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Form	330

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

X Yes

No

Departr	nent of the	e Ireasury	
Internal	Revenue	Service	

AF	or the	2020 calendar year, or tax year beginning and ending and ending		
B C	heck if oplicabl	c Name of organization	D Employer identific	cation number
X	Addre chang Name			
	chang	Doing business as	95-416393	31
Initial return Final return/		Number and street (or P.0. box if mail is not delivered to street address)Room/si5614CONNECTICUT AVENUE NW280	uite E Telephone number 202-659-9	
	termin ated		G Gross receipts \$	15,864,781.
	return	WASHINGION, DC 20015	H(a) Is this a group re	
	Applic tion pendir			? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
			527 If "No," attach a	list. See instructions
		e: WWW.CANCERSUPPORTCOMMUNITY.ORG	H(c) Group exemption	
			′ear of formation: 1988 N	State of legal domicile: CA
Pa	rt I	Summary		
Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO ENSUR</u> IMPACTED BY CANCER ARE EMPOWERED BY KNOWLEDGE		
nar	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	ets.
ver		Number of voting members of the governing body (Part VI, line 1a)		24
ဗီ		Number of independent voting members of the governing body (Part VI, line 1b)		24
~×		Total number of individuals employed in calendar year 2020 (Part V, line 2a)		83
tie		Total number of volunteers (estimate if necessary)		26
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		1,599.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
\neg	0		Prior Year	Current Year
	8	Contributions and grants (Part)/III line 1b)	11,072,812.	15,793,748.
ne		Contributions and grants (Part VIII, line 1h)	0.	0.
,en		Program service revenue (Part VIII, line 2g)	101,016.	56,904.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-163,948.	-189,264.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,009,880.	15,661,388.
-+		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	797,009.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	1,122,468.
		Benefits paid to or for members (Part IX, column (A), line 4)	5,042,943.	6,077,933.
es S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,042,943.	0,077,955.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ц.		Total fundraising expenses (Part IX, column (D), line 25) ►562,583.	4 201 202	4 474 693
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,381,323.	4,474,683.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,221,275.	11,675,084.
		Revenue less expenses. Subtract line 18 from line 12	788,605.	3,986,304.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	12,546,305.	17,878,406.
et A	21	Total liabilities (Part X, line 26)	855,263.	1,731,880.
Z: -	22 rt II	Net assets or fund balances. Subtract line 21 from line 20	11,691,042.	16,146,526.
	-		to a second to the base of an	Lange design and half of the
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and stat t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		kilowieuge allu bellel, it is
Sign	1	Signature of officer	Date	
Here	e	JEFF TRAVERS, COO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		PERRY DIFRANCO PERRY DIFRANCO	09/30/21 self-employe	P01683974
Prep		Firm's name CLARK, SCHAEFER, HACKETT & CO.		31-0800053
Use (Firm's address 1 EAST 4TH STREET		
	-	CINCINNATI, OH 45202	Phone no. 51	3-241-3111

 032001 12-23-20
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2020)

 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
 Form 990 (2020)

May the IRS discuss this return with the preparer shown above? See instructions

	990 (2020) CANCER SUPPORT COMMUNITY	95-4163931	Page 2
ar	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
	Briefly describe the organization's mission: TO ENSURE THAT ALL PEOPLE IMPACTED BY CANCER ARE EMPOWER	עם חשע	
	KNOWLEDGE, STRENGTHENED BY ACTION, AND SUSTAINED BY COMM		
	KNOWLEDGE, SIKENGINEMED DI ACTION, AND SUSTAINED DI COMM		
	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
	(Code:) (Expenses \$ 7,956,828 . including grants of \$ 1,122,468 .) (Reve	nue \$	
	THE CANCER SUPPORT COMMUNITY DEVELOPS AND DELIVERS EVIDE	NCE-BASED	
	PROGRAMS THAT IMPROVE THE HEALTH AND WELL-BEING OF PEOPL	E TOUCHED BY	
	CANCER ACROSS THE UNITED STATES AND AROUND THE WORLD. CS	C SERVES	
	HUNDREDS OF THOUSANDS OF PEOPLE THROUGH A NETWORK OF 50+		
	AFFILIATES, 125+ SATELLITE LOCATIONS, A TOLL-FREE HELPLI	NE AND ONLIN	E
	SERVICES. CSC ALSO PRODUCES HIGH-QUALITY, MEDICALLY REVI		
	EDUCATIONAL MATERIALS ON VARIOUS CANCER TYPES, AS WELL A		
	CANCER EMOTIONALLY, PHYSICALLY, AND FINANCIALLY. ALL CSC		
	RUN BY TRAINED, LICENSED MENTAL HEALTH PROFESSIONALS AND		
	TO HELP PEOPLE IDENTIFY AND ADDRESS THEIR SPECIFIC NEEDS		
	FROM DIAGNOSIS, TREATMENT, AND POST-TREATMENT TO LONG-TE		HIP
	AND/OR END OF LIFE. ALL SERVICES ARE PROVIDED FREE-OF-CH	IARGE.	
	(Code:) (Expenses \$1, 275, 133. including grants of \$) (Reve		
	THE CANCER SUPPORT COMMUNITY'S RESEARCH AND TRAINING INS		E
	FIRST INSTITUTE IN THE UNITED STATES DEDICATED TO PSYCHO	-	
	BEHAVIORAL AND SURVIVORSHIP RESEARCH AND TRAINING IN CAN		
	INSTITUTE EXAMINES THE CRITICAL ROLE OF SOCIAL AND EMOTI		
	FOR THOSE LIVING WITH CANCER AND STUDIES THE DISTINCTIVE		- a
	SURVIVORS AND CAREGIVERS THROUGHOUT THE CANCER EXPERIENCE		
	AND TRAINING INSTITUTE ALSO MANAGES THE CANCER EXPERIENCE		IN
	WHICH PATIENTS AND CAREGIVERS ARE THE EXPERTS. THE CANCE		
	REGISTRY ENABLES PATIENTS, SURVIVORS, CAREGIVERS, RESEAR		
	KEY STAKEHOLDERS IN THE CANCER COMMUNITY GAIN INSIGHTS A AND EMOTIONAL NEEDS OF PATIENTS, FAMILIES AND CAREGIVERS		
	CANCER JOURNEY. FINDINGS ARE USED TO INFORM AND DEVELOP		
	0.60, 1.00		
	(Code:) (Expenses \$969,100. including grants of \$) (Reve THE CANCER POLICY INSTITUTE INFORMS POLICYMAKERS ON THE		
	FEDERAL LEVEL OF THE HEALTH AND FINANCIAL BENEFITS OF PS		
	(SOCIAL, EMOTIONAL AND EDUCATIONAL) CARE FOR CANCER PATI		<u>ጥ</u>
	DELIVERY PRACTICES. THE CANCER POLICY INSTITUTE DRAWS I		-
	EXPERIENCES OF CANCER PATIENTS GAINED THROUGH THE CANCER		
	COMMUNITY'S DIRECT PATIENT SUPPORT AS WELL AS THE FORMAL		
	PROGRAMS OF THE RESEARCH AND TRAINING INSTITUTE TO INFOR		
	POLICIES TO SUPPORT THE INTEGRATION OF SOCIAL AND EMOTIO		
1	INTO COMPREHENSIVE CANCER CARE.		
	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	١	
	Total program service expenses 10, 201, 061.		
-		Form	990 (2020
)2	12-23-20 SEE SCHEDULE O FOR CONTINUATION (
4	3		
9	30 758050 13597-000 2020.04030 CANCER SUPPORT	F COMMUNITY	13597

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
0	Schedule D, Part III	8		<u></u>
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?			
		9		Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10	x	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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	
	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		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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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,"			
4	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	
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			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	X	
2 4a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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	0.51		v
00	Schedule L, Part I	25b		<u>X</u>
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%	06		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		11
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051	x	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
		37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par			I	
	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 1a 66			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Form	990 (2020) CANCER SUPPORT COMMUNITY	95-4163	931	Pa	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	hority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	count)?	-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 Acc	ounts (FBAR).			
			-5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	is or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service		7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			
	to file Form 8282?		7c		X
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g	<u>N/</u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	5			
	sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.	27 / 2			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
a	E E E E E E E E E E E E E E E E E E E	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		11b	16		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		
		12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	אד / א	4.5		
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
C		13c			v
		-	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
	Is the argonization subject to the eastion 4060 tax on neumant(a) of more than \$1,000,000 in remuneration	ion or			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				77
	excess parachute payment(s) during the year?		15		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.				
	excess parachute payment(s) during the year?		15 16		X X

Form 990	(2020
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CANCER SUPPORT COMMUNITY

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Part VI	Governance, Manageme	nt, and Disc	losure For each "Yes" response to lines 2 throug	h 7b below, a	and for a "No" r	response
			stances, processes, or changes on Schedule O. See			

Check if Schedule O contains a response or note to any line in this Part VI	 	X
Section A. Governing Body and Management		

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	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 on line 1a, above, who are independent 1b 24			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
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		Σ
6	Did the organization have members or stockholders?	6		Σ
	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		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
ĩ		7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			_
	The governing body?	8a	х	
a h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		- 23	
9		9		2
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	Ν
0-	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	- 23	
D		10b	х	
11-		11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х	
	in Schedule O how this was done	12c	X	
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	A	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
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		Σ
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 AL, AZ, AR, CA, CO, CT, DC, FL, GA	,IL	KS,	K
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	- /		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
	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			
,	State the name, address, and telephone number of the person who possesses the organization's books and records			

<u>JEFF</u>	TRAVERS -	202-659-9709
		202 CEO 0700

5614	CONNECTICUT	AVENUE	NW	, NO	. 280	, WAS	HIN	IGTON,	DC	20015	
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2020.04030 CANCER SUPPORT COMMUNITY 13597-01

Form 990 (
Part VII	Co

Part VII	Compensation of Officers,	Directors, Trustee	s, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos heck		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both r/trust	an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	ruste	al trus		yee	mpen				and related
	below	dual t	Institutional trustee	-	Key employee	est co oyee	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			Ũ
(1) KIM THIBOLDEAUX	40.00									
CEO		1		Х				371,336.	0.	20,401.
(2) LINDA BOHANNON	40.00									
PRESIDENT		1		х				291,465.	0.	22,828.
(3) JEFFREY TRAVERS	40.00									
COO				Х				221,274.	0.	16,691.
(4) SALLY WERNER	40.00									
ED, INSTITUTE FOR EXCELLENCE]				X		176,120.	0.	14,234.
(5) THEODORE MILLER	40.00									
VP, DEVELOPMENT & EXTERNAL AFFAIRS						X		169,001.	0.	13,553.
(6) ELIZABETH FRANKLIN	40.00									
ED, CANCER POLICY INSTITUTE						X		163,385.	0.	11,238.
(7) LAUREN G. BARNES	1.00									
CHAIR		Х		Х				0.	0.	0.
(8) ANDREW SANDLER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) LYNNE O'BRIEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) HOLLY TYSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(11) BEVERLY SOULT	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BJOERN ALBRECHT	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CHARLES R. SCHEPER	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CRAIG COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID HICKS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DENNIS SERRETTE	1.00									
DIRECTOR		Х						0.	0.	0.
(17) DON ELSEY	1.00									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20										Form 990 (2020)

