Form	90	90	Return	of Organization Exe	mot Fro	om Inc	ome 1	Гах		OMB No. 1545-0047
FUIII			Neturi		mptric			an		2020
			Under section 501(c)	, 527, or 4947(a)(1) of the Interna	al Revenue	Code (exc	cept priv	ate found	ations)	LULU
Denart	nent of	the Treasury	Do not e	nter social security numbers on	this form a	is it may b	be made	public.		Open to Public
		ue Service	► Go to	www.irs.gov/Form990 for instru	uctions and	d the lates	st inform	ation.		Inspection
A F	or the	2020 calend	ar year, or tax year beg	inning		, 2020, ai	nd endin	g		, 20
Вс	neck if a	applicable:	C Name of organization	artnership For Quality	y Medica	l Don			D Employ	er identification number
A	dress	change	Doing business as							23-3097238
ПN	ame ch	ange	Number and street (or	P.O. box if mail is not delivered to street addr	ress)		Room/suite	e	E Telepho	one number
In	itial retu	urn	326 First Str	reet			3	2		(410)848-7036
8		rn/terminated		rovince, country, and ZIP or foreign postal co	de				G Gross	
8	nendec		805,290							
H		on pending	Annapolis, MI	principal officer: Elizabeth Ashb	ourne			H(a) Is this a g	\$	
	phoade	in penaing	Same as C abo		ourne			H(b) Are all s		
		npt status: X	501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	527					See instructions
	ebsite:		.pqmd.org	) (Insert no.) 4547 (a)(1) of						
		organization: X		ssociation Other ►		ear of formatio		H(c) Group e		
R F					Lie	ear or iormalic	on: <b>200</b> 2		State of lega	
rai			,	ning of most significant activities.	<b>m</b> l <b>D</b> -					linel Demotione
	1		0	sion or most significant activities:	-		•		-	dical Donations
ė		-	-	non profit and corpora	-					
Governance				to under served and v	vulnerab	ole peop	ple th	rough a	active	engagement of
erne			artners and loca							
Ň	2			on discontinued its operations or di	•				1 1	
	3			verning body (Part VI, line 1a) .						13
ŝ	4	Number of ir	ndependent voting membe	ers of the governing body (Part VI,	, line 1b) .				4	13
Activities &	5	Total numbe	r of individuals employed	in calendar year 2020 (Part V, line	e2a)				5	7
cti	6	Total numbe	r of volunteers (estimate i	f necessary)					6	43
∢	7a	Total unrelat	ed business revenue fror	n Part VIII, column (C), line 12 .					7a	0
	b	Net unrelate	d business taxable incom	ne from Form 990-T, Part I, line 11					7b	0
								Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, lin	e1h)				911	,008	805,036
ne	9	9 Program service revenue (Part VIII, line 2g)								0
Revenue	10	Investment ir	254							
Re	11	Other revenu	ue (Part VIII, column (A),			0				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							,839	805,290
	13	Grants and s	similar amounts paid (Par	t IX, column (A), lines 1-3)						0
	14	Benefits paid	to or for members (Part	IX, column (A), line 4)						0
	15	Salaries, oth	er compensation, employ	ee benefits (Part IX, column (A), lir	nes 5-10)			388	,140	466,580
ses				, column (A), line 11e)						0
ens			sing expenses (Part IX, c			0				-
Expenses	17		ses (Part IX, column (A),	( ), )				314	,384	265,913
	18	•		st equal Part IX, column (A), line 25					,524	732,493
	19	•	```	e 18 from line 12	,				,315	72,797
. vo	-			• • • • • • • • • • • • • • • •				ning of Curre	-	End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					1,586		1,610,883
Bala	21		( , ,						,664	709,502
let⊿ und	22			ct line 21 from line 20					,778	901,381
Par			re Block		• • • • • •		•	075	,770	901,301
				turn, including accompanying schedules and	statements, and	d to the best o	of my knowl	edge and beli	ief. it is	
				officer) is based on all information of which pr			- , -			
			aboth Jath							
Sign			abeth Ashbourne						Date	
-				<b>_</b>					Dale	
Here	;		-	Executive Director						
		· · ·	print name and title			-			<u> </u>	
<b>_</b> .		Print/Type pre		Preparer's signature		ate		Check	if F	PTIN
Paic		_	y J Pelura	Anthony J Pelura	12	2-02-202	21	self-emp	ployed	P01613449
Prep				& Pelura LLC			Fir	m's EIN 🕨		
Use	Only	<b>y</b> Firm's addres	s 🕨 251 Naj	oles Road Suite G			Ph	one no.		
			Millers	ville MD 21108					410-9	75-5565

May the IRS discuss this return with the preparer shown above? (see instructions)										
For Paperwork Reduction Act Notice, see the separate instructions.										

No

OMB No. 1545-0047

Form	1990 (2020) Partnership For Quality Medical Don	23-3097238	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	The Partnership for Quality Medical Donations is a unique alliance of non pr	ofit and cor	porate
	organizations committed to bringing measurable health impact to under served	and vulneral	ble
	people through active engagement of global partners and local communities.		
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	Νο
	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	Νο
	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 measure	•	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	others,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:         ) (Expenses \$732,493         including grants of \$) (Revenue	\$	)
	PQMD members helped millions of people suffering from Ebola, Sickle Cell Dis	ease, River	
	Blindness, HIV/AIDs, TB, Malaria, an array of neglected tropical diseases, p	oor nutrition	n, and
	many other health challenges in the US and countries around the world. PQMD	members and	their
	partners combine product contributions with cash, volunteers, training and c	ther service	s to
	support a wide range of global health programs. Members work together with m	ultilateral,	national
	and sub-national governments, other companies and international nongovernment	tal organiza	tions, to
	pursue disease elimination as a public health problem, develop healthcare in	frastructure	, build
	the capacity of in-country healthcare workers, and fill gaps in local health	-related ser	vices. We
	accomplish this through setting and promoting quality standards, disseminati	ng knowledge	and
	influencing policy.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe on Schedule O.)		
Ψu	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  732,493	1	

Form 990 (2020)

	n 990 (2020) Partnership For Quality Medical Don 23-30972	238	F	Page 3
Pa	rt IV Checklist of Required Schedules			<del></del>
			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?	2	x	<u> </u>
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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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	11b		х
С	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	11c		х
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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
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	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	15		х
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	16		х
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	17		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	18		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	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990 (2020) Partnership For Quality Medical Don 23-309	7238	F	Page 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	. 23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a		a 📃	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24	<b>b</b>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24	b	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25	a 📃	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	. 25	<b>b</b>	х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26	;	х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27	'	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	. 28		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28	0	x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	. 28		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	. 29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
~ /	conservation contributions? If "Yes," complete Schedule M.			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	-	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	. 32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
25-	or IV, and Part V, line 1			X
35a		. 35	1	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35		v
26		. 35	5	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	. 36		v
37	related organization? If "Yes," complete Schedule R, Part V, line 2	. 30	<u>'</u>	x
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	,	v
20		. 3/		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	v	
Dor		30	X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
		• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	103	110
та b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0		
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
U	reportable gaming (gambling) winnings to prize winners?	. 1c	x	
				L

