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,667,930	16	4,811,616	
Liabilities	17	Accounts payable and accrued expenses	530,588	17	814,987
	18	Grants payable		18	
	19	Deferred revenue	999,220	19	1,048,752
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,529,808	26	1,863,739
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,854,581	27	2,643,614
	28	Net assets with donor restrictions	283,541	28	304,263
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	3,138,122	32	2,947,877	
33	Total liabilities and net assets/fund balances	4,667,930	33	4,811,616	



SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

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

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

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,284,280	1,350,401	2,603,712	2,285,668	2,427,229	9,951,290
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,863,783	3,364,243	4,161,829	4,743,928	6,030,758	21,164,541
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	4,148,063	4,714,644	6,765,541	7,029,596	8,457,987	31,115,831
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						31,115,831

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	4,148,063	4,714,644	6,765,541	7,029,596	8,457,987	31,115,831
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,261	2,182	55,672	31,440	103,891	207,446
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	14,261	2,182	55,672	31,440	103,891	207,446
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	173	5,917	138,036			144,126
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,162,497	4,722,743	6,959,249	7,061,036	8,561,878	31,467,403
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	98.88 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	99.02 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	1 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 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 (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
---	--	--	--

Section D. All Type III Supporting Organizations

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		

income or assets at all times during the tax year? income or assets supported 17 2Tw ereviously provided?) appointe3ntained a close and con.04 supported organizations played in this regard.

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

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

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

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

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

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

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

PART III, LINE 12 - OTHER INCOME DETAIL

\$ 144,126

Public Inspection Copy

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

Name of organization

AMERICAN COLLEGE OF LIFESTYLE

Employer identification number

32-0208451

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 129,380	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
----------------------	--------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
.....	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

AMERICAN COLLEGE OF LIFESTYLE

Employer identification number

32-0208451

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Inspection Copy

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.

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

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

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

Part V Endowment Funds

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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:

- (i) Unrelated organizations?, (ii) Related organizations?

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Part VII Investments – Other Securities

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

Part VIII Investments – Program Related

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

Part IX Other Assets

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,617,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	80,032
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	80,032
3	Subtract line 2e from line 1	3	8,537,713
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,794
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,794
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,541,507

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

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

1	Total expenses and losses per audited financial statements	1	8,827,990
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	20,000
e	Add lines 2a through 2d	2e	20,000
3	Subtract line 2e from line 1	3	8,807,990
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,794
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	3,794
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,811,784

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 XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

ACCRUED BONUS \$ 20,000

Part XIII Supplemental Information *(continued)*

Public Inspection Copy

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

AMERICAN COLLEGE OF LIFESTYLE
MEDICINE

Employer identification number

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.

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

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

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.

- | | |
|-------------------------------------|---|
| Compensation committee | Written employment contract |
| Independent compensation consultant | Compensation survey or study |
| Form 990 of other organizations | Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - 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
1a		
1b		
2		
3		
4a		
4b		
4c		
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SUSAN BENIGAS EXECUTIVE DIRECTOR	(i)	289,782	30,000	0	30,995	0	350,777	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Public Inspection Copy

Public Inspection Copy

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) JOHN H. KELLY, JR.	FOUNDING PRES.	13,000	LEAD FACULTY		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization	AMERICAN COLLEGE OF LIFESTYLE MEDICINE	Employer identification number 32-0208451
--------------------------	--	--

FORM 990 - ORGANIZATION'S MISSION

MISSION STATEMENT: ADVANCING EVIDENCE-BASED LIFESTYLE MEDICINE TO TREAT,
REVERSE AND PREVENT NON-COMMUNICABLE, CHRONIC DISEASE.

VISION STATEMENT: A NATION AND WORLD WHEREIN LIFESTYLE MEDICINE IS THE
FOUNDATION OF HEALTH AND ALL HEALTHCARE.

THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE (ACLM) SUPPORTS ITS MEMBERS IN
PROVIDING WHOLE-PERSON, PERSON-CENTERED, INTEGRATED, AND COLLABORATIVE CARE
THROUGH INTERDISCIPLINARY TEAMS. A LIFESTYLE MEDICINE-FIRST APPROACH TO
REAL "HEALTH" CARE IS ESSENTIAL TO OPTIMIZING VALUE-BASED CARE, TO
ACHIEVING THE QUINTUPLE AIM, AND TO MANIFESTING WHOLE HEALTH.