032007 12-23-20

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Form 990 (2020) CANCER	SUPPORT C	CO₩	IMU	NI	ΤY				95-416	<u>53931</u>	- Page 8
Part VII Section A. Officers, Directors, 1	Frustees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average				ition			Reportable	Reportable	I E	Estimated
	hours per	box	, unle	ss per	more t rson is	s both	an	compensation	compensation	a	mount of
	week	offi	cer ar	ıd a di	irector	r/trust	tee)	from	from related		other
	(list any	ector						the	organizations	cor	mpensation
	hours for	or dir				ted		organization	(W-2/1099-MISC) †	from the
	related	stee o	ruste			ensa		(W-2/1099-MISC)			ganization
	organizations	al tru:	onal t		loyee	comp					nd related
	below line)	Individual trustee or director	In stitutio nal trustee	Officer	ƙey employee	Highest compensated employee	Former			orç	ganizations
	,	Ind	lns	Off	Key	Hig em	For				
(18) FAUZEA HUSSAIN	1.00										
DIRECTOR		Х						0.	().	0.
(19) JEFFREY A. GALVIN	1.00										
DIRECTOR		Х						0.).	0.
(20) JILL DUROVSIK	1.00										
DIRECTOR		Х						0.		5.	0.
(21) JING LIANG	1.00										
DIRECTOR		x						0.).	0.
(22) JOHN JAEGER	1.00										
DIRECTOR	1.00	x						0.).	0.
	1.00	A	-					0.	· · · ·	′•	0.
(23) JONATHAN MARKS	T.00	37).	0
DIRECTOR	1 00	Х						0.	l	′•	0.
(24) KENNETH SCALET	1.00										
DIRECTOR		Х						0.	().	0.
(25) MICHAEL M. PAESE	1.00										
DIRECTOR		Х						0.	().	0.
(26) MICHAEL ZILLIGEN	1.00										
DIRECTOR		Х						0.	().	0.
1b Subtotal								1,392,581.	(). 9	98,945.
c Total from continuation sheets to Pa			·····					0.).	0.
d Total (add lines 1b and 1c)						ا ا		1,392,581.			98,945.
2 Total number of individuals (including b			lioto	d ob							0,513.
compensation from the organization		056	liste	u au	lovej	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	016	ceiveu more man \$100,			14
compensation from the organization											Yes No
											165 110
3 Did the organization list any former off											
line 1a? If "Yes," complete Schedule J										. 3	X
4 For any individual listed on line 1a, is the											
and related organizations greater than										4	X
5 Did any person listed on line 1a receive	or accrue comper	nsati	on fr	om	any i	unre	late	ed organization or individ	dual for services		
rendered to the organization? If "Yes."	complete Schedule	e J fo	or sı	ich r	oerso	on.				5	X
Section B. Independent Contractors											
1 Complete this table for your five highes	t compensated inc	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comper	nsation fr	rom
the organization. Report compensation	-										
(A)				. <u>g</u>				(B)		((C)
Name and busir		NO	ONE	5				Description of s	ervices		ensation
		110	5141	-			+				
							\rightarrow				
							\rightarrow				
•											
9 Total number of independent contract	no (including but	ot 11	nite	1+~ 1	the -	0 11-1	tod		are then		
2 Total number of independent contracto		ot IIr	nteo	101	-		req	above) who received me	ore than		
\$100,000 of compensation from the org					0			 ~			
SEE PART VII, SECTI	LON A CONT	ΊN	ŰΑ	TI	ON	SI	HE	ETS		Form	n 990 (2020)

SEE PART VII, SECTION A CONTINUATION SHEETS 032008 12-23-20

Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (, ,	
(A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per	(C	heck I	all	mat	app	y)	compensation from	compensation from related	amount of other
	week					ee		the	organizations	compensation
	(list any	ector				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire	Ð			ited ei		(W-2/1099-MISC)		organization
	related	Istee	truste		e	pensa				and related
	organizations below	ual tri	tional		n ploye	t com	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
27) NICK BAKER	1.00	-	-		-	-				
IRECTOR	1.00	x						0.	0.	0.
28) PAULA J. MALONE, PHD	1.00									
IRECTOR		X						0.	0.	0.
29) RICH MUTELL	1.00									
IRECTOR		X						0.	0.	0.
30) ROBERT DEFRANTZ	1.00									
IRECTOR		Х						0.	0.	0.
31) SHANNON LA CAVA	1.00	1								
IRECTOR		Х						0.	0.	0.
32) STUART ARBUCKLE	1.00								~	~
IRECTOR	1 00	X						0.	0.	0.
33) TOM WALLACE IRECTOR	1.00	x						0.	0.	0.
INBUIGN								0.	0.	0.
		1								
		1								
		-								
		-								
		-								
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-orm 99			COMMUN	ΓTY		95-4163	931 Page 9
Part \	VIII						
		Check if Schedule O contains a response or	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded
and Other Similar Amoun	b c d e f g	Noncash contributions included in lines 1a-1f	885,583. 599,794. 14,308,371. ▶ Business Code	15,793,748.			
Revenue Revenue	c d e f	All other program service revenue			2		
3 4 5	3 1	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pro Royalties	t, and Doceeds	56,904.			56,904.
	b c d	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) 6c Gross amount from sales of assets other than inventory (i) Securities	(ii) Other				
Other Revenue &	c d	Less: cost or other basis and sales expenses					
-	с	contributions reported on line 1c). SeePart IV, line 18Less: direct expenses8b	12,530. 203,393. ►	-190,863.			-190,863.
10	c) a	Part IV, line 199aLess: direct expenses9bNet income or (loss) from gaming activitiesGross sales of inventory, less returnsand allowancesLess: cost of goods sold10b					
11 Bevenue	с	Net income or (loss) from sales of inventory	Business Code	1,599.		1,599.	
Beke 12	е	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		1,599. 15,661,388.	0.	1,599.	-133,959.

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CANCER SUPPORT COMMUNITY Part IX Statement of Functional Expenses

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

Χ Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,108,468. 1,108,468. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 14,000. 14,000. Benefits paid to or for members 4 Compensation of current officers, directors, 5 943,996. 833,707. 55,622. 54,667. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,219,297. 3,726,352. 248,607. 244,338. Other salaries and wages 7 8 Pension plan accruals and contributions (include 89,711. 79,230. 5,286. 5,195. section 401(k) and 403(b) employer contributions) 430,502. 380,206. 24,930. 25,366. Other employee benefits 9 394,427. 348,346. 23,240. 22,841. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting 14,400. 14,400. Lobbying d Professional fundraising services. See Part IV, line 17 е 21,426. 21,426. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, α 551,005. 1,211,182. 252,000. 87,823. column (A) amount, list line 11g expenses on Sch 0.) 64,958. 37,071. 18,619. 9,268. 12 Advertising and promotion 456,947. 391,816. 45,337. 19,794. Office expenses _____ 13 537,858. 473,315. 53,786. 10,757. Information technology 14 Royalties 15 27,094. 32,205. 705,456. 646,157. Occupancy 16 86,214. 63,120. 6,202. 16,892. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 13,378. 8,394. 4,984. Conferences, conventions, and meetings 19 20 Interest 429,735. 429,735. Payments to affiliates 21 79,579. 106,349. 16,356. 10,414. Depreciation, depletion, and amortization 22 19,198. 17,584. 737. 877. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 175,237. a RESEARCH & DEVELOPMENT 175,237. **b** DUES AND SUBSCRIPTIONS 98,481. 60,452. 31,275. 6,754. 68,390. 68,390. c BAD DEBT EXPENSE 19,591. 17,944. 752. 895. d EOUIPMENT RENTAL 14,933. 106,060. 84.766. 6,361. e All other expenses _ 11,675,084. 10,201,061. 911,440. 562,583. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here X if following SOP 98-2 (ASC 958-720)

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Form 990 (2020)

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CANCER SUPPORT COMMUNITY Part X | Balance Sheet

		Check if Schedule O contains a response or note	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,274,146.	1	337,363.
	2	Savings and temporary cash investments			5,605,189.	2	8,262,327.
	3	Pledges and grants receivable, net			1,453,863.	3	2,033,333.
	4	Accounts receivable, net			215,564.	4	336,567.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net		1		7	
Assets	8	Inventories for sale or use				8	
As	9	–			190,272.	9	114,927.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,704,562.			
	ь	Less: accumulated depreciation	10b	2,704,562. 1,329,969.	939,347.	10c	1,374,593.
	11	Investments - publicly traded securities				11	<u> </u>
	12	Investments - other securities. See Part IV, line 1			2,414,766.	12	4,991,138.
	13	Investments - program-related. See Part IV, line 1		1		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			453,158.	15	428,158.
	16	Total assets. Add lines 1 through 15 (must equa			12,546,305.	16	17,878,406.
	17	Accounts payable and accrued expenses			463,219.	17	556,506.
	18	Grants payable			·	18	· · · · · ·
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
(0	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
ilidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	793,600.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	-		392,044.	25	381,774.
	26	Total liabilities. Add lines 17 through 25			855,263.	26	1,731,880.
		Organizations that follow FASB ASC 958, che	ck here	e 🕨 X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27				4,096,144.	27	4,595,173.
Bal	28	Net assets with donor restrictions	7,594,898.	28	11,551,353.		
pu		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.					
, or	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ast	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,691,042.	32	16,146,526.
4	33	Total liabilities and net assets/fund balances			12,546,305.	33	17,878,406.

Form **990** (2020)

	1990 (2020) CANCER SUPPORT COMMUNITY	95	-4163	931	Pag	_{ge} 12
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		,661		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,67		
3	Revenue less expenses. Subtract line 2 from line 1	3		,980		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11	.,691		
5	Net unrealized gains (losses) on investments	5		18:	3,5	80.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		28!	5,6	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	,140	5,5	26.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	Separate basis X 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	e audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red au	dit	1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b		
				Form	990 ((2020

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SCHEDU	JLE A
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of	ame of the organization Employer identification r							identification number
	CANCER SUPPORT COMMUNITY 95							5-4163931
Part I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.		
The orga	nization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of chu	urches, or associatio	n of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2	A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	nization described in so	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(ii	i). Enter	the hospital's name,
	city, and state:							
5	An organization operated fo	r the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit	describe	ed in
	section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6	A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that normal	ly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from the	general p	oublic described in
	section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8	A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II.)		\frown \lor		
9	An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a lai	nd-grant	college
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of th	e college	or
	university:			-				
10	An organization that normal					/		
	activities related to its exem							
	income and unrelated busin		(less section 511 tax) fro	om busines	sses acquii	red by the orgar	nization a	fter June 30, 1975.
	See section 509(a)(2). (Cor							
11	An organization organized a	-						
12	An organization organized a		-	-				
	more publicly supported org							heck the box in
- L	lines 12a through 12d that o				-		-	
a	Type I. A supporting orga			• • • •	-			-
	the supported organizatio			majority c	of the direc	tors or trustees	of the su	pporting
ь Г	organization. You must c) h h	
b _	Type II. A supporting orga					•		-
	control or management of organization(s). You must			ame perso	ns that coi	ntroi or manage	the supp	orted
c [Type III functionally integ			in connect	tion with a	and functionally	intograto	d with
	its supported organization					-	integrate	a with,
d	Type III non-functionally		-				d organiz	ation(s)
u	that is not functionally into						-	
	requirement (see instructi			•		-	in attentiv	61655
е	Check this box if the orga						Type III	
0	functionally integrated, or					, i jpo i, i jpo ii,	rypo m	
f Fn	ter the number of supported o		any mograted capperts	0 0				
	ovide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed ing document?	(v) Amount of m	ionetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see insti	ructions)	support (see instructions)
			, , , , , , , , , , , , , , , , , , , ,					
•								
Total								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY Part II Support Schedule for Organizations Described in Section