Zero         Yes         No           2         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax         7         7         7           3         Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax         7         7         7           4         If at least one is reported on the ad, dith or organization file at required for effections.         7         2         x           3a         Did the organization have unerted business grows chance on Schedule D.         3a         3a         3a         3a         11 'Yes, ' that the a Form 980-T for this year? // 'No' to fire 3b, provide an explanation on Schedule D.         3a         3a           3a         If 'Yes, ' that the main of the foreign country - be required to effect anonytown an explanation on Schedule D.         3b         3a           3b         If 'Yes, ' due the mannel of the foreign country - be required to effect anonytown an explanation on Schedule D.         3b         3c         x           3b         Did at explanations that if wave not us down the account, security on the required to the intermole accountry.         5a         x           3c         Trist, ' due to the organization that if wave is a party to a prohibited ta schether transaction?         5b         x           3c         If 'Yes, ' due the organization that if wave is a party to a prohibited ta schether transacton?         5c		990 (2020) Partnership For Quality Medical Don 23-30972	38	P	'age <b>5</b>
2a         Ener the number of employees reported on Form W-3. Transmitted of Wage and Tax         2a         7           2b         Examements. Infinite of the calendary are ending with on whithin the year covered by this return         2b         X           Wete: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file toe initiation that         3a         X           b         If the capacitation have interacted business groups income of 13 X000 or more dump the year?         3b         X           b         If the capacitation have interacted business groups income of 13 X000 or more dump the year?         3b         X           a         A rary time of the capacitation have interaction have an interaction or a dipatition or Schedule 0.         3b         X           b         If 'Yes,' relater the name of the forging contrity (such as a bark account, securities account, or other financial account)?         4a         X           b         If any inscale party notify the organization hat it was or is a party to a prohibited tax shelar transaction?         5b         X           b         If 'Yes,' relate thar advect the angent the frames 1b or a dipitation and party for goods and sections for time organization hat were yould and bard as a contributions and party for goods and sections and party as a contribution and party for goods and sections of the good core of the good core sections provided?         7a         7a           7         Organization set, exi-dustation oright advectory as a c	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Stements, field to the calendar year anding with or within the year covered by this return       12       7         Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions).       3a       X         Note: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions).       3a       X         If Test, fhast the a form 300-10 Tort hisy serif 1 "Note" line 3b, provide an explanation or Schedule 0.       3b       X         If Test, fhast the a form 300-10 Tort hisy serif 1 "Note" line 3b, provide an explanation or Schedule 0.       4a       X         If Test, fhast the a form 300-10 Tort hisy serif 1 "Note" line 3b, provide an explanation or Schedule 0.       4a       X         If Test, fhast the anome of the foreign country is       As a hark accurt, sccutter statiles account; or other financial accounts (FBAR).       4a       X         If "Yes," enter the name of the foreign country is the varies of a provide an explanation file for explanation file for explanation file is explanet than \$100,000, and dit he cognization file was explanation file foreign BBAR and Financial Accounts (FBAR).       5b       X         If Wes," other the dotted bib contributions that are normally greater than \$100,000, and dit he cognization near explanation file foreign explanation file foreign explanation file foreign explanation file foreign explanation foreign explanation foreign explanation foreign explanation foreign explanation foreign explanation file foreign explanation foreign explanation foreign explanation foreign explanation foreign explanation foreign				Yes	No
b       It least one is responded on line 2a, di the organization file all required te derive (see instructions).       2b       X         Mote: If the sum of lines 1 and 2 is greater than 250, your mybe terrequired to adfile (see instructions).       3a       Xa         If 'Tes: 'Inst lifed a form 900-If for this year'. If 'No' for line 2b, provide an explanation or Schedule 0.       3b       Xa         If 'Tes: 'Inst lifed a form 900-If for this year'. If 'No' for line 2b, provide an explanation or other (Instancial account)?       4a       Xa         If 'Yes: 'Inst lifed a form 900-If for this year'. If 'No' for line 2b, provide an explanation or other (Instancial account)?       4a       X         If 'Yes: 'Inst lifed a form 900-If for this year'. If 'No' for line 2b, provide an explanation or other (Instancial Account)?       4a       X         If 'Yes: 'Inst lifed a transaction?       5a       X       5c       5c         Was the organization harty in explanation that it was or is a party to a prohibited tax sheller transaction?       5b       X         If 'Yes: 'Inst life an organization in explanation in the frame 886+72.       5c       5c       5c         If 'Yes: 'Inst life an organization in explanation in the frame 886+72.       7c       7c       7c       7c         If 'Yes: 'Inst life an organization in explanation in the frame 886+72.       7c       7c       7c       7c       7c       7c       7c       7c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note:         If the sum of lines 1s and 2s is greater than 250, you may be required to a-file (see instructions).         Image: Comparison have unmitted business grows income of 31 000 or more duing the year?         3a         x           at At any time dumg the calendar year, diff the organization have an interest in, or a signature or other authority over, a financial account is foreign county (such as a bark account, socurities account, or other financial accounts)?         4a         x           bit "Yes", that it field a Form 390-T for this quart if "No's in the 3b, provide an explanation on Schedule O.         3b         x           bit "Yes", that it field a Form 390-T for the organization the the accounts (sections or other financial accounts)?         4a         x           bit "Yes", enter the name of the foreign county is the was or is a party to a prohibited tax where transaction at any time during the tax year?         5a         x           bit does gravitation have amal graves recipite that as normally greater than \$100,000, and did the organization tax is may there during the tax year?         5a         x           bit "Yes" to line 5a or 5b, did the organization the tax an cormally greater than \$100,000, and did the organization section any spreetin excess of \$37 hand party is as contributions or gravity to goods and services provided to the payor?         7a         7a           cill the organization neale was payment in excess of \$37 hand party is as contribution and party if orgoods and services provided to the payor?         7a         7a           bit I'Yes, "indicate the number of forms 8222 filed d		Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
3a       Del the organization have uncellated business gross income of \$1000 or more during the year?       3a       X         b       H "Yes," has it field a Form 990-07 for this year? H"Wo're line 8b, provide an explanation on Schedule 0	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b       If Yes," has it filed a Form 90-T for this year? If YW'r to line 2b, provide an explanation on Schedule O.       30         4       At any time during the calendary year, diff 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, or other financial accounts (FBAR).       4a         b       I' Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a         5W as the organization a party to a prohibited tax shelter transaction?       5a       X         b       Did any taxable party notify the organization the twas or is a party to a prohibited tax shelter transaction?       5b       X         c       Press' to line Sa or Sb, did the organization the twas or is a party to a prohibited tax shelter transaction?       5c       X         d       Press' to line Sa or Sb, did the organization the twas or is a party to a prohibited tax shelter transaction?       6a       X         d       Press' did the organization neural gross receipts that are normally greater than \$100,000, and did the organization neural gross receipts that are normally greater than \$100,000, and did the twas or is a party the account tax deductible as challable contributions?       7a       7a         d       Press', did the organization neural gross receipts that are on romally greater than \$100,000, and did the organization file party and party as a contributions?       7a       7a         d       Pres		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a       At any time dung the calendar year, ddi the organization have an interestiin, or a signature or other subnotity over, a 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).       Sa       x         b       Was the organization a party to a prohibite data whether transaction at any time dung the tax year?       Sa       x         b       Use any taxable party notify the organization in the two sorts a party to a prohibite data whether transaction?       Sa       x         b       Use any contributions that were not tax deduabible as charitable contributions or gifts were not tax deduabible?       Ga       x         b       If Yes," indicate the organization incide with every solicitation an approximation and party for goods and services provided to the pagor?       Ga       x         b       If Yes," indicate the number of Form 8322 field during the year.       Td       Td       Td         c       Did the organization notify the donor of the value of the goods or services provided?       Td       Td       Td         c       Did the organization notify the donor of the value of the goods or services provided?       Td	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
a funcial account in a foreign county (such as a bank account, securities account, or other financial account?       4a       x         b ff 'Yes' remer the name of the foreign county.       >       See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See         50 Was the organization a party to a prohibited tax shelter transaction at any time dung the tax year?       Sa       x         c ff 'Yes' to line 5a or 5b, ddt the organization the Form 8886-72.       Sa       x         c ff 'Yes' to line 5a or 5b, ddt the organization the form 8886-72.       Sa       x         d Dots the cognization they around gross receipts that are normally greater than \$100.000, and did the organization neural gross receipts that are normally greater than \$100.000, and did the organization tax and unable?       Ga       x         ff 'Yes' to line tax deductible?       Ga       x       X       Ga       x         ff 'Yes' to line tax deductible?       Ga       x       X       Ga       x         ff 'Yes' to line tax deductible?       Ga       x       X       Ga       x         ff 'Yes' to line form \$220 file organization were apyrment in exceeds \$157 made party as a contribution and party for goods and services provided?       7a       Ga       Za         ff 'Yes', findicate the number of Form \$222 filed during the year.       7d       Td       Td       Td <td< th=""><th>b</th><td>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</td><td>3b</td><td></td><td></td></td<>	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		
b       If "Yes", enter the name of the torsign county.       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         SW as the organization aparty to a prohibited tax shelter transaction.       See       X         Did any taxable party notify the organization file form 8889-7.2.       See       See         Go Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         D       Organization traceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       Report       Report         D       Did the organization notify the doar of the value of the goods or services provided?       To       To         Did the organization notify the doary of the value of the goods or services provided?       To       To       To         Did the organization notify the doary of indicetly, to pay permitums on a personal benefit contract?       To       To         Did the organization neceive a payment.       indicetly or indicetly, to ay permitums on a personal benefit contract?       To       To         Did the organization neceived a contribution of qualified intellectual property, did the organization freeabies and fund acontract? <th>4a</th> <td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,</td> <td></td> <td></td> <td></td>	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
See instructions for ling requirements for FinCENF com 14, Report of Foreign Bark and Financial Accounts (FBAR).       Se       X         Sub with the organization aparty to a prohibited tax shelter transaction?       So       X         Up dary taxable pary notify the organization that it was or is a party to a prohibited tax shelter transaction?       So       X         Do bes the organization are arealy gross receipts that are normally greater than \$100,000, and dd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions or deliver the any receive deductible contributions that was or is a party to a prohibited tax shelter transaction?       So       Comparization receive apyment in exceeded tax shelter transaction?       So         7       Organization receive apyment in exceeded at the organization notify the donor of the value of the goods or services provided?       7a       To         11 "Yes," dd the organization necelve apyment in exceeded 32 field during the year.       7d       To       To         12 Ub the organization necelve apyment in exceeded 32 field during the year.       7d       To       To         13 Ub the organization necelve apyment in exceeded 32 field during the year.       7d       To       To         14 "Yes," did the organization necelve apyment in exceeded 32 field during the year.       7d       To       To         14 "Yes," did the organization mether of forms 8282 field during the year.       7d       To <th></th> <td>a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td> <td>4a</td> <td></td> <td>x</td>		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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?     5c       6a     Does the organization have arruad gross receipts that are normally greater than \$100,000, and did the organization solid any conthibitions that were not tax deductible as charitable contributions or gifts were not tax deductible contributions and were not tax deductible as charitable contributions or gifts were not tax deductible contributions under section 170(c).     6b       7     Organization nective a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?     7a       7     Organization notify the donor of the value of the goods or services provided?     7a       7     Did the organization notify the donor of the value of the goods or services provided?     7a       7     Types," did the organization outly or dimersity to payment in excess of \$75 made party in directly to indirectly, to pay premiums, directly or indirectly, on a personal benefit contract?     7c       7     Did the organization neceive any funds, directly or indirectly, to any premiums, directly or indirectly, on a personal benefit contract?     7d       7     Types, indicate the number of Forms 8222 file during the year.     7d       7     Types, indicate the number of Forms 8226 funds.     9a       9     Sponsoring organization maker at yzatable distributinfor to a donor advised fund maintained	b	If "Yes," enter the name of the foreign country			
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 888-6172.       5c       5c       5c         Does the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       x         If 'Yes,' to line organization include with wery solicitation an express statement that such contributions or glifts were not tax deductible contributions under section 170(c).       6b       5c         0       Did the organization include with wery solicitation an express statement that such contributions or glifts were not tax deductible contributions under section 170(c).       7c       7a         0       Did the organization notify the donor of the value of the goods or services provided?       7a       7a         0       Dif the organization neceive any furnetin excess of 375 made party as a contribution and party for which it was required to file form 8282?       7c       7c         0       Dif the organization motify the donor of the value of the goods or services provided?       7c       7c         1       Did the organization mather ing donor of the value of the goods or services provided?       7c       7c         1       Did the organization during the year, apprentimes, directly or indirectly, on a personal benefit contract?       7c       7c         1       Did the or		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 888-6172.       5c       5c       5c         Does the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       x         If 'Yes,' to line organization include with wery solicitation an express statement that such contributions or glifts were not tax deductible contributions under section 170(c).       6b       5c         0       Did the organization include with wery solicitation an express statement that such contributions or glifts were not tax deductible contributions under section 170(c).       7c       7a         0       Did the organization notify the donor of the value of the goods or services provided?       7a       7a         0       Dif the organization neceive any furnetin excess of 375 made party as a contribution and party for which it was required to file form 8282?       7c       7c         0       Dif the organization motify the donor of the value of the goods or services provided?       7c       7c         1       Did the organization mather ing donor of the value of the goods or services provided?       7c       7c         1       Did the organization during the year, apprentimes, directly or indirectly, on a personal benefit contract?       7c       7c         1       Did the or	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