ACLM IS THE NATION'S MEDICAL PROFESSIONAL ASSOCIATION REPRESENTING THE
FIELD OF LIFESTYLE MEDICINE, WITH A FOCUS ON TREATING ROOT CAUSES OF
DISEASE WITH THE GOAL OF HEALTH RESTORATION.

ACLM IS DEDICATED TO ADVANCING THE FIELD OF LIFESTYLE MEDICINE THROUGH
RESEARCH, ADVOCACY, PARTNERSHIPS, AND BY FILLING THE GAPING VOID OF
LIFESTYLE MEDICINE, INCLUDING USING FOOD AS MEDICINE, IN MEDICAL EDUCATION,
FROM UNDERGRADUATE MEDICAL EDUCATION (UME) AND GRADUATE MEDICAL EDUCATION
(GME) TO CONTINUING MEDICAL EDUCATION (CME), WHILE ACTIVELY SUPPORTING AND
ACCELERATING INTEGRATION OF LIFESTYLE MEDICINE INTO CLINICAL PRACTICE FOR
THE BENEFIT OF CLINICIANS AND ALL PATIENTS.

Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

LIFESTYLE MEDICINE IS A MEDICAL SPECIALTY THAT USES THERAPEUTIC LIFESTYLE INTERVENTIONS AS A PRIMARY MODALITY TO TREAT CHRONIC CONDITIONS INCLUDING, BUT NOT LIMITED TO, CARDIOVASCULAR DISEASES, TYPE 2 DIABETES, AND OBESITY. LIFESTYLE MEDICINE CERTIFIED CLINICIANS ARE TRAINED TO APPLY EVIDENCE-BASED, WHOLE-PERSON, PRESCRIPTIVE LIFESTYLE CHANGE TO TREAT AND, WHEN USED INTENSIVELY, OFTEN REVERSE SUCH CONDITIONS. APPLYING THE SIX PILLARS OF LIFESTYLE MEDICINE-A WHOLE-FOOD, PLANT-PREDOMINANT EATING PATTERN, PHYSICAL ACTIVITY, RESTORATIVE SLEEP, STRESS MANAGEMENT, AVOIDANCE OF RISKY SUBSTANCES AND POSITIVE SOCIAL CONNECTIONS-ALSO PROVIDES EFFECTIVE PREVENTION FOR THESE CONDITIONS.

FORMER ACLM PRESIDENT DAVID KATZ MD, FACLM, SUMS UP THE POTENTIAL OF LIFESTYLE MEDICINE, SAYING "LIFESTYLE AS MEDICINE HAS THE POTENTIAL TO PREVENT UP TO 80% OF CHRONIC DISEASE; NO OTHER MEDICINE CAN MATCH THAT. IN ADDITION, IT IS POTENTIALLY INEXPENSIVE AND EVEN COST-SAVING; FREE OF ALL BUT GOOD SIDE EFFECTS; SAFE AND APPROPRIATE FOR CHILDREN AND OCTOGENARIANS ALIKE. IT IS, QUITE SIMPLY, THE BEST MEDICINE WE'VE GOT."

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

EDUCATION & EVENTS:

SPANNING THE MEDICAL EDUCATION CONTINUUM, ACLM'S WORK INCLUDES A FOCUS ON UNDERGRADUATE MEDICAL EDUCATION (UME), GRADUATE MEDICAL EDUCATION (GME), AND CONTINUING MEDICAL EDUCATION (CME) THAT NOW INCLUDES 51 TOTAL CME/CE-ACCREDITED COURSE OFFERINGS, INCLUDING THE NEW 18-HOUR "REMISSION OF TYPE 2 AND REVERSAL OF INSULIN RESISTANCE CERTIFICATE" COURSE.