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	ndar 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.")	7296510.	8607303.	9839712.	11072812.	<u>15735748.</u>	52552085.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7296510.	8607303.	9839712.	11072812.	15735748.	<u>52552085.</u>
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)						15885710.
	Public support. Subtract line 5 from line 4.						36666375.
	tion B. Total Support					1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7296510.	8607303.	9839712.	11072812.	<u>15735748.</u>	<u>52552085.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	60,216.	105,375.	71,176.	101,016.	56,904.	394,687.
9	Net income from unrelated business			r			
	activities, whether or not the						
	business is regularly carried on	4,219.	-7,159.	1,072.		1,599.	-269.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	assets (Explain in Part VI.) Total support. Add lines 7 through 10						52946503.
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities,					12	52946503.
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for th	ne organization's fir		fourth, or fifth tax y	year as a section 5	12	52946503.
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop	ne organization's fir 5 here	rst, second, third, f			12 01(c)(3)	
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and store tion C. Computation of Public	ne organization's fir b here c Support Per	rst, second, third, f			12 01(c)(3)	
11 12 13 Sec 14	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Publi Public support percentage for 2020 (I	ne organization's fir b here c Support Per ine 6, column (f), d	rst, second, third, f centage ivided by line 11, c	column (f))		12 01(c)(3) 14	69.25 %
11 12 13 Sec 14 15	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019	ne organization's fir c Support Per ine 6, column (f), d Schedule A, Part	rst, second, third, f centage ivided by line 11, c II, line 14	column (f))		12 01(c)(3) 14 15	69.25 % 72.33 %
11 12 13 Sec 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the c	ne organization's fir o here ic Support Per ine 6, column (f), d Schedule A, Part organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 ot check the box or	column (f)) n line 13, and line ⁻		12 01(c)(3) 14 15	69.25 % 72.33 % x and
11 12 13 Sec 14 15 16a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies	ne organization's fir o here ic Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly support	rst, second, third, f centage ivided by line 11, c II, line 14 ot check the box or orted organization	column (f)) n line 13, and line 1	14 is 33 1/3% or m	12 01(c)(3) 14 15 ore, check this box	69.25 % 72.33 % x and ►X
11 12 13 Sec 14 15 16a b	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of	ne organization's fir c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no	rst, second, third, f centage ivided by line 11, c II, line 14 ot check the box or orted organization ot check a box on li	column (f)) n line 13, and line ⁻ ine 13 or 16a, and	14 is 33 1/3% or m	12 01(c)(3) 14 15 ore, check this box	69.25 % 72.33 % x and ►X
11 12 13 Sec 14 15 16a b	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual	ne organization's fir b here c Support Per ine 6, column (f), d 9 Schedule A, Part 10 organization did no as a publicly support organization did no ifies as a publicly s	rst, second, third, f rcentage ivided by line 11, c II, line 14 of check the box or orted organization of check a box on li supported organiza	column (f)) n line 13, and line ⁻ ine 13 or 16a, and ation	14 is 33 1/3% or m line 15 is 33 1/3%	12 01(c)(3) 14 15 ore, check this bo or more, check th	69.25 % 72.33 % x and is box ►
11 12 13 5ec 14 15 16a b 17a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual 10% -facts-and-circumstances test	te organization's fir c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no ifies as a publicly s - 2020. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization ot check a box on li supported organiza anization did not c	column (f)) n line 13, and line ine 13 or 16a, and ation check a box on line	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a	12 01(c)(3) 14 15 ore, check this box or more, check th and line 14 is 10%	69.25 % 72.33 % x and is box or more,
11 12 13 5ec 14 15 16a b 17a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop tion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual	te organization's fir c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no ifies as a publicly s - 2020. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 th check the box or orted organization ot check a box on li supported organiza anization did not c	column (f)) n line 13, and line ine 13 or 16a, and ation check a box on line	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a	12 01(c)(3) 14 15 ore, check this box or more, check th and line 14 is 10%	69.25 % 72.33 % x and is box or more,
11 12 13 Sec 14 15 16a b 17a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual 10% -facts-and-circumstances test	te organization's fir c Support Per ine 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no ifies as a publicly s - 2020. If the org s-and-circumstance	rst, second, third, f centage ivided by line 11, c II, line 14 ot check the box or orted organization ot check a box on li supported organization panization did not c es test, check this	column (f)) n line 13, and line ine 13 or 16a, and ation check a box on line box and stop he	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part	12 01(c)(3) 14 15 ore, check this box or more, check th and line 14 is 10%	69.25 % 72.33 % x and is box or more, zation
11 12 13 Sec 14 15 16a b 17a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the fact	the organization's fir the organization's fir the Support Per ine 6, column (f), di Schedule A, Part brganization did no as a publicly support organization did no ifies as a publicly s - 2020. If the org s-and-circumstance st. The organization	rst, second, third, f centage ivided by line 11, c II, line 14 ot check the box or orted organization ot check a box on li supported organization anization did not c es test, check this on qualifies as a pul	column (f)) In line 13, and line ine 13 or 16a, and ation check a box on line box and stop he blicly supported o	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization	12 01(c)(3) 14 15 ore, check this box or more, check this and line 14 is 10% VI how the organiz	69.25 % 72.33 % x and is box or more, zation ►
11 12 13 Sec 14 15 16a b 17a	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test	the organization's fir c Support Per- ine 6, column (f), d Schedule A, Part organization did no as a publicly support organization did no ifies as a publicly support - 2020. If the org s-and-circumstance st. The organizatio - 2019. If the org	rst, second, third, f centage ivided by line 11, c II, line 14 orted organization orted organization ot check a box on li supported organiza panization did not c es test, check this on qualifies as a pul panization did not c	column (f)) n line 13, and line ine 13 or 16a, and ation check a box on line box and stop he blicly supported o check a box on line	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1	12 01(c)(3) 14 15 ore, check this box or more, check this and line 14 is 10% VI how the organiz 17a, and line 15 is	69.25 % 72.33 % x and is box or more, zation ►
11 12 13 Sec 14 15 16a b 17a b	Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for the organization, check this box and stop stion C. Computation of Public Public support percentage for 2020 (I Public support percentage from 2019 33 1/3% support test - 2020. If the of stop here. The organization qualifies 33 1/3% support test - 2019. If the of and stop here. The organization qual 10% -facts-and-circumstances test and if the organization meets the facts meets the facts-and-circumstances test 10% -facts-and-circumstances test	the organization's fir c Support Per- ine 6, column (f), di Schedule A, Part organization did no as a publicly support organization did no ifies as a publicly support c 2020. If the org s-and-circumstance st. The organization c 2019. If the org ne facts-and-circumstance	rst, second, third, f rcentage ivided by line 11, c II, line 14 of check the box or orted organization of check a box on li supported organiza- lanization did not c es test, check this on qualifies as a pul lanization did not c mstances test, check	column (f)) n line 13, and line ine 13 or 16a, and ation check a box on line box and stop he blicly supported o check a box on line ck this box and st	14 is 33 1/3% or m line 15 is 33 1/3% e 13, 16a, or 16b, a re. Explain in Part rganization e 13, 16a, 16b, or 1 top here. Explain i	12 01(c)(3) 14 15 ore, check this box or more, check this and line 14 is 10% VI how the organiz 17a, and line 15 is n Part VI how the	69.25 % 72.33 % x and is box or more, zation ►

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Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY

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

Section A. Public Support							1
Calendar 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 per- formed, or facilities furnished in							
any activity that is related to the							
organization's tax-exempt purpose							
3 Gross receipts from activities that							
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and							
3 received from disqualified persons							
b Amounts included on lines 2 and 3 received							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
amount on line 13 for the year							
c Add lines 7a and 7b							
8 Public support. (Subtract line 7c from line 6.)							
Section B. Total Support							
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6							
10a Gross income from interest,							
dividends, payments received on securities loans, rents, royalties,							
and income from similar sources							
b Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975							
c 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	e organization's fir	rst. second. third. f	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	n.
check this box and stop here							
Section C. Computation of Public							
15 Public support percentage for 2020 (lir		-	olumn (f))		15		9
16 Public support percentage from 2019					16		9
Section D. Computation of Invest							,
17 Investment income percentage for 202	20 (line 10c. colur	nn (f), divided by lir	ne 13. column (f))		17		ç
18 Investment income percentage from 2					18		ç
						%, and line 1	
-	organization did n						
	-		ies as a publiclv s	supported organiza	tion		
19a 33 1/3% support tests - 2020. If the o	d stop here. The	organization qualif		•			
 19a 33 1/3% support tests - 2020. If the of more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the of 	d stop here. The organization did n	organization qualif ot check a box on	line 14 or line 19a	a, and line 16 is mo	re tha	n 33 1/3%, a	ind
19a 33 1/3% support tests - 2020. If the or more than 33 1/3%, check this box and	d stop here. The organization did n k this box and st	organization qualif ot check a box on op here. The orga	line 14 or line 19a nization qualifies a	a, and line 16 is mo as a publicly suppo	re tha rted o	n 33 1/3%, a rganization	ind

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Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 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).
- 8 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).
- 9a 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.
- **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.**
- c 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 CANCER SUPPORT COMMUNITY Part IV Supporting Organizations (continued) Continued) Continued Continued</t

			× 1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 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		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently 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 organization(s).	_		
Ŭ	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.	3	_	
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1				
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c o	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		Ne
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	0.		
	that these activities constituted substantially all of its activities.	2a		
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			
		01-		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
3 a		20		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20 3a		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

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Schedule A (Form 990 or 990-EZ) 2020

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	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY

1

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

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	· ·		8	
	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sectio	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	5	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able 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.				
	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Supplemental Information. Provide the expansions required by Part II, ine 10, Part II, Il, ine 17, and 17, Part II, ine 12, Part IV, Section B, Ines 1 and 2, Part IV, Section B, Ines 1 and 2, Part V, Section B, Ines 2 and B, Ind Part V. Section B, Ines 1 and 2, Part V, Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Ines 1 and 2 and 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and Part V. Section B, Ines 2 and 3 and 3 and Part V. Section B, Ines 2 and 3	Schedule A	(Form 990 or 990-EZ) 2020 CANCER	SUPPORT	COMMUNITY	95-4163931 Page 8
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.	Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b, line 1; Part IV, Section D, lines 2 and 3;	vide the explana 4c, 5a, 6, 9a, 9t Part IV, Section	tions required by Part II, lir o, 9c, 11a, 11b, and 11c; P E, lines 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a or 17b; Part III, line 12; art IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
		Section D, lines 5, 6, and 8; and Part V, (See instructions.)	Section E, lines	2, 5, and 6. Also complete	this part for any additional information.
					C
					K.
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			C		
				)	
			$\mathbf{S}$		
	▶				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

95-4163931

2020

# ** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
AMGEN FOUNDATION	3,030,340.	1,971,410.
BRISTOL-MYERS SQUIBB	7,064,774.	6,005,844.
CELGENE CORPORATION	1,538,000.	479,070.
GENENTECH, INC.	4,146,400.	3,087,470.
GILEAD SCIENCES INC.	1,476,830.	417,900.
INCYTE CORPORATION	1,901,649.	842,719.
JANSSEN SERVICES, INC.	1,323,000.	264,070.
LILLY ONCOLOGY	1,425,000.	366,070.
MERCK & CO., INC.	2,501,802.	1,442,872.
NOVARTIS	1,066,893.	7,963.
PFIZER INC	2,059,252.	1,000,322.
otal Excess Contributions to Schedule A, Part II, Line 5		15,885,710

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name	of	the	orga	niza	ntior

## ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

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

CANCER SUPPORT COMMUNITY

OMB No. 1545-0047

2020

Employer identification number

95-4163931

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 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**

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

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 for an *exclusively* set in the set of the set of the parts unless to the set of the set of

**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).

LHA 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

Employer identification number

95-4163931

CANCER SUPPORT COMMUNITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,152,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$1,648,750.	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_		\$825,000.	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		\$ <u>1,296,062.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$591,553.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	5-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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

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### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

95-4163931

# CANCER SUPPORT COMMUNITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space	e is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	<b> </b>	Total contributions	Type of contribution
7		\$_	520,230.	Person X Payroll C Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	<b> </b>	Total contributions	Type of contribution
8_		\$_	520,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$_	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
		\$_		Person Payroll Noncash (Complete Part II for
				noncash contributions.)
023452 11-25	-20		Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

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Employer identification number

CANCER SUPPORT COMMUNITY

95-4163931

Name of organization

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No (c)

No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncestriptoperty given	(See instructions.)	Date received
·			
· ·		\$	
		• <u> </u>	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I	Description of noncash property given	(See instructions.)	Datereceived
· ·			
·			
· ·		<b>A</b>	
· ·		\$	
(-)			
(a)		(c)	( 1)
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Part I			
.			
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		\$	
(a)		(-)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
·			
·			
·		\$	
1		· · · · · · · · · · · · · · · · · · ·	I