c       H*/est to line 5 a or 5b, did the organization file Form 8886-T2.       5c         6a       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions or glfts were not tax deductible?       6a       x         7       Organization nective a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?       7a       7a         7       Did the organization nective a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?       7a       7a         7       Did the organization nective a payment in excess of \$76 made party as a contribution and party for goods and services provided to the payor?       7a       7a         7       Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       7b         7       Did the organization neceive a northbuit of earny to pay premiums on a personal benefit contract?       7d       7d         7       Did the organization neceive a contribution of any backs, aiphaene, or other whiles, daith erosynazization file Form 88227       7a       7a         7       Hi the organization neceive a contribution of any other the organization file Form 88227       7a       7a         7       Hi the organization neceive anthoution stens, aiphaenen, order whiles, dift the organization file	b		5b		х
Ge       Does the organization have annual gross receipts that are normally greater than \$100,200, 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 as express statement that such contributions or gifts were not tax deductible?       6b       6c         c       Organizations that may receive deductible contributions under section 170(c).       6c       6c       7a       7a <th>с</th> <td></td> <td>5c</td> <td></td> <td></td>	с		5c		
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       6c         7       Organizations that may receive deductible contributions under section 170(c).       7a       6c       6c         a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       7a <td< th=""><th>6a</th><td></td><td></td><td></td><td></td></td<>	6a				
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         Organizations that may receive deductible contributions under section 170(c).       10       10         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         b       If "xes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization output the donor of the value of the goods or services provided?       7c         d       If "xes," indicate the number of Forms 8282 filed during the year.       7d         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8282 required?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization files Form 8899 as required?       7g         g       If the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       9a         g       Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         g       Sponsoring organization mak			6a		x
gifts were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     10       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       b     17*Yes," did the organization notify the donor of the value of the goods or services provided?     7a       c     Did the organization notify the donor of the value of the goods or services provided?     7a       c     Did the organization notify the donor of the value of the goods or services provided?     7a       c     Did the organization notify the donor of the value of the goods or services provided?     7c       c     Did the organization netwer exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c       f     Did the organization neceved a contribution of qualified intellectual property, did the organization file Form 8289 as required?     7f       g if the organization neceved a contribution or qualified intellectual property, did the organization file Form 8289 as required?     7f       g Sponsoring organizations maintaining donor advised funds.     8     8       g Did the sponsoring organization neake at stabilions under section 4966?     9a     9b       g Did the sponsoring organization make at stabilions to a donor advised rund     10a     10a       g Sonsoring organization make at stabilion to a donor advised rund     10a	b				
7       Organizations that may receive deductible contributions under section 170(c).       Image: Contribution and parity as a contribution and parity for goods and services provided to the payor?       7a         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         0       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c         0       Id the organization sell, exchange, or otherwise depose of tangible personal property for which it was required to file Form 8282 file during the year.       7d         0       Id the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7c         1       Id the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7d         1       If the organization neceived a contribution of avoided funds. Did a donor advised fund maintained by the sponsoring organization make and starbid funds. Did a donor advised fund maintained by the sponsoring organization make and starbid tions under section 4966?       9a         2       Sponsoring organization. Take and starbid tions under socies       10a         3       Socies for (C)(2) organizations. Enter:       10a       10a         4       Initiation fees row addite do nor advised round socies of the socies       11a       12a         3       Socis income from other sources (Do not net amo		-	6b		
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         b       If "Yes," fail the organization notify the donor of the value of the goods or services provided?       7b         c       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         d       If "Yes," hidracte the number of Forms 8282 filed during the year.       7d         d       Did the organization received a contribution of qualified intellectual property (di the organization file form 8899 as required?       7g         d       If the organization received a contribution of qualified intellectual property (di the organization file Form 8899 as required?       7g         d       If the organization received a contribution of qualified intellectual property (di the organization file Form 8899 as required?       7f         d       If the organization making donor advised funds.       8         a       Sponsoring organization make any taxable distributions under section 4966?       9a         D       Did the sponsoring organization make any taxable distributions under section 4966?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       fross income	7	•	•••		
and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organizations elite, acxhange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7c         d       Did the organization forceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d         file the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       7d         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8299 as required?       7g         h       If the organization neaves costs business holdings at any time during the year?       7h         Sponsoring organization maintaining donor advised funds.       8       9         gonsoring organization make any taxable distributions under section 4966?       9a       9a         b       Did the sponsoring organizations. Enter:       10a       10b       10b         grass income from members or shareholders       11a       10b       11a       11a         grass income from members or shareholders       11a       12a       12a       12a <th></th> <td></td> <td></td> <td></td> <td></td>					
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7e         d       Did the organization during the year, pay premiums, on a personal benefit contract?       7f       7g         f       Did the organization during the year, pay premiums, or other vehicles, did the organization file Form 8899 as required?       7g         f       H the organization for received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f         g       If the organization received a contribution of acas, bast, airplanes, or other vehicles, did the organization file Form 8899 as required?       7h         8       Sponsoring organization make axis tany time during the year?       8a         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       the sponsoring organization make a distribution sucher section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       10a         a       forse income from members or shareholders       11a       10a         b       Gross income from me	ũ		7a		
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 3282 filed during the year.       7d       7e         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       7e         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       7g         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       7f         g       If the organization received a contribution of ans, boats, aiplanes, or other vehicles, did the organization file Form 109-C2       7h       7h         8       Sponsoring organizations maintaining door advised funds.       8       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b       Did the sponsoring organizations. Enter:       10a       10a       10a         a       fores receipts, included on Form 930, Part VIII, line 12, for public use of club facilities       11b       12a         b       Gross income from members or shareholders       11a       10b       12a       11b         a       Gross income from other sources (Do	h		-		
required to file Form 8282?       7c         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         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 0889 as required?       7g         h If the organization received a contribution of cars, bases, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining door advised funds.       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(2) organizations. Enter:       10a         a Gross income from members or shareholders       11a         12 Section 501(c)(2) organizations. Enter:       11a         12 Gross income from members or shareholders       11a         13 Section 501(c)(2) organizations. Enter:       12b         13 Section 501			10		
d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7h       7h         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization nake any taxable distributions under section 4966?       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         10       It he sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       11a       10a       <	U		70		
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         8       Sponsoring organization maximaling donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations maintaining donor advised funds.       10a       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a         11       Section 501(c)(12) organizations. Enter:       10a       11b         a       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)       11a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a <tr< th=""><th>Ч</th><th></th><th>10</th><th></th><th></th></tr<>	Ч		10		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7g         h       If the organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Byonsoring organizations maintaining donor advised funds.       9a         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b         11       Section 501(c)(12) organizations. Enter:       11a         12       Section 501(c)(12) organizations. Enter:       11b         13       Section 501(c)(23) organizations. Enter:       11b         13       Section 501(c)(23) organization theres treceived or accrued during the year       12a         14       Yes, "neter the amount of tax-exempt interest received or accrued during the year       12a			70		
g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       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?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10b       10b         11       Section 501(c)(2) organizations. Enter:       10a       10b       11a         a       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14       Is the organization licensed to issue qualified to maintain by the states in which the organization is licensed to issue qualified to maintain by the states in which the organization iscensed to issue qualified nonprofit health plans					
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       8         9       Sponsoring organizations maintaining donor advised funds.       8       8         9       Sponsoring organizations maintaining donor advised funds.       9       9         b) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       9b       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b       10b       9c         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a       10b       10b       10b       10b       10b       10b       10c       10c <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a         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:       11a         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 501(c)(29) qualified nonprofit health insurance issuers.       12b         13       Section 501(c)(2)(29) qualified health plans in more than one state?       13a         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       13			70		
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?   c 10   Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   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?   13a Iab   14a X   14b Iac   14a X   14a Iab   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?	8		•		
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:       10a         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         corss income from members or shareholders       11a       11b         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         28       12b       12b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(C)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization is licensed to issue qualified health plans in more than one state?       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       x         14a       Did the organization is licensed to issue qualified health plans       17b," provide an explanation on Schedule O       14a       x     <	•		ð		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         12       Section form members or shareholders       11a       11b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13b       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       x         b			0-		
10       Section 501(c)(7) organizations. Enter:       10a       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a       11b         a       Gross income from members or shareholders       11a       11b       12a         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         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       x         14a       Did the organization receive any payments? If "No," provide an explanation on Schedule O       14b       14b					
a       Initiation fees and capital contributions included on Part VIII, line 12			90		
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:       11a         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       11b         12a       11b       11b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b       14a         c       Enter the amount of reserves on hand	10				
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which 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       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x			-		
a       Gross income from members or shareholders       11a       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       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       Note: See the instructions for additional information the organization must report on Schedule O.       13b         13       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       x         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       x         15       x			-		
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which 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       14b         15       the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	11				
against amounts due or received from them.)       111       111       111       112         Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       112       112         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b       13a         c       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       13b       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       14b       14b <t< th=""><th></th><th></th><th>-  </th><th></th><th></th></t<>			-		
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.       12b         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b         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         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? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	b				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	12a		12a		
a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       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       13b         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	b				
Note: See the instructions for additional information the organization must report on Schedule O.       13b         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         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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       13b         c       Enter the amount of reserves on hand       13c       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? <i>If "No," provide an explanation on Schedule Q</i> 14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       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? <i>If "No," provide an explanation on Schedule Q</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X		Note: See the instructions for additional information the organization must report on Schedule O.			
c       Enter the amount of reserves on hand       13c       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       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	b	Enter the amount of reserves the organization is required to maintain by the states in which			
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 Q       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x					
b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	С	Enter the amount of reserves on hand			
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       x	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
excess parachute payment(s) during the year?	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
excess parachute payment(s) during the year?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
			15		х
		If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		16		x
If "Yes," complete Form 4720, Schedule O.					