34,000 MEDICAL PROFESSIONALS REGISTERED FOR ACLM'S COMPLIMENTARY 5.5-HOUR

Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

CME/CE ACCREDITED "LIFESTYLE MEDICINE AND FOOD AS MEDICINE ESSENTIALS" ONLINE COURSE. ACLM'S PLEDGE OF 100,000 COMPLIMENTARY COURSE REGISTRATIONS WAS SHOWCASED IN SUPPORT OF THE WHITE HOUSE CONFERENCE ON HUNGER, NUTRITION AND HEALTH. IN 2023, ACLM EXPANDED THIS COMMITMENT TO 200,000 FREE REGISTRATIONS THROUGH SEPTEMBER 2025. REGULARLY PRICED AT \$220, THIS REPRESENTS A \$44M COMMITMENT BY ACLM TO ADVANCE FOOD AS MEDICINE IN MEDICAL EDUCATION.

THE LIFESTYLE MEDICINE RESIDENCY CURRICULUM (LMRC) WAS CONTRACTED INTO 135 SITES AND 302 RESIDENCY PROGRAMS, WITH OVER 7,000 ENROLLEES.

ACLM HAS ESTABLISHED AND FACILITATES 140 LIFESTYLE MEDICINE INTEREST GROUPS (LMIGS), OPERATING ON MEDICAL, HEALTH PROFESSIONAL AND HEALTH SYSTEM CAMPUSES ACROSS THE COUNTRY.

WITHIN THE FIRST YEAR, 38 ACADEMIC PATHWAY PROGRAMS HAVE BEEN APPROVED, RESULTING IN STUDENTS WHO COMPLETE THESE PROGRAMS ALREADY HAVING FULFILLED SOME PREREQUISITES FOR THE AMERICAN BOARD OF LIFESTYLE MEDICINE (ABLM) EXAM.

ACLM'S SOLD-OUT LM2023 SCIENTIFIC CONFERENCE, WITH 2,000 IN-PERSON REGISTRANTS, WAS HOSTED IN DENVER, CO, WITH AN ADDITIONAL 1,200 ATTENDEES PARTICIPATING VIRTUALLY. THIS CONFERENCE MEETS THE LIVE CME PREREQUISITE TO SIT FOR THE ABLM EXAM, WHILE ACLM'S "FOUNDATIONS OF LIFESTYLE MEDICINE BOARD REVIEW COURSE" IS REGARDED AS THE PREMIER NON-LIVE BOARD EXAM PREPARATORY CURRICULUM.

Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

EVIDENCE OF THE GROWING INTEREST IN THE FIELD, THERE WAS A 35% INCREASE IN

Public Inspection Copy

Name of the organization AMERICAN COLLEGE OF LIFESTYLE	Employer identification number 32-0208451
--	---

STUDY FROM THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE" (ADV NUTR. 2023;14 (3):500-515).



ACLM SPONSORED A SPECIAL ISSUE ON FOOD AS MEDICINE IN THE JOURNAL FRONTIERS IN NUTRITION, WITH 16 ARTICLES PUBLISHED IN 2023 AND SEVERAL MORE IN REVIEW.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

PRACTICE ADVANCEMENT & HEALTH EQUITY:

ACLM'S HEALTH EQUITY ACHIEVED THROUGH LIFESTYLE MEDICINE (HEAL) INITIATIVE EXPANDED IN 2023, WITH A CONTINUED FOCUS ON OUTREACH TO HISTORICALLY BLACK COLLEGES AND UNIVERSITIES (HBCUS) AND EXPANSION OF ACLM'S HEAL SCHOLARSHIP, EQUIPPING UNDER-REPRESENTED IN MEDICINE (UIM) CLINICIANS WITH TRAINING AND THE OPPORTUNITY FOR CERTIFICATION IN THE FIELD OF LIFESTYLE MEDICINE. 18 HEAL SCHOLARSHIPS WERE AWARDED IN 2023, WITH THE GOAL OF REDUCING HEALTH DISPARITIES AND DIVERSIFYING THE MEDICAL WORKFORCE.

THE NATIONAL TRAINING INITIATIVE (NTI) WAS LAUNCHED IN THE FALL OF 2023, A LIFESTYLE MEDICINE TRAINING AND CERTIFICATION SCHOLARSHIP PROGRAM, DELIVERED IN PARTNERSHIP WITH THE AMERICAN BOARD OF LIFESTYLE MEDICINE, DESIGNED TO EDUCATE AND EQUIP PRIMARY CARE PROVIDERS (PCPS) IN EACH OF OUR NATION'S ~1,400 FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) TO DELIVER LIFESTYLE MEDICINE, INCLUDING FOOD AS MEDICINE, INTERVENTION, EDUCATION AND SUPPORT TO PATIENTS IN OUR UNDER-SERVED COMMUNITIES.