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Name of or	ganization				Employer identification number
CANCER	R SUPPORT COMMUNITY				95-4163931
Part III	Exclusively religious, charitable, etc., contribut				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	\$1,000 or less for	organizations the year. (Enter this info. onc	e.) ► \$
	Use duplicate copies of Part III if additional	space is needed.		1	
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Desc	ription of how gift is held
Part I	(	(-,	3	(,	<b>1</b>
F		(e) Trans	fer of gift		
		(-)	J		
	Transferee's name, address, a	nd ZIP + 4	F	Relationship of tra	nsferor to transferee
(a) No.		1			
from	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
Part I					
Γ		(e) Trans	fer of gift	•	
L	Transferee's name, address, a	nd ZIP + 4	, F	elationship of tra	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	F	elationship of tra	nsferor to transferee
(a) No.		1	I		
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held
		(e) Trans	fer of gift		
F	Transferee's name, address, a	nd ZIP + 4	F	Relationship of tra	nsferor to transferee
	00		1	0.1	R (Form 000, 000, F7, ar 000, DF) (000)
3454 11-25-	20	28		Schedule	B (Form 990, 990-EZ, or 990-PF) (2020
		20			

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2020.04030 CANCER SUPPORT COMMUNITY 13597-01

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Org	anizations Exempt From Income	Tax Under section	501(c) and section 527	2020
		if the organization is described			Copen to Public
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			Inspection
If the organization ans	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lir	ne 46 (Political Campaign A	ctivities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations: Com	plete Parts I-A and B. Do not com	plete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below.	Do not complete Part I-B.	
<ul> <li>Section 527 organiz</li> </ul>	•	•			
-		Form 990, Part IV, line 4, or For			
		nave filed Form 5768 (election und nave NOT filed Form 5768 (election		-	
		Form 990, Part IV, line 5 (Proxy			
Tax) (See separate inst					
• Section 501(c)(4), (5)	), or (6) organizat	ions: Complete Part III.			
Name of organization				Emplo	oyer identification number
	CANCER	SUPPORT COMMUNITY			95-4163931
Part I-A Compl	ete if the org	anization is exempt under	r section 501(c)	or is a section 527 org	janization.
		ation's direct and indirect political			
2 Political campaign	<b>y</b> 1				
3 Volunteer hours for	political campai	gn activities			
Part I-B Compl	ete if the org	anization is exempt under	section 501(c)	3).	
1 Enter the amount o	of any excise tax	incurred by the organization under	r section 4955	▶\$	
2 Enter the amount o	of any excise tax	incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo		/	
4a Was a correction m	nade?				Yes No
b If "Yes," describe ir					
-		anization is exempt under			(3).
		by the filing organization for sect			
	0 0	ization's funds contributed to othe	0		
		. Add lines 1 and 2. Enter here and			
		1120-POL for this year?			Yes No
		ployer identification number (EIN)			
,		tion listed, enter the amount paid		0	0 0
		omptly and directly delivered to a s			
political action com	nmittee (PAC). If a	additional space is needed, provid	e information in Part	IV.	
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				iunas. Il none, enter -0	delivered to a separate
					political organization.
					If none, enter -0
/					
*					
		1	1	1	1

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

A Ci	eck  if the filing organization below expenses, and share of exce	igs to an affiliated group (and list in	Part IV each affiliated	group member's nam	ie, address, EIN,
BC		ked box A and "limited control" pro	visions apply		
	Limits on Lot	bying Expenditures neans amounts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated gro totals
1a	Total lobbying expenditures to influence pul	plic opinion (grassroots lobbying)			
	Total lobbying expenditures to influence a le	ad a list to a list of the set of a list of the set			
	Total lobbying expenditures (add lines 1a ar		r		
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add line	es 1c and 1d)			
f	Lobbying nontaxable amount. Enter the amount	ount from the following table in both	n columns.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amo	ount is:		
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exce			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the exce			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.			
	0				
•	Grassroots nontaxable amount (enter 25% of				
	Subtract line 1g from line 1a. If zero or less, Subtract line 1f from line 1c. If zero or less,				
	If there is an amount other than zero on eith				
,					Yes
	· · · · · · · · · · · · · · · · · · ·	4-Year Averaging Period Under			
	Se	a section 501(h) election do not h e the separate instructions for lin bying Expenditures During 4-Yea	es 2a through 2f.)	t the five columns b	elow.
	Calendar year (or fiscal year beginning in)	2017 <b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	(e) Total
	Lobbying nontaxable amount				_
b	Lobbying ceiling amount				
	(150% of line 2a, column(e))				
C	Total lobbying expenditures				
d	Grassroots nontaxable amount				
	Grassroots ceiling amount				
	(150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				
	S.			Schedule C (Forr	n 990 or 990-EZ)

032042 12-02-20

# Schedule C (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY

# 95-4163931 Page 3

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

	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
	lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
ľ	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:			
a	Volunteers?		X	
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$	X		
	Media advertisements?		X	
	Mailings to members, legislators, or the public?		X	
	Publications, or published or broadcast statements?		X	
	Grants to other organizations for lobbying purposes?	77	X	14 40
-	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		14,40
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
	Other activities?		X	14 40
	Total. Add lines 1c through 1i		v	14,40
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1501(c)/c	5) or sec	tion
rart	501(c)(6).		<i>J</i> , 01 360	
				Yes No
4	Ware substantially all (00% ar mare) dues received pendeductible by members?		1	
	Were substantially all (90% or more) dues received nondeductible by members?			
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		·····	
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5). or sec	tion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "			
		'No" OR		
	answered "Yes."	'No" OR		
1	answered "Yes."		(b) Part I	
			(b) Part I	
2 3	answered "Yes." Dues, assessments and similar amounts from members		(b) Part I	
2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al	(b) Part I	
2 3 a (	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year	al	(b) Part I	
2 3 a ( b (	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al	(b) Part I	
2 3 a ( b ( c ⁻	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	al	(b) Part I	
2 3 a ( b ( c - 3 /	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	al	(b) Part I	
2 3 a ( b ( c ⁻ 3 / 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>al</b>	(b) Part I	
2 5 a ( b ( 3 / 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	<b>al</b>	(b) Part I	
2 3 a ( b ( c ⁻ 3 / 4   5 ⁻	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excee does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	<b>al</b>	(b) Part I	
2 3 a ( b ( c ⁻ 3 / 4	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excee does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (See instructions)	<b>al</b>	(b) Part I	
2 : a ( b ( c ⁻ 3 / 4   c 5 ⁻ <b>Part</b> Provid	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year?         Taxable amount of lobbying and political expenditures (See instructions)         IV       Supplemental Information         Ie the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess plitical	(b) Part I	II-A, line 3, is
2 3 a ( b ( c - 3 / 4 1 c - 3 / 4 1 c - 5 - Part Provid instruct	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year?         Taxable amount of lobbying and political expenditures (See instructions)         IV       Supplemental Information         le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.	ess plitical	(b) Part I	II-A, line 3, is
2 3 a 0 b 0 c ⁻ 3 / 4 1 0 5 - Part Provid instruct	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year?         Taxable amount of lobbying and political expenditures (See instructions)         IV       Supplemental Information         Ie the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	ess plitical	(b) Part I	II-A, line 3, is
2 3 a 0 b 0 c - 3 / 4 1 5 - 	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (See instructions)         IV       Supplemental Information         Ie the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.         TII-B, LINE 1, LOBBYING ACTIVITIES:	ess pitical list); Part II-	(b) Part I 1 2a 2b 2c 3 3 4 5 A, lines 1 a	II-A, line 3, is
2 3 a 0 b 0 c - 3 / 4 1 5 - 	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polexpenditure next year?         Taxable amount of lobbying and political expenditures (See instructions)         IV       Supplemental Information         le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, line 1. Also, complete this part for any additional information.	ess pitical list); Part II-	(b) Part I 1 2a 2b 2c 3 3 4 5 A, lines 1 a	II-A, line 3, is
2 5 a 6 b 6 c - 3 7 4 1 0 5 - Part Provid instruc <u>PAR</u>	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (See instructions)         IV       Supplemental Information         Ite the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, LINE 1, LOBBYING ACTIVITIES:         CER       SUPPORT COMMUNITY STAFF VISITED CONGRESSIONAL O	ess pitical list); Part II-	(b) Part I 1 2a 2b 2c 3 3 4 5 A, lines 1 a	II-A, line 3, is
2 3 a 0 b 0 c - 3 / 4 1 5 - 	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (See instructions)         IV       Supplemental Information         Ie the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, LINE 1, LOBBYING ACTIVITIES:         CER       SUPPORT COMMUNITY STAFF VISITED CONGRESSIONAL O	ess pitical list); Part II-	(b) Part I 1 2a 2b 2c 3 3 4 5 A, lines 1 a	II-A, line 3, is
2 5 a 6 b 6 c - 3 7 4 1 0 5 - Part Provid instruc <u>PAR</u>	answered "Yes."         Dues, assessments and similar amounts from members         Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).         Current year         Carryover from last year         Total         Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues         If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (See instructions)         IV       Supplemental Information         Ite the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ctions); and Part II-B, LINE 1, LOBBYING ACTIVITIES:         CER       SUPPORT COMMUNITY STAFF VISITED CONGRESSIONAL O	ess pitical list); Part II-	(b) Part I 1 2a 2b 2c 3 3 4 5 A, lines 1 a	II-A, line 3, is

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D	)
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(Form	990)
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# **Supplemental Financial Statements**

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



Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 95-4163931 

	CANCER SUPPORT COMM	UNITY	95-4163931
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
			YesNo
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ing of violations, and enforcing conservation	easements during the year
_	▶\$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	-	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statements	that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Other	Similar Assets
1 4	Complete if the organization answered "Yes" on Form		olimia Assets.
10			
Ia	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		rance of public
<b>h</b>	service, provide in Part XIII the text of the footnote to its finance		and about works of
D	If the organization elected, as permitted under FASB ASC 958	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	ice of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
		ourse, er ether similar seasts for financial aci	
2	If the organization received or held works of art, historical trea	-	n, provide
-	the following amounts required to be reported under FASB AS		¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		
∟⊓А	FOR FAPERWORK REDUCTION ACTIVOTICE, SEE THE INSTRUCTIONS	101 FULLI 330	Schedule D (Form 990) 2020

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13597-01

		SUPPORT COMMUN		95-4	4163931 _F	Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art, His	torical Treasures, or	r Other Similar Ass	ets (continued)	)
3	Using the organization's acquisition, accession	on, and other records, che	ck any of the following that	make significant use of	its	
	collection items (check all that apply):					
а	Public exhibition	d	] Loan or exchange progra	am		
b	Scholarly research	e	Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	ellections and explain how	they further the organizatio	on's exempt purpose in P	Part XIII.	
5	During the year, did the organization solicit o	r receive donations of art, I	nistorical treasures, or othe	er similar assets		
	to be sold to raise funds rather than to be ma				Yes	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ne organization answered "	'Yes" on Form 990, Part	IV, line 9, or	
12	Is the organization an agent, trustee, custodi		r contributions or other ass	ets not included		<u> </u>
Ia	on Form 990, Part X?				Yes	No
h	If "Yes," explain the arrangement in Part XIII					
					Amount	
с	Beginning balance			1c	, anount	
d	Additions during the year					
e	Distributions during the year					
f	Ending balance			1f		
	Did the organization include an amount on Fo				Yes	No
	If "Yes," explain the arrangement in Part XIII.					Ξ
Par						
			Prior year (c) Two year		ack <b>(e)</b> Four year	s back
1a	Beginning of year balance	10,000.		),000. 10,00		,000.
b	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	10,000.	10,000. 10	0,000. 10,00	0. 10	,000.
2	Provide the estimated percentage of the curr	ent year end balance (line	1g, column (a)) held as:	· · · ·	•	
а	Board designated or quasi-endowment	%	<b>O</b> , (),			
b	Permanent endowment  100	%				
с	Term endowment	%				
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.				
3a	Are there endowment funds not in the posse	ssion of the organization th	nat are held and administer	ed for the organization		
	by:				Yes	No
	(i) Unrelated organizations				3a(i)	X
	(ii) Related organizations					X
b	If "Yes" on line 3a(ii), are the related organiza					
4	Describe in Part XIII the intended uses of the		t funds.			
Par	t VI Land, Buildings, and Equipm	ent.				
	Complete if the organization answered	d "Yes" on Form 990, Part	IV, line 11a. See Form 990	, Part X, line 10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book val	ue
		basis (investment)	basis (other)	depreciation		
1a	Land					
	Buildings					
	Leasehold improvements		1,765,141.	521,093.	1,244,0	
d	Equipment		298,093.	167,548.	130,5	
е	Other		641,328.	641,328.		0.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part X. colu	ımn (B), line 10c.)		1,374,5	<u>;93.</u>
				Sched	dule D (Form 990	) 2020