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Par	t 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 in Schedule O. See instruction			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6	х	
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?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	0		
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•		
500	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
100	Did the exception have level chapters, branches, or effiliates?	100	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	v	
11a h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Tia	x	
b 122	Did the organization have a written conflict of interest policy? <i>If "No," go to line</i> 13	12a	v	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	x x	
0	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	120	~	
C	describe in Schedule O how this was done.	12c		v
13	Did the organization have a written whistleblower policy?	13	x	x
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by	14	A	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I 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			
	Elizabeth Ashbourne (410)848-7036, 326 First Street, Annapolis, MD 21401			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	mpensated Employe	es, and						
	•								
	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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

	any related organizati	011 00	mpon	Jouro	Ju u	ny oun	UTIN .		105000.	
				(0	C)					
(A)	(B)		Position				(D)	(E)	(F)	
Name and title	Average					han one s both ar	,	Reportable	Reportable	Estimated amount
	hours		box, unless person is both an officer and a director/trustee)				compensation	compensation	of other	
	per week							from the	from related organizations	compensation from the
	(list any hours for	oro	Ins	Officer	Key	em	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	direc	titutio	icer	/ em	hest	mer	(		related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	Istee	trust		ee	Ipen				
	dotted line)	U.	ee			Highest compensated employee				
						4				
(1) Steve Hower	2.00									
Trustee		х						0	0	0
(2) Chris Skopec	2.00									
Trustee		х						0	0	0
(3) Jodi_Allison	2.0_0									
Trustee		х						0	0	0
(4) W Blair Fields	2.0_0									
Trustee		х						0	0	0
(5) Mitch Eiting	2.0_0									
Trustee		х						0	0	0
(6) Randy Weiss	2.00									
Trustee		х						0	0	0
(7) Ann Matz Tirado	2.00									
Trustee		х						0	0	0
(8) Abby VanHorne-Brett	2.00									
Trustee		х						0	0	0
(9) Ellen Rafferty	<u>2.0</u> 0									
Trustee		х						0	0	0
(10)Julie Jenson	3.0_0									
Vice Chair		х		х				0	0	0
(11)Kim Keller	3.00									
Assistant Treasurer		х		x				0	0	0
(12)Erica Tavares	3.00									
Treasurer		х		x				0	0	0
(13)Darnelle Bernier	3.00									
Chair		х		x				0	0	0
(14)Elizabeth_Ashbourne	40.00									
Executive Director				x		x		0	0	0
EEA					_					Form <b>990</b> (2020)