ACLM ESTABLISHED A PRACTICE ADVANCEMENT FOCUS AREA IN SUPPORT OF THE TRAILBLAZING WORK OF THE CLINICAL PRACTICE AND QUALITY COMMITTEE (CPQC),

Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

WHICH IN 2023 INCLUDED THE LIFESTYLE MEDICINE REIMBURSEMENT SUMMIT, ADVOCACY WORK RELATED TO THE MEDICARE PHYSICIAN FEE SCHEDULE AND ADDRESSING WITH CMS AND NQF MISALIGNED QUALITY MEASURES, AS WELL AS SUPPORTING THE BUILDOUT OF AN EPIC EMR LIFESTYLE MEDICINE ELECTRONIC MEDICAL RECORD TEMPLATE.

ACLM'S HEALTH SYSTEMS COUNCIL (HSC) EXPANDED TO 103 MEMBERS IN JUST ITS SECOND YEAR, BRINGING TOGETHER SYSTEMS UNITED IN THE PURSUIT OF HEALTHCARE TRANSFORMATION TO ADDRESS UNSUSTAINABLE LEVELS OF CHRONIC DISEASE THROUGH INTEGRATION OF LIFESTYLE MEDICINE.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

MEMBERSHIP & OPERATIONS:

LED BY A PASSIONATE AND VISIONARY BOARD OF DIRECTORS, ACLM CONTINUES TO EXPERIENCE RAPID MEMBERSHIP GROWTH, NEARING THE 11,000-MEMBER MARK, REPRESENTING A 20% INCREASE FROM FY22 TO FY23 IN PAID MEMBERSHIP. MEMBER INTEREST GROUPS (MIGS), FACILITATING ACTIVE ACLM MEMBER ENGAGEMENT, GREW TO 30 IN TOTAL IN 2023, WITH THREE NEW GROUPS FORMED: FOOD AS MEDICINE/CULINARY MEDICINE, LIFESTYLE MEDICINE IN PRIMARY CARE, AND NEUROLOGY AND GROUP MEDICAL VISITS. ACLM'S MIGS SAW A 183% INCREASE IN MEMBERSHIP FROM 2022 TO 2023, WITH SOME GROUPS NOW HAVING AS MANY AS 1,000 MEMBERS.

ACLM CONNECT, OUR ONLINE MEMBER COMMUNITY, LAUNCHED IN NOVEMBER 2021, IS EXPERIENCING TREMENDOUS GROWTH IN ENGAGEMENT-NOW CONSIDERED ONE OF ACLM'S MOST VALUED MEMBER BENEFITS. IN 2023, THERE WERE NEARLY 60,000 DOWNLOADS FROM ACLM'S EXTENSIVE LIBRARY OF EDUCATIONAL TOOLS AND RESOURCES, WITH

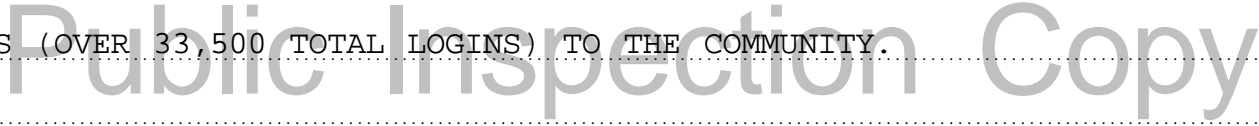
Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

CONNECT FACILITATING OVER 1,600 NEW DISCUSSION POSTS AND OVER 9,500 UNIQUE LOGINS (OVER 33,500 TOTAL LOGINS) TO THE COMMUNITY.



ACLM'S JOBS BOARD CONTINUES TO GROW, WITH JOB OPENING POSTS FROM MANY OF HEALTHCARE'S MOST PROMINENT BRANDS. IN ORDER TO ASSIST PATIENTS SEARCHING FOR A LIFESTYLE MEDICINE-TRAINED CLINICIAN, LMPROS.COM, ACLM'S DIRECTORY OF CERTIFIED LIFESTYLE MEDICINE CLINICIANS, IS CONTINUING TO EXPAND.