Part VII Investments - Other Securities.	ORT COMMUNITY		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			,
Closely held equity interests			
3) Other			
(A) PNC INVESTMENTS ACCOUNT	4,991,138.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	4,991,138.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►	$\cap$		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [	on Form 990, Part IV, line 1 Description	1d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" control (a) [ (1)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" control (a) [ (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" concerned (a) [ (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" complete if the organization (a) [1]         (1)         (2)         (3)         (4)         (5)         (6)		1d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" concentration (a) [1]         (1)         (2)         (3)         (4)         (5)         (6)         (7)		1d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)		1d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" complete if the organization answered "Yes" complete         (1)       (a) [         (1)       (b) [         (2)       (c) [         (3)       (c) [         (4)       (c) [         (6)       (c) [         (7)       (c) [         (8)       (c) [         (9)       (c) [	Description	1d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (b) must equal Form 990, Part X, col. (B) line	Description	1d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [         (1)       (a) [         (1)       (a) [         (3)       (a) [         (4)       (b) [         (5)       (c) [         (6)       (c) [         (7)       (a) [         (8)       (c) [         (9)       (c) [         Other Liabilities.       (b) line	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [1]         (1)       (a) [2]         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Other Liabilities.       Complete if the organization answered "Yes" of (b) must equal Form 990, Part X, col. (B) line	Description		
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) I         (1)       (a) I         (2)       (a)         (3)       (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) [         (1)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         other Liabilities.       Complete if the organization answered "Yes" or (a) Description of liability         (1)       (2)         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (9)         (11)       (11)         (12)       (12)         (13)       (12)         (14)       (12)         (15)       (12)         (16)       (12)         (17)       (13)         (18)       (14)         (19)       (15)         (11)       (12)         (12)       (13)         (13)       (14)         (14)       (15)         (15)       (15)         (16)       (16)         (17)       (17)         (18)       (17)         (	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [1         (2)       (a) [2]         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Other Liabilities.       Complete if the organization answered "Yes" of (a) Description of liability         (1)       (1)         (3)       (4)         (6)       (7)         (8)       (9)         Other Liabilities.       (b) Inne         Complete if the organization answered "Yes" of (a) Description of liability         (1)       Federal income taxes         (2)       OTHER LIABILITIES         (3)       (4)	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" of (a) [1         (2)       (a) [2]         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Other Liabilities.       Complete if the organization answered "Yes" of (a) Description of liability         (1)       (1)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (9)         Other Liabilities.       (6)         (1)       (1)         (2)       (1)         (3)       (1)         (4)       (2)         (5)       (3)	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) I         (1)       (a) I         (2)       (a) I         (3)       (b) must equal Form 990, Part X, col. (b) line         (6)       (c)         (7)       (a)         (8)       (c)         (9)       Other Liabilities.         Complete if the organization answered "Yes" or (a) Description of liability         (1)       Federal income taxes         (2)       OTHER LIABILITIES         (3)       (4)         (5)       (6)	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶         Part IX       Other Assets.         Complete if the organization answered "Yes" or (a) I         (1)       (a) I         (1)       (a) I         (2)       (a) I         (3)       (b) must equal Form 990, Part X, col. (b) line         (6)       (7)         (8)       (9)         Other Liabilities.       Complete if the organization answered "Yes" or (a) Description of liability         (1) Federal income taxes       (2) OTHER LIABILITIES         (3)       (4)         (5)       (6)         (7)       (7)	Description		(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" of (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OTHER LIABILITIES (3) (4) (5) (6)	Description		(b) Book value

Schedule D (Form 990) 2020

032053 12-01-20

16030930 758050 13597-000

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 ...

Sche	dule D (Form 990) 2020 CANCER SUPPORT COMMUNITY		95-	4163931 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per R	eturn.	
	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	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)	4b	_	
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	t XII Reconciliation of Expenses per Audited Financial Stateme	ints with Expenses per	Retur	n.
	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.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	<u> </u>
Fd	t XIII Supplemental Information.			

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

PART V	7, L	INE	4	:
--------	------	-----	---	---

THE	ENDOWMENT	WAS	SET	UP	то	SUPPORT	THE	ORGANIZATION'S	FUTURE	GROWTH.
-----	-----------	-----	-----	----	----	---------	-----	----------------	--------	---------

032054 12-01-20

SCHEDULE F	Stateme	tes —	OMB No. 1545-0047			
(Form 990)			n answered "Yes" on Form 990, Part			2020
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	Attach to Form 990. rm990 for instructions and the latest	information.	Op	en to Public spection
Name of the organization	<b>P</b> 0.0 10					tification number
CANCER SUPPORT	COMMUNITY	Y			95-41639	931
			side the United States. Comple			
Form 990, Pa			1	3		
1 For grantmakers. D	oes the organizatior	n maintain record	ds to substantiate the amount of its gra	ints and other as	ssistance,	
the grantees' eligibili	ty for the grants or a	assistance, and t	he selection criteria used to award the	grants or assista	ance? 🖸	🕻 Yes 🗌 No
2 For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and othe	er assistance ou	utside the
			n be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		ty listed in (d)	(f) Total expenditures
	offices in the region	agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		ram service, specific type	for and
		contractors	recipients located in the region)		) in the region	investments in the region
		in the region				
			GRANTS TO RECIPIENTS			
NORTH AMERICA	0	0	LOCATED IN REGION			14 000
NORTH AMERICA	0	0	LOCATED IN REGION			14,000.
	0	0				14.000
3 a Subtotal		0				14,000.
<b>b</b> Total from continuati		0				0
sheets to Part I		0				0.
c Totals (add lines 3a	0	0				14,000.
and 3b)	0	I 0				14,000.

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

Schedule F (Form 990) 2020

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### CANCER SUPPORT COMMUNITY

95-4163931

Page 2

 

 Schedule F (Form 990) 2020
 CANCER
 SUPPORT
 COMMUNITY
 95-4163931

 Part II
 Grants and Other Assistance to Organizations or Entities Outside the United States.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	GENERAL OPERATIONS	14,000.	WIRE TRANSFER	0.		
					2			
				S	<b>S</b> *			
				$\mathbf{S}$				
			<b>SS</b>					
			8					
		$\sim$						
			ecognized as charities by the f		-			
exempt 501(c)(3) orga 3 Enter total number of		-	or counsel has provided a sect	ion 501(c)(3) equ	ivalency letter			1
	other organizations c						Sched	ule F (Form 990) 2020

032072 12-03-20

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Schedule F (Form 990) 2020	C	ANCER SUPPOR	T COMMUN	ITY	95	-4163931		Page
		e to Individuals Outside ditional space is needed		ites. Complete i	if the organization answered "Yes" o	n Form 990, Parl	t IV, line 16.	
(a) Type of grant or assista		(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							5	
					.0			
					0			
				C				
				0				
		C	$\bigcirc$					
		$\overline{0}$						
		5						
	$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$						Scheo	dule F (Form 990) 2020
032073 12-03-20					38			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Ves	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

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Schedule F (Form 990) 2020	CANCER	SUPPORT	COMMUNITY
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G	Suppleme	ntal Information Regarding	Fundrais	sing or Gaming A	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1			or 19, or if the	2020
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr			ion.	Open to Public Inspection
Name of the organization					1	entification number
		SUPPORT COMMUNITY			95-416	
	complete this part	Complete if the organization answe	ered "Yes" o	on Form 990, Part IV,	line 17. Form 990-E	Z filers are not
		ed funds through any of the followin	g activities	Check all that apply.		
a 📃 Mail solicitat	ions			government grants		
	email solicitations			ernment grants		
c Phone solicit d In-person sol		g [] Special	fundraising	events		
		r oral agreement with any individual	(including a	officers, directors, trus	stees, or	
-		art VII) or entity in connection with p	-			es 🗌 No
		viduals or entities (fundraisers) pursu		-		be
compensated at le	ast \$5,000 by the	organization.				
			(iii) Did		(v) Amount paid	(vi) Amount paid
(i) Name and address or entity (fund		(ii) Activity	fundraiser have custody	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or entity (lund	liaisei)		or control of contributions		listed in col. (i)	organization
			Yes No			
		S				
	C					
Total			►			
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contribution	s or has been notified	l it is exempt from r	egistration
<b>•</b>						

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

#### Schedule G (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
			SPRING			(d) Total events
				MLL EVENT	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	400,584.	134,652.	77,088.	612,324
	2	Less: Contributions	388,054.	134,652.	77,088.	599,794
_	3	Gross income (line 1 minus line 2)	12,530.			12,530
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	126,143.		$\sim$	126,143
	7	Food and beverages				
	8	Entertainment				
		Other direct expenses		61,981.	1,175.	77,250
•	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			203,393
		Net income summary. Subtract line 10 from li				-190,863
ľ	τI		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.				<u>-</u>
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1	Gross revenue				
	1 2	Gross revenue				
	3	Cash prizes				
	3 4	Cash prizes				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%	Yes% □No	☐ Yes%	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No		No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	5 in column (d)	□ No	<u>No</u> No	
	3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	5 in column (d)	No No	<u>No</u> No	
	3 4 5 6 7 8 Ent	Cash prizes	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	No	No	Yes No
	3 4 5 6 7 8 Ent	Cash prizes	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	No	No	YesN
	3 4 5 6 7 8 Entt Is tl If "I	Cash prizes	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these s	states?	No	

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 CANCER SUPPORT COMMUNITY	95-4163931 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<u>13a</u> %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords:
Name	
Address 🕨	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the a of gaming revenue retained by the third party ▶ \$	mount
c If "Yes," enter name and address of the third party:	
c in res, enter hame and address of the time party.	
Name	
Address	
16 Gaming manager information:	
Name	
Name	
Gaming manager compensation  \$	
Description of services provided 🕨	
Director/officer Employee Independent contractor	
47 Mandaham diakik diana	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes No
<ul><li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper</li></ul>	
organization's own exempt activities during the tax year <b>&gt;</b> \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	,
032083 11-25-20 Sched	ule G (Form 990 or 990-EZ) 2020

 Schedule G (Form 990 or 990-EZ)
 CANCER
 SUPPORT
 COMMUNITY

 Part IV
 Supplemental Information (continued)
 (continued)
 (continued)

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Schedule G (Form 990 or 990-EZ)

032084 04-01-20

								1	
SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Uni	ted States		ОМВ No. 154	5-0047 <b>20</b>
Department of the Treasury Internal Revenue Service		eenip:	-	Attach to For	m 990.			Open to F Inspect	
Name of the organizatio	n CANCER SU	PPORT COM	-	s.gov/Form990 fo	r the latest inform	hation.		Employer identification 95-416	number
Part I General Inf	ormation on Grants a							55 110	<u></u>
0	tion maintain records t vard the grants or assis		0	, ,	• • • •	0			No No
2 Describe in Part IV	/ the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.		<u> </u>		
	Other Assistance to I	•			1 0	anization answered "	es" on Form 990, Part	t IV, line 21, for any	
1 (a) Name and add	at received more than \$ Iress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant
ORLANDO HEALTH CAN 1720 S ORANGE AVEN ORLANDO, FL 32806	UE	80-0764192	501(C)(3)	50,000.	<b>S</b> _{0.}	other)		GENERAL OPERATIONS	
INDIAN FAMILY HEAL FALLS - 1220 CENTR FALLS, MT 59401		81-0542869	501(C)(3)	37,500.	0.			GENERAL OPERATIONS	
NAVAJO HOPI HEALTH PO BOX 600 TUBA CITY, AZ 860		45-3548948	501(C)(3)	33,337.	0.			GENERAL OPERATIONS	
MDS FOUNDATION INC 4573 S. BROAD ST. YARDVILLE, NJ 086	SUITE 150	22-3283911	501(C)(3)	25,000.	0.			GENERAL OPERATIONS	
CSC GREATER LEHIGH 944 MARCON BLVD. S ALLENTOWN, PA 181	UITE 110	73-1657537	501(C)(3)	20,000.	0.			GENERAL OPERATIONS	
CSC LOS ANGELES 1990 S. BUNDY DR. LOS ANGELES, CA 9		33-0287070	501(C)(3)	19,000.	0.			GENERAL OPERATIONS	
2 Enter total numbe	r of section 501(c)(3) ar	nd government org	anizations listed in the	e line 1 table					8.
	r of other organizations							<b>&gt;</b>	0.
LHA For Paperwork I 032101 11-02-20	Reduction Act Notice,	see the Instruction	ons for Form 990.	45				Schedule I (Form 9	¥0) 2020