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Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an	nd Hi	ighe	est Co	mp	ensated Employe	es (contin	ued)			
	(A) Name and title	title Average hours per week (C)								(E) Reportable compensation from related organizations	able ation ated	cor	(F) mated amou of other ompensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		orgai	nization a	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		••••	•••	· · ·	•••	 	• •						
d	Total (add lines 1b and 1c)							-	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) wh	io re	eceive	d ma	ore than \$100,000	of			Yes	1 No
3	Did the organization list any <b>former</b> officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	•	•					•						
5	individual					•••						4		x
	for services rendered to the organization? If "Yes			-			-					5		x
-	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ax vear.			
	(A) Name and business addres								(B) Description of service		-	(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos		ed a	above)	wh	0					

Form 9	<u> </u>		ual	lity Medical	Don		23-30972	38 Page 9
Part	VIII	Statement of Revenue	_					
		Check if Schedule O contains a response c	or n	ote to any line in this	Part VIII			<u> [</u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	579,000				
	c	Fundraising events	1c					
5 g	d	Related organizations	1d					
iifts Ir Al	е	Government grants (contributions)	1e					
s, G mila	f	All other contributions, gifts, grants,						
r Sil		and similar amounts not included above	1f	226,036				
ibut	g	Noncash contributions included in						
on tr		lines 1a-1f	1g	\$				
<b>a</b> C	h	Total. Add lines 1a-1f			805,036			
				Business Code				
	2a		_					
vice	b							
Ser	С							
Program Service Revenue	d							
2 B C C C C	е							
ž		All other program service revenue						
	g	Total. Add lines 2a-2f		•••••				
	3	Investment income (including dividends, interest						
		other similar amounts)		-	254	254		
	4	Income from investment of tax-exempt bond pr						
	5	Royalties	•••	· · · · · ►				
		(i) Real		(ii) Personal				
		Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)	••					
	7a	Gross amount from (i) Securities		(ii) Other				
		sales of assets						
		other than inventory <b>7a</b>						
-	a	Less: cost or other basis						
nue		and sales expenses 7b						
Other Revenue		Gain or (loss) 7c						
Ŗ		Net gain or (loss)	••	•••••				
the	oa	Gross income from fundraising						
0		events (not including \$ of contributions reported on line						
		1c). See Part IV, line 18	8a					
	h	Less: direct expenses	8b					
		Net income or (loss) from fundraising events						
		Gross income from gaming	•					
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Gross sales of inventory, less						
	IUa		10a					
	b	F	10b					
		Net income or (loss) from sales of inventory						
			,	Business Code				
ន	11a							
nor								
ella ven	c							
Miscellanous Revenue		All other revenue						
Σ	e	Total. Add lines 11a-11d						
		Total revenue. See instructions			805,290	254	0	0

#### Partnership For Quality Medical Don Statement of Functional Expenses Part IX

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all concerning the context of the contex				X
	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	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	172,147	172,147		
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	146,987	146,987		
8	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)	15,536	15,536		
9	Other employee benefits				
10	Payroll taxes	131,910	131,910		
11	Fees for services (nonemployees):				
а	Management	44,800	44,800		
b	Legal				
С	Accounting	18,015	18,015		
d	Lobbying				
е	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 Schedule O.)	601	601		
12	Advertising and promotion	1,438	1,438		
13	Office expenses	5,948	5,948		
14	Information technology	24,829	24,829		
15	Royalties				
16	Occupancy	23,338	23,338		
17	Travel	10,882	10,882		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,496	1,496		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,673	1,673		
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 L	Grant Expense	131,327	131,327		
b	RPA Fees	1,566	1,566		
C					
d					
e 25	All other expenses	800 100	<b>FAAAAAAAAAAAAA</b>	-	-
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	732,493	732,493	0	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				
	1010WING SUF 30-2 (ASC 300-720)				