ACLM EARNED MANY HIGH-VISIBILITY MEDIA PLACEMENTS IN 2023, INCLUDING THE WALL STREET JOURNAL, NEW YORK TIMES, BECKER'S HOSPITAL REVIEW, CONSUMER AFFAIRS, MEDSCAPE, AND HEALIO. WE LAUNCHED A BLOG, RESULTING IN MORE THAN 50,000 VIEWS, AND OUR MONTHLY CURATED NEWSLETTER, INSIDER, WAS PUBLISHED FOR THE FOURTH YEAR, CONSISTENTLY EXCEEDING INDUSTRY AVERAGES FOR READERSHIP AND CLICKS.

EXPANDING OUR VIRTUAL STAFF TO 35 DEDICATED PROFESSIONALS ACROSS 20 STATES HAS BEEN ESSENTIAL TO SUPPORT THE GROWTH IN SIZE AND SCOPE OF ACLM'S MEMBERSHIP AND MISSION-ADVANCE INITIATIVES. THIS IS SUPPORTED BY ACLM'S MULTI-FACTOR AUTHENTICATION OFFICE ENVIRONMENT AND WEBSITE HOSTING ON A TIER 4 SERVER ENSURES THE HIGHEST LEVEL OF CYBER SECURITY. OUR ENHANCED CUSTOMER SERVICE SOFTWARE AND CAPACITY IS ALSO INTENDED TO ENSURE OPTIMAL MEMBER AND CUSTOMER SUPPORT.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD OF DIRECTORS REVIEWS THE TAX RETURN BEFORE IT IS SUBMITTED TO THE INTERNAL REVENUE SERVICE.

Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE AMERICAN COLLEGE OF LIFESTYLE MEDICINE HAS A CONFLICT OF INTEREST POLICY IN PLACE AND COVERS ALL DIRECTORS, OFFICERS, AGENTS AND EMPLOYEES OF THE ORGANIZATION. IN SHORT, A CONFLICT OF INTEREST WOULD ARISE WHEN ANY OF THE ABOVE HAS COMPETING LOYALTIES BY VIRTUE OF THE PERSON'S ROLE IN THE ORGANIZATION AND ANY DUALITY WITH OTHER BUSINESSES OR ORGANIZATIONS.

IF A CONFLICT OF INTEREST IS DISCOVERED OR DISCLOSED, THE AFFECTED MEMBER IS NOT ALLOWED TO PARTICIPATE IN THE DISCUSSION OR VOTING ON THE ISSUE IN CONFLICT AND THAT MEMBER'S ATTENDANCE AT ANY MEETING UPON WHICH ACTION IS TAKEN IS NOT COUNTED TOWARDS DETERMINING A QUORUM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

BASE SALARY - WILL BE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE AND MAY BE INCREASED BEYOND THE COST-OF-LIVING ADJUSTMENT IN THE DISCRETION OF THE EXECUTIVE COMMITTEE BASED UPON EXTRAORDINARY PERFORMANCE OF THE EXECUTIVE. THIS BASE SALARY SHALL BE PRORATED FOR ANY PARTIAL YEAR OF THE EXECUTIVE'S EMPLOYMENT HEREUNDER.

BONUS - THE EXECUTIVE SHALL BE ELIGIBLE TO RECEIVE AN ANNUAL BONUS BASED UPON EXTRAORDINARY PERFORMANCE AGAINST A PLAN TO BE MUTUALLY AGREED UPON BY THE EXECUTIVE COMMITTEE AND THE EXECUTIVE FROM TIME TO TIME. EACH BONUS SHALL CORRESPOND TO THE CALENDAR YEAR AND SHALL BE PAID TO THE EXECUTIVE IN ONE LUMP SUM, SUBJECT TO DEDUCTIONS AND WITHHOLDING, DURING THE FIRST MONTH OF THE FOLLOWING CALENDAR YEAR. THE BONUS IS NOT ALLOWED TO EXCEED 20% OF THE BASE SALARY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION DOES NOT MAKE PUBLIC ITS FINANCIAL STATEMENTS OR GOVERNING

Name of the organization

Employer identification number

AMERICAN COLLEGE OF LIFESTYLE

32-0208451

DOCUMENTS.

Public Inspection Copy