Schedule I (Form 990) CANCER SU	PPORT COM	MUNITY				9	5-4163931 Page 1
Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB KANSAS CITY 21 W. 43RD ST. KANSAS CITY, MO 64111	20-0493511	501(C)(3)	10,000.	0.		0	GENERAL OPERATIONS
WHITMAN WALKER HEALTH 1701 14TH STREET NW WASHINGTON, DC 20009	52-1122122	501(C)(3)	10,000.	0.			GENERAL OPERATIONS
					5		
			(	3			
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	-	0,					
	V						
S							
		1				1	Schedule I (Form 990)
032241 11-05-20			46				. ,

								4	
Schedule Part III	e I (Form 990) 2020 Grants and Other Assis	stance to Dom	SUPPORT estic Individuals			ered "Yes" on Form 9	990, Part IV, line 22.	95-4163931	Page <b>2</b>
	Part III can be duplicate		pace is needed.	(h) Number of	(-) Amount of	(.) Amount of non	(-) Mathead of unknowing	(1) Description of personsh	
	(a) Type of grant	or assistance		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
							G		
							$\mathcal{A}$		
					(	5			
Part IV	Supplemental Informat	tion. Provide th	e information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART	I, LINE 2:								
THESE	E GRANTS WERE	MADE TO	NEW HEAL	TH CARE P	ARTNERS TO	BUY EQUIP	MENT AND		
SIIPPO	ORT OTHER STAR	T-UP COS	TS.						
			$\bigcirc$						
		$\partial$							
032102 11-	02-20				47			Schedule I (For	rm 990) 2020

SCHEDU		-	pensation Information	OMB NO. 15	OMB No. 1545-0047			
(10111135(	,	For certain Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employees	207	20			
		Complete if the organiz	ation answered "Yes" on Form 990, Part IV, line 23.	Open to	Public			
Department of th nternal Revenue		Go to www.irs.gov/E	Attach to Form 990. Form 990 for instructions and the latest information.	Inspec				
	organization			Employer identification	n numb			
		CANCER SUPPORT	COMMUNITY	95-4163931	_			
Part I	Questions	<b>Regarding Compensation</b>	·					
					Yes N			
1a Check	the appropriat	e box(es) if the organization provide	ed any of the following to or for a person listed on Form §	990,				
Part VII	, Section A, lir	ne 1a. Complete Part III to provide a	any relevant information regarding these items.					
Fir	rst-class or cha	arter travel	Housing allowance or residence for persor	nal use				
Tra	avel for compa	anions	Payments for business use of personal res	idence				
Ta	ix indemnificat	tion and gross-up payments	Health or social club dues or initiation fees					
Di	scretionary sp	ending account	Personal services (such as maid, chauffeu	r, chef)				
			ization follow a written policy regarding payment or					
		•	bed above? If "No," complete Part III to explain	1b				
			bursing or allowing expenses incurred by all directors,					
trustee	s, and officers	, including the CEO/Executive Direc	ctor, regarding the items checked on line 1a?					
3 Indicate	which if any	of the following the organization u	sed to establish the compensation of the organization's					
			eck any boxes for methods used by a related organization	in to				
		on of the CEO/Executive Director, I						
	ompensation of		Written employment contract					
	•	mpensation consultant	X Compensation survey or study					
	•	er organizations	X Approval by the board or compensation co	ommittee				
		or organizations						
4 Durina	the vear. did a	any person listed on Form 990. Part	VII, Section A, line 1a, with respect to the filing					
		ted organization:						
•		payment or change-of-control paym	nent?	4a				
		ve payment from a supplemental n		4b				
		ive payment from an equity-based of		4c				
			the applicable amounts for each item in Part III.					
Only se	ection 501(c)(	3), 501(c)(4), and 501(c)(29) organ	izations must complete lines 5-9.					
5 For per	sons listed on	Form 990, Part VII, Section A, line	1a, did the organization pay or accrue any compensation	ו				
0	ent on the rev							
		5b, describe in Part III.						
-			1a, did the organization pay or accrue any compensation	۱				
-		t earnings of:						
a The org	anization?							
		6b, describe in Part III.	<b>.</b>					
			1a, did the organization provide any nonfixed payments					
			t III					
			or accrued pursuant to a contract that was subject to th					
J II Yes"			puttable presumption procedure described in	9				
Dooula	tions section 5							

032111 12-07-20

#### CANCER SUPPORT COMMUNITY

95-4163931

Page 2

 Schedule J (Form 990) 2020
 CANCER
 SUPPORT
 COMMUNITY
 95-4163931

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KIM THIBOLDEAUX	(i)	316,336.	55,000.	0.	8,550.	11,851.	391,737.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LINDA BOHANNON	(i)	261,465.	30,000.	0.	8,550.	14,278.	314,293.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JEFFREY TRAVERS	(i)	196,274.	25,000.	0.	6,638.	10,053.	237,965.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SALLY WERNER	(i)	165,001.	11,119.	0.	4,743.	9,491.	190,354.	0.
ED, INSTITUTE FOR EXCELLENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THEODORE MILLER	(i)	156,001.	13,000.	0.	3,707.	9,846.	182,554.	0.
VP, DEVELOPMENT & EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH FRANKLIN	(i)	150,965.	12,420.	0.	4,901.	6,337.	174,623.	0.
ED, CANCER POLICY INSTITUTE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(11)			l	l	1	<b>_</b>	
							Sched	ule J (Form 990) 2020

032112 12-07-20

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Schedule J (Fo		UPPORT COMMUNITY		95-4163931	Page <b>3</b>
Part III Sup	plemental Information	SOFFORT COMMONITI			Page 3
		equired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c	; 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complet	te this part for any additional information	
		A	U		
			•		
				Schedule J (Fo	orm 990) 2020
032113 12-07-20	$\mathbf{V}^{\mathbf{v}}$		50		

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.

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

OMB No. 1545-0047

Employer identification number

95-4163931

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

CANCER SUPPORT COMMUNITY

ACTION, AND SUSTAINED BY COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES THAT WILL DIRECTLY ADDRESS THESE NEEDS.

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

THE AUDIT AND FINANCE COMMITTEES OF THE NATIONAL BOARD REVIEW THE FORM

BEFORE FILING ON BEHALF OF THE BOARD.

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

MEMBERS OF THE BOARD ARE REQUIRED TO SIGN A CONFLICT OF INTEREST

DECLARATION ANNUALLY. BOARD MEMBERS WHO MAY HAVE A CONFLICT OF INTEREST IN

MATTERS BEFORE THE BOARD OR ITS COMMITTEES ARE ASKED TO RECUSE THEMSELVES

FROM PARTICIPATION IN DISCUSSIONS OR DECISIONS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE CEO, EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE NATIONAL BOARD RELYING ON DATA SHOWING COMPENSATION FOR COMPARABLE POSITIONS. THE EXECUTIVE COMMITTEE VOTES ON ALL COMPENSATION AND BONUSES AND THE VOTE IS RECORDED.

COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE

EXECUTIVE COMMITTEE OF THE NATIONAL BOARD RELYING ON DATA SHOWING

COMPENSATION FOR COMPARABLE POSITIONS. THE EXECUTIVE COMMITTEE VOTES ON ALL

COMPENSATION AND BONUSES AND THE VOTE IS RECORDED.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization CANCER SUPPORT COMMUNITY	Employer identification number 95-4163931
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, MA, ME, MD, MN, MO, NH, I	NJ, NY, NC, OH, OR, PA
RI, SC, VA, WA, WV, WI, AK, DE, HI, ID, IN, IA, MI, MS, MT, NE, NV, NM, ND, (	OK, SD, TN, TX, UT, VT,
WY	
FORM 990, PART VI, SECTION C, LINE 19:	,
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	1,211,182.
MANAGEMENT AND GENERAL EXPENSES	252,000.
FUNDRAISING EXPENSES	87,823.
TOTAL EXPENSES	1,551,005.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,551,005.
FORM 990, PART VI, SECTION B, LINE 11B	
THE PROCESSES FOR THE SELECTION OF AN INDEPENDENT ACCOUNT	ANT OR
OVERSIGHT FOR THE AUDIT HAS NOT BEEN CHANGED.	

032212 11-20-20

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations ete if the organization answered " Atta Go to www.irs.gov/Form990 fr	Yes" on Form 990, Part IV, I ch to Form 990.	ine 33, 34, 35b, 3	6, or 37.	Q	Or	1B No. 1545 <b>202</b> Den to Pu Inspectio	<b>O</b> Jblic
Name of the organizat	ion CANCER SUPPORT						loyer identific	ation nu	
Part I Identificati	ion of Disregarded Entities. Complete		on Form 990, Part IV, line 33	3.					
	(a) Iress, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	r (d) Total inco	(e) me End-of-year		Direct co	<b>f)</b> ontrolling tity	I
			3						
Part II Identificati organizatio	ion of Related Tax-Exempt Organization of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more re	elated tax-exen	npt	
	(a) ne, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		<b>(f)</b> controlling entity	Section 5 contr enti	olled
					501(c)(3))			Yes	No
		)							

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

Schedule R (Form 990) 2020

032161 10-28-20 LHA

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### Schedule R (Form 990) 2020 CANCER SUPPORT COMMUNITY

95-4163931 Page 2

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

	1 8										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related unrelated	Share of total income	Share of end-of-year		ortionate	Code V-UBI	General managir	or Percentage ownership
of folated organization		(state or foreign	ontry	(related, unrelated, excluded from tax under sections 512-514)		assets	allocat				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
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	-										
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	-			4							
	1										
	1										
	1										
	1	1				1	1		1	1 1	1

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

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	ent	i) stion b)(13) rolled ity? No
PATIENT PLANNING SERVICES, INC - 46-4019304 2202 SPRING CREEK DR AUSTIN, TX 78704	SOFTWARE /TECHNOLOGY		CANCER SUPPORT COMMUNITY	C CORP	-27,099.	172,293.	95.00%		
C									
	-								
032162 10-28-20	-					Sche	dule R (Forr	n 990)	2020
		54							

Schedule R (	Form 990) 2020 CANCER SUPPORT COMMUNITY				95-41639	31	Ρ	Page 3
Part V T	ansactions With Related Organizations. Complete if the organization and	swered "Yes" on Forr	n 990, Part IV, line 34, 35b,	, or 36.				
Note: Comp	lete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	No
0	the tax year, did the organization engage in any of the following transaction		0					
a Receip	t of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	У			·····	1a		X
b Gift, gr	ant, or capital contribution to related organization(s)				····· -	1b		X X
<b>c</b> Giπ, gr	ant, or capital contribution from related organization(s)					1c 1d	x	
	or loan guarantees to or for related organization(s) or loan guarantees by related organization(s)				·····	10 1e	~	x
e Loans						10		
f Divider	ds from related organization(s)					1f		Х
	assets to related organization(s)				Г	1q		X
	se of assets from related organization(s)					1h		Х
i Exchar	ge of assets with related organization(s)					1i		Х
j Lease	of facilities, equipment, or other assets to related organization(s)					1j		Х
	of facilities, equipment, or other assets from related organization(s)					1k		X
	nance of services or membership or fundraising solicitations for related orga					11	X	
	nance of services or membership or fundraising solicitations by related orga					1m	X	
	g of facilities, equipment, mailing lists, or other assets with related organizat					1n	X	
o Sharing	g of paid employees with related organization(s)				····· -	10	X	
								Х
						1p 1a		X
	ursement paid by related organization(s) for expenses					1q		
<b>r</b> Other t	ransfer of cash or property to related organization(s)					1r		Х
	ransfer of cash or property from related organization(s)					1s		X
-	nswer to any of the above is "Yes," see the instructions for information on v	vho must complete th	nis line, including covered r	elationships and transaction	hresholds.			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	Method of dete	(d) rmining amount invol	ved		
(1) PATII	ENT PLANNING SERVICES, INC	М	118,686.	FMV				
(2)								
(3)								
(4)								
(5)								
(6)								
032163 10-28-20	X	55	·	·	Schedule R	(Form	1 990)	2020