Form 99	<u>90 (2</u> 0	020) Partnership For Quality Medical Don	23	3-309723	B Page <b>1</b> 1
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
	1	Cash - non-interest-bearing	234,770	1	187,311
	2	Savings and temporary cash investments	917,326	2	1,047,580
	3	Pledges and grants receivable, net	429,000	3	370,646
	4	Accounts receivable, net		4	
	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	
Ś	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
٩ŝ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 4,145			
	b	Less: accumulated depreciation	3,446	10c	3,446
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,900	15	1,900
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,586,442	16	1,610,883
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19		710,664	19	634,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
les	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial	~~	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		25	
	26		<b>B10</b> CC4	25	75,502
	26	Total liabilities. Add lines 17 through 25	710,664	26	709,502
		Organizations that follow FASB ASC 958, check here ► x and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	COE 404	27	700 070
anc	27 28	Net assets with donor restrictions	695,424	28	799,279
Bal	20	Organizations that do not follow FASB ASC 958, check here	180,354	20	102,102
pu					
Net Assets or Fund Balances	29	and complete lines 29 through 33.         Capital stock or trust principal, or current funds		29	
0 20	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
set	30 31	Retained earnings, endowment, accumulated income, or other funds		30	
t As	31 32	Total net assets or fund balances	875,778	32	001 201
Š	32 33	Total liabilities and net assets/fund balances		32	901,381
	33		1,586,442	33	1,610,883

EEA

Form 990 (2020)

Form	990 (2020) Partnership For Quality Medical Don	23-309723	8	Pa	age <b>12</b>
Pa	rt 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		805,	,290
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		732,	,493
3	Revenue less expenses. Subtract line 2 from line 1	. 3		72,	,797
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4		875,	,778
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8		(47,	,194)
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10		901,	,381
Pa	rt 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: 🗌 Cash 🛛 🕱 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	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				
	Single Audit Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
			3b		
EEA			Form	<b>990</b> (	2020)

~~			_						OMB No. 1545-0047
(Form 990 or 990-EZ)					y Status and Pu				2020
Complete if the organiz			Complete if the organiz		ation is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trus				Open to Public
		of the Treasury enue Service	► Got		h to Form 990 or Form 077990 for instructions		atest infor	mation	Inspection
		e organization		to ####.#3.got## 0				Employer identifica	
Par	tne	rship For	Quality Medica	l Don				23-30972	38
Pa	rt I	Reason	for Public Charit	y Status. (All o	rganizations must c	complete	this part	t.) See instruction	าร.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1		A church, conv	vention of churches, or	r association of chu	urches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in section 170(b	b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4		A medical rese	earch organization ope	erated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
	_	•	e, city, and state:						
5					university owned or opera	ated by a g	government	al unit described in	
•		•	<b>)(1)(A)(iv).</b> (Complete						
6 	x		-	•	init described in <b>section</b>				
7		•	•		of its support from a gov	/ernmental	unit or from	n the general public	
0			ection 170(b)(1)(A)(vi						
8 9	H	-	rust described in <b>sect</b>		ion 170(b)(1)(A)(ix) ope	rated in co		with a land grant call	000
9		•	•		see instructions). Enter the		-	-	ege
		university:	a non-iand-grant cone	ege of agriculture (a		e name, ci	iy, and stat	e of the conege of	
10			in that normally receive	s: (1) more than 33	3 1/3% of its support from	contributi	ons memb	ershin fees and aros	۹
		•	•	. ,	subject to certain excepti				0
				•	siness taxable income (le		,		
					section 509(a)(2). (Com		,		
11	Π		•		test for public safety. Se		,		
12	П	•	•		the benefit of, to perform			carry out the purpos	es
		•	•	•	bed in section 509(a)(1)				
				-	e type of supporting orga			•	,
	а	_	•		ised, or controlled by its				•
					appoint or elect a major	•••	-		0
		supporting	g organization. You mi	ust complete Part	IV, Sections A and B.	-			
	b	Type II. A	supporting organization	on supervised or co	ontrolled in connection w	ith its supp	orted orga	nization(s), by havin	g
		control or	management of the su	pporting organization	on vested in the same pe	rsons that	control or n	nanage the supported	t
		organizati	on(s). You must com	plete Part IV, Sect	ions A and C.				
	С	Type III fu	inctionally integrated	I. A supporting orga	anization operated in cor	nnection w	ith, and fur	nctionally integrated	with,
		its support	ted organization(s) (se	e instructions). Yo	u must complete Part l	V, Sectior	ns A, D, an	d E.	
	d	Type III ne	on-functionally integ	rated. A supporting	g organization operated i	n connect	ion with its	supported organizat	ion(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution	requiremen	t and an attentivenes	6
			· · · ·	•	e Part IV, Sections A a				
	е	—	•		determination from the IF		s a Type I,⊺	Гуре II, Туре III	
					ntegrated supporting orga	anization.			
	f		ber of supported organ		•••••				••••
	g		lowing information abo		ganization(s).				
	(i	) Name of supported	lorganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization Ir governing	(v) Amount of monetary	(vi) Amount of other support (see
					above (see instructions))	docum		support (see instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
-									

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

(D)

(E)

Sche			lity Medica			23-309723	<u>v</u>
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th						ify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
_	ction A. Public Support	1	1	1	1	1	
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1							
	membership fees received. (Do not						
-	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
-	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						
_	Public support. Subtract line 5 from line 4						
_	ction B. Total Support	(.) 0040	(1) 0047	(.) 0040	( 1) 0040	(1) 0000	
	endar year (or fiscal year beginning in)►	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here						<u></u> ► 🗌
	ction C. Computation of Public Support					1 1	
	Public support percentage for 2020 (line 6, c					14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organization						
	box and stop here. The organization qualified			-			
k	33 1/3% support test - 2019. If the organization						
	this box and <b>stop here.</b> The organization qu			-			
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the facts			-	-		_
	organization						
k	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the factor	cts-and-circum	stances test.	The organization	on qualifies as	a publicly suppo	rted
	organization						•••• □
18	Private foundation. If the organization did r						_
	instructions						· · · · · ► 🔲