#### Schedule R (Form 990) 2020 CANCER SUPPORT COMMUNITY

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

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

95-4163931

Page 4

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?	Share of	Share of	Disprop tionat allocatio	or- e amount in box 20 of Schedule K-1 (Form 1065)	General	or Percent
of entity		(state or foreign	(related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocatio	amount in box 20 ns? of Schedule K-1	partner	owners?
		country)	sections 512-514)	Yes No	income	assets	Yes I	No (Form 1065)	Yes N	0
	_									
	_									
				$\square$					$\downarrow \downarrow$	
	_			1						
	_									
	4									
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							+		++	_
		1		$\vdash$	1		+		++	
	1)									
	-					ı		Schedule	e R (Fo	rm 990) \$
								20119000		
10-28-20										
			56							

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#### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2021**

Name CANCER SUPPORT COMMUNITY	Employer Identification Number 95-4163931
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL PRE-2018 NET OPERATING LOSS	9,788.

019341 04-01-20

Form <b>8868</b>	
------------------	--

(Rev. January 2020)

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electroni	c filing (e-file). You can electronically file Form 8868 to	request a	6-month automatic extension of time to	file an	y of the	
forms list	ed below with the exception of Form 8870, Information	Return for	Transfers Associated With Certain Pers	onal Be	enefit	
Contracts	s, for which an extension request must be sent to the IR	S in paper	format (see instructions). For more deta	ails on t	he electronic	
iling of th	nis form, visit <i>www.irs.gov/e-file-providers/e-file-for-char</i>	ities-and-n	on-profits.			
Automa	atic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).			
All corpoi	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnerships, I	REMICs	s, and trusts	
nust use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Type or	Name of exempt organization or other filer, see instru	ictions.	Та	axpayer	identification	number (TIN)
orint						
	CANCER SUPPORT COMMUNITY				95-416	3931
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.			
ling your eturn. See	5614 CONNECTICUT AVENUE NW,	NO.	280			
nstructions.	City, town or post office, state, and ZIP code. For a few WASHINGTON, DC 20015	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990	-BL	02	Form 1041-A			08
orm 472	0 (individual)	03	Form 4720 (other than individual)			09
orm 990	PF	04	Form 5227			10
orm 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 990	-T (trust other than above)	06	Form 8870			12
			CONNECTICUT AVENUE	NW,	NO. 280	_
	poks are in the care of 🕨 WASHINGTON, DC	20015	5			
•	none No.  202-659-9709		Fax No.			
If the	organization does not have an office or place of business					🕨 🗔
	is fau a Quarue Datume, antau tha annuarization is fau u diait		motion Number (GEN) If th		r the whole are	
	is for a Group Return, enter the organization's four digit	Group Exe		nis is fo		oup, check this
	. If it is for part of the group, check this box	-	ich a list with the names and TINs of all			
If this i box ▶ [	If it is for part of the group, check this box ▶	] and atta	ich a list with the names and TINs of all	membe	ers the extensi	on is for.
If this i → If this i → [ 1   re	If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until	and atta	Ach a list with the names and TINs of all	membe	ers the extensi	on is for.
If this i box ▶ [ 1 I re the	. If it is for part of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the org	and atta	Ach a list with the names and TINs of all	membe	ers the extensi	on is for.
If this i box ▶ [ 1 I re the	. If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until organization named above. The extension is for the org $\underline{X}$ calendar year $\underline{2020}$ or	and atta	Ach a list with the names and TINs of all MBER 15, 2021 , to file the return for:	membe	ers the extensi	on is for.
If this box ▶ [ 1 I re the	. If it is for part of the group, check this box quest an automatic 6-month extension of time until organization named above. The extension is for the org	and atta	Ach a list with the names and TINs of all	membe	ers the extensi	on is for.
If this box ▶ [ 1 I re the ▶[	. If it is for part of the group, check this box       ▶         quest an automatic 6-month extension of time until       _         organization named above. The extension is for the org       X         calendar year 2020       or         tax year beginning	and atta	a list with the names and TINs of all         MBER 15, 2021       , to file the return for:         Id ending	membe	ers the extension of th	on is for.
If this ox ▶ [ 1 I re the ▶[ ▶[	. If it is for part of the group, check this box         quest an automatic 6-month extension of time until         organization named above. The extension is for the org         X       calendar year 2020         tax year beginning         ne tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to the tax year entered in line 1 is for less than 12 months, compared to tax year entered in line 1 is for less than 12 months, compared to tax year entered in line 1 is for less than 12 months, compared to tax year entered in line 1 is for less than 12 months, compared to tax year entered in line 1 is for less than 12 months, compared to tax year entered in line 1 is for less than 12 months, compared to tax year entered to tax year enterex year entered to tax year enterementeree enterementeree enteree	and atta	a list with the names and TINs of all         MBER 15, 2021       , to file the return for:         Id ending	membe	ers the extension of th	on is for.
If this ox ▶ [ 1 I re the ▶[ ▶[	. If it is for part of the group, check this box       ▶         quest an automatic 6-month extension of time until       _         organization named above. The extension is for the org       X         calendar year 2020       or         tax year beginning	and atta	a list with the names and TINs of all         MBER 15, 2021       , to file the return for:         Id ending	membe	ers the extension of th	on is for.
If this box ▶ [ 1 I re the ▶ [ 2 If th	. If it is for part of the group, check this box       ▶         quest an automatic 6-month extension of time until       _         organization named above. The extension is for the org       _         X       calendar year 2020       or         tax year beginning       _         ne tax year entered in line 1 is for less than 12 months, c         Change in accounting period	and attant	ALCH a list with the names and TINs of all         MBER 15, 2021       , to file the return for:         Ind ending	membe	ers the extension of th	on is for.
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020)

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Subtract line 10 from line 7	7. If line 10 is greater the	an line 7,		
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				orm <b>990-T</b>
	ne before net operating loss instructions come before specific deduct but see instructions for exce instructions Subtract line 10 from line 7 ns. Multiply Part I, line 11 b structions for tax computations inchedule or Sched	ne before net operating losses. Subtract line 4 from instructions come before specific deduction and section 199A of but see instructions for exceptions) instructions Subtract line 10 from line 7. If line 10 is greater that ns. Multiply Part I, line 11 by 21% (0.21) structions for tax computation. Income tax on the a schedule or Schedule D (Form 1041)	ne before net operating losses. Subtract line 4 from line 3 instructions come before specific deduction and section 199A deduction. but see instructions for exceptions) instructions Subtract line 10 from line 7. If line 10 is greater than line 7, <b>ns.</b> Multiply Part I, line 11 by 21% (0.21) structions for tax computation. Income tax on the amount on achedule or Schedule D (Form 1041)	me before net operating losses. Subtract line 4 from line 3   instructions   come before specific deduction and section 199A deduction.   7   but see instructions for exceptions)   instructions   9   10   Subtract line 10 from line 7. If line 10 is greater than line 7,   11   ns. Multiply Part I, line 11 by 21% (0.21)   tructions for tax computation. Income tax on the amount on achedule or   Schedule D (Form 1041)   2   3   4   5   6   7

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Form 9	990-T (2020)	P	'age <b>2</b>					
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions)							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	Total credits. Add lines 1a through 1d       1e							
2	Subtract line 1e from Part II, line 7 2		0.					
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)							
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here		0.					
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		0.					
6a	Payments: A 2019 overpayment credited to 2020 6a							
b	2020 estimated tax payments. Check if section 643(g) election applies							
с	Tax deposited with Form 8868							
d	Foreign organizations: Tax paid or withheld at source (see instructions)							
е								
f								
g	Other credits, adjustments, and payments: Form 2439							
	□ Form 4136 Other Total ► 6g							
7	Total payments. Add lines 6a through 6g							
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached							
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed       9							
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10							
	Enter the amount of line 10 you want: Credited to 2021 estimated tax  Refunded  11							
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)							
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	Yes	No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here		X					
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
	foreign trust?		X					
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	_   _						
4a	Did the organization change its method of accounting? (see instructions)		X					
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"							
	explain in Part V							
Part	V Supplemental Information							

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Signature of officer					May the IRS discuss this retu the preparer shown below (so instructions)? X Yes		
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN	Yes	No
Paid				self- employe	ed b			
Preparer	PERRY DIFRANCO	PERRY DIFRANCO	09/30/21				83974	
Use Only		AEFER, HACKETT & CC	).	Firm's EIN		31-08	80005	3
	1       EAST 41         Firm's address       ►         CINCINNAT	TH STREET FI, OH 45202		Phone no.	51	3-241-	-3111	