Sche	dule A (Form 990 or 990-EZ) 2020 Partnersh:	ip For Qua	lity Medica	l Don		23-309723	8 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the	he box on lin	e 10 of Part I	or if the orga	inization faile	d to qualify und	ler Part II.
	If the organization fails to qualify	/ under the te	ests listed bel	ow, please co	omplete Part	II.)	
See	ction A. Public Support			•	•		
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						()
-	received. (Do not include any "unusual grants.")						
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							
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						
	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
		(4) 2010	(10) 2011	(0) 2010	(4) 2010	(0) 2020	(1) 10101
	Gross income from interest, dividends,						
100	payments received on securities loans, rents,						
<b>h</b>	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	, second, third,	fourth, or fifth	tax year as a s	section 501(c)(3)	
	organization, check this box and stop here				-		▶ □
Sec	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 8, c			column (f))		15	%
	Public support percentage for 2020 (intel0, c		-			16	%
	ction D. Computation of Investment Inc			· · · · · · · · ·	••••		/0
	Investment income percentage for 2020 (line			ine 13 column	(f))	17	%
18	Investment income percentage from <b>2019</b> So					18	%
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz						
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	d see instructions	s 🕨 🗌

	e A (Form 990 or 990-EZ) 2020 Partnership For Quality Medical Don 23-3097	238	Р	age 4
Part		oto Soc	tions	٨
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, compl and P. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12a, Part			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Pa		•	
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and completion A. All Supporting Organizations	e Part	<i>V</i> .)	
ect	ion A. All Supporting Organizations		Vee	Na
4	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	Nc
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
~	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
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)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
1a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
Ju	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
b		Eh		
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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? If "Yes," provide detail in Part VI.	6		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
B	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
)a	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))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	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)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
A		A (Form 990	or 000 T	7) 00

Schedule A (Form 990 or 990-EZ) 2020 Partnership For Quality Medical Don	23-3097238	Р	age 5
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 in lines	s 11b and		
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11	c, provide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No
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

- Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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? 1 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). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
- supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

1

3

Chedule A (Form 990 or 990-EZ) 2020 Partnership For Quality		23-309	9 <b>7238</b> Page
Part V Type III Non-Functionally Integrated 509(a)			
1 Check here if the organization satisfied the Integral Part			-
instructions. All other Type III non-functionally integrate	ed supporting organization	is must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
Section A - Aujusted Net Income			(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			
of gross income or for management, conservation, or maint	enance 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 Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (s	ee		
instructions for short tax year or assets held for part of year	:		
a Average monthly value of securities	1a		
<b>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use ass	ets 2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (fo	r greater amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from lin	e 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, C	olumn 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 s	ubject to		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first a	as a non-functionally integ	rated Type III supporting	g organization
(see instructions).			

Schedule A (Form 990 or 990-EZ) 2020

	A (Form 990 or 990-EZ) 2020 Partnership For Quality M				7238 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organia	zations (continue	a)	
Sec	Current Year				
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	• • •			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide details in <b>Part VI</b> )		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 respons	sive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in <b>Part VI</b></i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Execce from 2019				
	Execce from 2010				
	Evana from 2020				
EEA				Sched	lule A (Form 990 or 990-EZ) 2020
					,

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> 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.)

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number Partnership For Quality Medical Don 23-3097238 Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	■ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

(a) No.

Partnership For Quality Medical Don

(b)

Name, address, and ZIP + 4

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

_1_	Eli Lilly 893 S Delaware St	\$ 15,000	Person 🗵 Payroll 🗌 Noncash 🗌
	Indianapolis IN 46225		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Merck 2000 Galloping Hill Road Kenilworth NJ 07033	\$10,000	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Sanofi 55 Corporate Drive Bridgewater NJ 08807	\$15,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	AbbVie 1 N Waukegan Road North Chicago IL 60064	\$10,000	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	BMS 345 Park Avenue New York NY 10154	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Pfizer 235 East 42nd Street New York NY 10017	\$30,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
EEA	1	Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)

Employer identification number

(d) Type of contribution

23-3097238

(c) Total contributions

Schedule B (Fo	orm 990,	990-EZ, or	990-PF)	(2020
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Name of organization

Employer identification number

Partnership For Quality Medical Don

23-3097238

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Johnson and Johnson One Johnson & Johnson Plaza New Brunswick NJ 08933	\$10,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990,

OMB No. 1545-0047

			ganization answered "Yes 10, 11a, 11b, 11c, 11d, 11e,				20	20
			Attach to Form 990.	, , , , , , , , , , , , , , , , , , , ,			Open to	Public
•	rtment of the Treasury al Revenue Service	► Go to www.irs.gov/Form9		he latest information	<b>.</b>		Inspectio	
Name	of the organization					ntification nu	nber	
Par	tnership For	Quality Medical Don			23-30	97238		
Pa		tions Maintaining Donor Advised Fu			s.			
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line	6.				
			(a) Donor advised	l funds	(b	) Funds and o	ther account	s
1	Total number at en	nd of year						
2		f contributions to (during year)						
3	Aggregate value of	f grants from (during year)						
4		tend of year						
5	-	n inform all donors and donor advisors in wi					_	_
_	-	nization's property, subject to the organization	-			• • • •	Yes	∐ No
6	-	n inform all grantees, donors, and donor adv						
	, ,	purposes and not for the benefit of the donor		, , ,				□
Do		ssible private benefit?			• • • •	• • • •	Yes	No
ra		vation Easements.	- Form 000 Dort IV/ line	o 7				
4		e if the organization answered "Yes" or		e 7.				
1		ervation easements held by the organizatio f land for public use (e.g., recreation or edu		Preservation of a hi	ictorically	(important	land area	
	Protection of n			Preservation of a co		•		
	Preservation o				entineu n		luie	
2		nrough 2d if the organization held a qualified	conservation contribution i	in the form of a conse	vation			
-		ist day of the tax year.				Held at the	End of the	Tax Voar
а					2a	neiu at the		
b					2b			
c	•	vation easements on a certified historic struc			2c			
d		vation easements included in (c) acquired af						
					2d			
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or term	ninated by the organization	ation du	ing the		
	tax year							
4	Number of states w	where property subject to conservation ease	ement is located					
5	Does the organizat	ion have a written policy regarding the peric	dic monitoring, inspection,	handling of				
	violations, and enfo	prcement of the conservation easements it h	olds?				Yes	No
6	Staff and volunteer	hours devoted to monitoring, inspecting, ha	ndling of violations, and en	forcing conservation e	asemen	ts during th	e year	
	▶							
7	Amount of expense	es incurred in monitoring, inspecting, handlin	ng of violations, and enforci	ng conservation ease	ments du	uring the ye	ar	
	▶\$							
8	Does each conserv	vation easement reported on line 2(d) above					_	_
-	and section 170(h)						Yes	No
9	-	be how the organization reports conservatio		•				
		include, if applicable, the text of the footnote	e to the organization's finar	ncial statements that de	escribes	the		
Do		ounting for conservation easements.	of Art Historiaal Tr	accurac or Othe		lor Acor	10	
Pa		zations Maintaining Collections			er Sinn	liar Asse	ets.	
10		te if the organization answered "Yes" of elected, as permitted under FASB ASC 958			an choot	worko		
1a	-	asures, or other similar assets held for publi	•					
		Part XIII the text of the footnote to its finance						
b		elected, as permitted under FASB ASC 958			sheet wo	rks of		
	-	ures, or other similar assets held for public e	•					
		ng amounts relating to these items:						
	•	ded on Form 990, Part VIII, line 1				▶ \$		
	.,	d in Form 990, Part X				▶ \$		
2		received or held works of art, historical treas						
	-	required to be reported under FASB ASC 9						

**a** Revenue included on Form 990, Part VIII, line 1

▶ \$

▶ \$

. . . . . . . .

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	ule D (Form 990) 2020 Partnership For						23-3097		Page 2
Pa	rt III Organizations Maintaining							sets (coi	ntinued)
3	Using the organization's acquisition, accessio	n, and other records	, check any	of the follo	owing that ma	ke signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan	or exchange p	orogram	S		
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they fu	urther the o	organization's	exempt	purpose in Part		
	XIII.								
5	During the year, did the organization solicit or	receive donations of	fart, historio	al treasur	es, or other si	milar			
	assets to be sold to raise funds rather than to	be maintained as pa	art of the or	ganization	's collection?.			Yes	No
Pa	rt IV Escrow and Custodial Arra	ngements.		-					
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line 9	9, or re	ported an amo	unt on Fo	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ry for contri	butions or	other assets	not			
			-					. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII a								
			- · · · · J · · · · ·				Amo	ount	
с	Beginning balance					. 1c			
d	Additions during the year								
e	Ending balance					1f			
f	5							Yes	
2a	Did the organization include an amount on For								∐ No
b	If "Yes," explain the arrangement in Part XIII. <b>rt V</b> Endowment Funds.	Check here if the ex	planation h	as been pr	ovided on Pa	π. ΧΙΙΙ .	•••••	• • • • •	
Fa		anawarad "Vaa"	on Form	000 0-	ort IV line	10			
	Complete if the organization a								
		(a) Current year	(b) Pric	or year	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, co	lumn (a)) l	held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment	6							
с	Term endowment   %								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
3a	Are there endowment funds not in the posses		tion that are	held and	administered	for the			
	organization by:	0							res No
								3a(i)	
								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the	•						0.0	
	rt VI Land, Buildings, and Equip	-							
- 4	Complete if the organization		on Form	990 Pa	art IV line '	11a S	ee Form 990 P	art X lin	e 10
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book	
	Description of property	(a) Cost of ou			other)	• •	epreciation		
12	Land		7		- ,				
1a ⊾									
b	Buildings								
C L	Leasehold improvements								
d									<u> </u>
e Tata	Other		4,145	· · · (D) · "	10-1		699		3,446
Iota	I. Add lines 1a through 1e. (Column (d) must	equai ⊢orm 990, Pa	rt X, colum	n (B), line	1 <b>uc.)</b>	• • •			3,446

Schedule D (Form	990) 2020 Partnership For Quality Med: Investments - Other Securities.		2.7	3097238	Page 3
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	n 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(4	<ul> <li>Method of valuation</li> <li>r end-of-year market valuation</li> </ul>	n:
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ►				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form	990, Part X,	line 13.
	(a) Description of investment (b) Book value Cos				
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.) ►				
Part IX	Other Assets.				
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	<u>1990, Part X,</u>	line 15.
	(a) Description			(b) Bo	ook value
	y Deposit				1,900
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.).		· · · · · · · •		1,900
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) Federa	al income taxes	
(2)PPP L	oan	75,502
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25	.). ► 75,502

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.

	ule D (Form 990) 2020 Partnership For Quality Medical Don	23-3097238	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es 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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-E2.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** 

Inspection

Employer identification number

23-3097238

#### Partnership For Quality Medical Don

01. Members or stockholder classes and rights (Part VI, line 6)

PQMD has two classes of Membership. They include corporate and non-profit organizations.

02. Member election for additional members (Part VI, line 7a)

PQMD Members are those who have power to elect members of the governing body.

03. Form 990 governing body review (Part VI, line 11)

Reviewed at board meeting

### 04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available to the public upon request Available to the public upon

request

05. List of other fees for services expenses (Part IX, line 11g)

Grant Project Expense \$136540

Form	4562	I	Depre	ciation a	nd A	mortiz	ation			OMB No. 1545-0172
FOIT	(Including Information on Listed Property)						2020			
Departi	ment of the Treasury			Attach to y	your tax	return.				Attachment
	Revenue Service (99)	► G	io to www.irs.go					mation.	_	Sequence No. 179
```	s) shown on return			B	Business or	activity to which	this form relates		Identi	fying number
	nership For					990EZ -	• 1		23-	-3097238
Par		-	e Certain Pro							
		•	listed property,	-			•		1	1
1	Maximum amount		,						1	
2	Total cost of section			, ,					2	
3	Threshold cost of s								3	
4	Reduction in limitation								4	
5	Dollar limitation for	•					•			
	separately, see ins	structions					<u></u>		5	
6		(a) Description of p	roperty	(	(b) Cost (b	usiness use only	y) (c	) Elected cost		_
7	Listed property. Er	nter the amount f	rom line 29			7				
8	Total elected cost	of section 179 p	roperty. Add amo	ounts in column (o	c), lines 6	and 7			8	
9	Tentative deduction	on. Enter the <b>sm</b>	aller of line 5 or l	line 8					9	
10	Carryover of disall	owed deduction	from line 13 of yo	our 2019 Form 45	62				10	
11	Business income l	imitation. Enter t	he smaller of bus	iness income (no	ot less th	an zero) or l	ine 5. See inst	ructions	11	
12	Section 179 expen	se deduction. A	dd lines 9 and 10,	, but don't enter n	nore thar	n line 1.1	. <u></u>		12	
13	Carryover of disall	owed deduction	to 2021. Add line	s 9 and 10, less	line 12	►	13			
Note	Don't use Part II	or Part III below	for listed property	y. Instead, use P	Part V.					
Par	t II Special	Depreciatio	on Allowance	and Other D	)epreci	iation (D	on't include	listed proper	ty. Se	e instructions.)
14	Special depreciation	on allowance for	qualified property	v (other than listed	d propert	y) placed in	service			
	during the tax year	. See instruction	s						14	
15	Property subject to	section 168(f)	1) election						15	
16	Other depreciation	(including ACR	S)						16	155
Par			on (Don't inc							
				Sec	ction A					
17	MACRS deduction	s for assets plac	ed in service in ta	ax years beginnir	ng before	2020			17	
18	If you are electing	to group any as	sets placed in ser	rvice during the ta	ax year ii	nto one or m	ore general			
	asset accounts, ch	eck here						►		
	Sectio		Placed in Servi						ion S	ystem
				(c) Basis for depr		(d) Recovery	Ī			-
	(a) Classification of p	property	placed in service	(business/investme only-see instruct		period	(e) Convention	(f) Method	(g)	Depreciation deduction
19a	3-year property				1,247	3	MQ	200 DB		104
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property					25 yrs.		S/L		
 h	Residential rental					27.5 yrs.	MM	S/L		
	property					27.5 yrs.	MM	S/L		
i	Nonresidential real	1				39 yrs.	MM	S/L		
•	property					00 ).01	MM	S/L		
		C - Assets Pla	ced in Service	During 2020	Tax Ye	ar Using t		-	tion S	System
20a	Class life				Tux Tu	ai eeing t		S/L		
<u>20a</u> b	12-year					12 yrs.		S/L S/L		
 C	30-year					30 yrs.	MM	S/L	-	
d	40-year					40 yrs.	MM	S/L S/L	-	
Par		ary (See inst	ructions)	1			IVIIVI	0,2	1	
1 ai 21	Listed property. E		,						21	
22	Total. Add amoun			••••••••••••••••••••••••••••••••••••••	•••• 20 in col	umn (a) an	d line 21 Ente	• • • • • • •		
	here and on the ap		•						22	259
23	For assets shown		•	•	•					233
	portion of the basis	•		<b>o</b> ,	, 51101		23			