023711 02-02-21

SCHEDULE A (Form 990-T)       Unrelated Business Taxable Income From an Unrelated Trade or Business       Out 90: 10: 10: 10: 10: 10: 10: 10: 10: 10: 1		-				E	NTITY	1
Prom source         Prom an Unrelated Trade or Business         Prove the source and the latest information.         Prove the source and the latest information is a 50 telps.           Determine the relaxation CANCER SUPPORT COMMUNITY         Bendered source and the latest information is a 50 telps.         Determine the source and the latest information is a 50 telps.         Determine the comparison is a 50 telps.           C. Unrelated business activity code (see instructions)         453220         D sequence:         1 of 2           E. Denote the unrelated trade or business Income         (A) Income         (B) Expenses         (C) Net           1a         Gross receipts or sales         o Balance b         2         0         0           2         Gross receipts or sales         o Copy tells and disparses         0         0         0         0           1a         Gross receipts or sales         o Copy tells and disparses         0         0         0         0         0         0           2         Gross profit         0         10         0         0         0         0         0         0           3         Gross profit         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0			Unrelated Rusin	655	Taxable Incom	1e	0	MB No. 1545-0047
Learner of the Insurger in the latest information.     Los of enter SSN numbers on this form as it may be made public if your organization is a 50 (c)(3).     A Nor of the operation     A Nor of the operation     A Nor of the operation     A Nore after SSN numbers on this form as it may be made public if your organization is a 50 (c)(3).     A Nore StopPart COMMUNITY     B Enclose(interaction number     B Enclose(interaction     B Enclose(interaction	(For	m 990-T)						
Constructions and the latest information.         De not energy informations and the latest information.         Descent and the state memory information.           A nume of the organization CANCER SUPPORT COMMUNITY         B Employer identification of the state memory information.         Descent and the state memory information.           C Unrelated business activity code (see instructions)         453220         D Sequence:         1 of 2           E Describe the unrelated trade or business income         (A) Income         (B) Expenses         (C) Net           I a Gross receipts or sales         C Balance         Ic         Ic <thic< th="">         Ic         Ic         Ic&lt;</thic<>			From an Onrelate	u i	raue or busine	:22		2020
International Service         Denote there SSN numbers on this forms as it may be made public if your organization is a S01(02).         Name of the registration           A Name of the registration         CANCER SUPPORT COMMUNITY         B Employer identification number 95-4163931         D Sequence:         1 of 2           C Unrelated business activity code (see instructions)         453220         D Sequence:         1 of 2           E Describe the unrelated trade or business income         (A) Income         (B) Expenses         (C) Net           1a Gross recipts or sales         c         B and code of the code of			Go to www.irs.gov/Form990T fo	r instr	uctions and the latest info	rmation.		
A name of the organization CNOCER_SUPPORT_COMMUNITY       B Employer interfacedon number 95-4163931         C_Unrelated business activity code (see instructions)       ▲ 453220       D Sequence:       1 of 2.         E			Do not enter SSN numbers on this form as it	may be	made public if your organiza	tion is a 501(c)(3).		
CANCER SUPPORT COMMUNITY     95-4163931       0     Unrelated business activity code (see instructions)     453220     D Sequence: 1 of 2       E     Describe the unrelated trade or business Income     (A) Income     (B) Expenses     (C) Net       1a     Gross receipts or sales     0     (B) Expenses     (C) Net       2     Cost of goods sold (Part III, line 8)     c     Balance     1     C       2     Cost of goods sold (Part III, line 8)     c     Balance     1     C       3     Gross profit. Subtract line 2 from line 1c     da     da     da       4     Cost of goods sold (Part III, line 8)     c     da     da       3     Gross profit. Subtract line 2 from 1041 or form     da     da     da       4     Costal aloss deduction for furuts     da     da     da       5     Income (loss) from 4797) (see instructions)     da     da     da       6     Income (loss) from a partnership or an S corporation (attach statement)     da     da     da       7     Unrelated definanced income (Part VI)     f     da     da     da       9     Investment income of section 501(c)(7), (9, or (17)     ga     da     da       10     Explorate and maintenance     da     da     da <tr< td=""><td></td><td>ame of the organizatio</td><td>n</td><td></td><td></td><td>B Employer ide</td><td></td><td></td></tr<>		ame of the organizatio	n			B Employer ide		
E       Describe the unrelated trade or business       NON-BRANDED       JEWELRY         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross receipts or sales		-						
E       Describe the unrelated trade or business       NON-BRANDED       JEWELRY         Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross receipts or sales								
Part1       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross receipts or sales	<b>C</b> U	nrelated business a	activity code (see instructions) 🕨 45322	0		D Sequence:	1	of 2
Part1       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross receipts or sales								
1a       Gross receipts or sales       c       Balance       1c         2       Cost of goods sold (Part III, line 8)       2       0         3       Gross profit. Subtract line 2 from line 1c       3       0         4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)       4a       0         5       Income (loss) (Form 4797) (attach Form 4797) (see instructions)       4a       0         5       Income (loss) (Form 4797) (attach Form 4797) (see instructions)       4a       0         6       Rent income (Part IV)       6       0       0         7       Unrelated debt financed income (Part V)       7       0       0         8       Interest, anuitiles, royalities, and rents from a controlled organization (Part VI)       10       10       10         9       Investment income (Part IV)       10       10       11       11         10       Advertising income (Part IVI)       10       10       11       11       11         11       Other income (See instructions; attach statement)       12       0       11       12         12       Other income (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1       2       2	E D	escribe the unrelate	ed trade or business NON-BRANDED	JEWI	ELRY			
b       Less returns and allowances       c       b         2       Cost of goods sold (Part III, line 8)       2       0         3       Gross profit. Subtract line 2 from line 1 c       3       0         4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120) (see instructions)       4a       0         b       Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)       4b       0       0         c       Capital loss deviction for trusts       5       0       0       0         c       Rent income (Part V)       6       0       0       0         7       Unrelated debt financed income (Part V)       7       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	Par	t I Unrelated	Trade or Business Income		(A) Income	(B) Expenses		(C) Net
b       Less returns and allowances       c       b         2       Cost of goods sold (Part III, line 8)       2       0         3       Gross profit. Subtract line 2 from line 1 c       3       0         4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120) (see instructions)       4a       0         b       Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)       4b       0       0         c       Capital loss deviction for trusts       5       0       0       0         c       Rent income (Part V)       6       0       0       0         7       Unrelated debt financed income (Part V)       7       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0	1.							
2       Cost of goods sold (Part III, line 8)       2         3       Gross profit. Subtract line 2 from line 1c       3         4       Capital gain net income (gain to fixed) subtract line 2 from 101 or Form 4797 (see instructions)       4a         5       Income (loss) (Form 4797) (stach Form 4797) (see instructions)       4a         6       Retri income (Rart IV)       6         7       Unrelated debt/financed income (Part V)       6         8       Interest, annulles, royaties, and rents from a controlled organization (Part V)       7         9       Investment income of section 501C(c)(7), (9), or (17)       9         9       Investment income of section 501C(c)(7), (9), or (17)       9         10       Exploited exempt activity income (Part VIII)       10         11       Interest, antabutes, royatics, and rents from a controlled organization (Part VII)       10         12       Uhreintere (Part VI)       11       12         13       Total. Combine lines 3 through 12       13       0 .         14       Advertising income (Part VI)       13       0 .         14       Compensation of officers, directors, and furstees (Part X)       1       2         15       Interest (attach statement)       12       1       2         14		-		10				
3       Gross profit. Subtract line 2 from line 1c       3         4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)       4a         b       Net gain (loss) (form 4797) (attach Form 4797) (see instructions)       4a         c       Capital loss deduction for trusts       5         d       Capital loss deduction for trusts       5         d       Capital loss deduction for trusts       5         d       Rent income (Part IV)       7								
4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)       4a         b       Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)       4a         c       Capital loss (eduction for trusts       4c         5       Income (loss) from a partnership or an S corporation (attach statement)       6         6       Ret niccome (Part IV)       6         7       0       0         8       Interest, annuities, royalties, and rents from a controlled organization (Part VI)       9         9       Investence income of section 501(c)(7), (9), or (17)       9         10       Exploited exempt activity income (Part VII)       10         11       Advertising income (Part X)       11       0         12       0       11       11         13       0       13       0       12         13       0       1       2       2         14       13       0       1       2         14       13       0       1       2         14       13       0       1       2         15       Interest, annuities, royaltisa, attach statement)       13       0       1         16       Compensation of officers, direc								
1120) (see instructions)       4a         b Net gain (less) (Form 4797) (attach form 4797) (see instructions)       4a         c Capital loss deduction for trusts       4b         c Capital loss deduction for trusts       4c         5 Income (less) from a partnership or an S corporation (attach statement)       5         6 Rent income (Part IV)       6         7 Unrelated debt-financed income (Part V)       7         8 Interest, annuities, royatiles, and rents from a controlled organization (Part VI)       7         9 Investment income of section S01(c)(7), (9), or (17) organizations (Part VI)       9         10 Exploited exempt activity income (Part VII)       10         11 Adventising income (Part IV)       10         12 Other income (see instructions; attach statement)       12         13 Total. Combine lines 3 through 12       13         14 Compensation of officers, directors, and trustees (Part X)       1         2 Salaries and wages       2         3 Repairs and maintenance       3         4 Bad debts       5         5 Interest (attach statement) (see instructions)       7         8 Less depreciation (attach form 4529) (see instructions)       7         8 Less depreciation (attach form 4529) (see instructions)       5         11 Excesse addreds totherment (see instructions) <td< td=""><td></td><td></td><td></td><td>۲Ť</td><td></td><td></td><td></td><td></td></td<>				۲Ť				
b       b       db         c       Capital loss deduction for trusts       dc         5       Income (loss) from a partnership or an S corporation (attach statement)       dc       dc         6       Rent income (Part IV)       6       dc       dc         7       Unrelated debt/inanced income (Part V)       6       dc       dc       dc         8       Interest, annuities, royatiles, and rents from a controlled organization (Part VI)       7       dc       dc<				4a				
c       Capital loss deduction for trusts       4c         5       income (loss) from a partnership or an S corporation (attach statement)       5         6       Rent income (Part IV)       6         7       Unrelated debt-financed income (Part V)       7         9       Investment income of section 501(c)(7), (9), or (17)       9         organization (Part VI)       9       0         10       Exploited exempt activity income (Part VII)       10         11       Advertising income (Part IX)       11         12       0       11         13       Other income (See instructions; attach statement)       12         14       Compensation of officers, directors, and trustes (Part X)       1         2       Salaries and wages       2         3       Repairs and maintenance       3         4       5       1         2       Compensation of officers, directors, and trustes (Part X)       1         2       Salaries and wages       2         3       Repairs and maintenance       3         4       5       5         5       5       5         6       7       8         8       Bad debts       6 <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>								
5       Income (loss) from a partnership or an S corporation (attach statement)       6         6       Rent income (Part IV)       6         7       Unrelated debt-financed income (Part V)       7         8       Interest, annutites, royalties, and rents from a controlled organization (Part V)       7         9       Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)       9         10       Exploited exempt activity income (Part VII)       10         11       Advertising income (Part VII)       10         12       Other incomes (see instructions; attach statement)       12         13       Total. Combine lines 3 through 12       13       0.         14       Compensation of officers, directors, and trustees (Part X)       1       2         2       Salaries and wages       3       4         3       Total. Combine lines 3 through 12       1       2         2       Salaries and wages       4       4         3       Total. Combine lines 3 through 12       1       2         2       Salaries and wages       4       4       4         4       Interest (attach statement) (see instructions)       5       5       5         6       Taves and licensese       6								
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organizations (Part VII)       9         10       Exploited exempt activity income (Part VIII)         11       Advertising income (Part IX)         12       Other income (see instructions; attach statement)         13       Total. Combine lines 3 through 12         14       12         13       Total. Combine lines 3 through 12         14       13         15       O.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)         2       Salaries and wages         3       Repairs and maintenance         4       Bad debts         5       6         7       Depreciation (attach Form 4562) (see instructions)         8       Less depreciation claimed in Part III and elsewhere on return         8a       8b         9       0         10       11         11       12         12       2         13       10         14       10         15       0.         16       0.         17       12		organization (Part	VI)	8				
10       Exploited exempt activity income (Part VIII)       10         11       Advertising income (Part IX)       11         12       Other income (see instructions; attach statement)       12         13       Total. Combine lines 3 through 12       13         14       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1         1       Compensation of officers, directors, and trustees (Part X)       1       2         2       Salaries and wages       2       3         3       Repairs and maintenance       3       4         4       Bad debts       5       6         5       Taxes and licenses       6       6         7       Depreciation (attach Form 4562) (see instructions)       7       8         8       Despletion       9       0       0         9       Contributions to deferred compensation plans       10       11       12         11       Excess readership costs (Part X)       13       14       14         10       11       12       13       14         11       12       13       14       15       0         11       12	-							
11       Advertising income (Part IX)       11         12       Other income (see instructions; attach statement)       12         13       Total. Combine lines 3 through 12       13       0 •         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       2         3       Repairs and maintenance       3         4       5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562) (see instructions)       7       8         8       Bad bets       9       9         10       Contributions to deferred compensation plans       10       11         11       Excess readership costs (Part III)       12       12         12       Excess readership costs (Part III)       12       12         14       0ther deductions, Add lines 1 through 14       15       0.         14       0ther deductions, Add lines 1 through 14       15       0.         16       0.       0       17 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
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directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)         2       Salaries and wages         3       2         3       4         4       5         5       6         7       6         7       6         7       8         6       7         7       8         8       9         9       6         7       8         8       8         9       9         10       1         11       1         12       1         8       1         9       9         10       10         11       12         12       13         13       14         14       0         15       0         16       0.         17       0         18       18	13			·	• • [			
1       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       7       9         7       8a       8b         9       0       0         11       11       12         12       13       14         13       10       11         14       10       11         15       10       11         16       0.       11         17       13       14         18       0       15	Par					ctions) Deduc	tions m	ust be
2       Salaries and wages       2         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses       6         7       Bad debts       6         7       Bad debts       6         7       Bad ception (attach Form 4562) (see instructions)       7         8       Less depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9       10         10       Interest excess exempt expenses (Part VIII)       12         12       Excess readership costs (Part IX)       13         14       Ital       14         15       O.       14         16       0.       0         17       O.       16         18       Unrelated business taxable income. Subtract line 17 from line 16       18		directly col	nnected with the unrelated business in	come	)			
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3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       7       Depreciation (attach Form 4562) (see instructions)       6         7       8a       8b       8b         9       10       10       11         10       11       12       13         11       12       13       14         12       13       14       15         14       0ther deductions (attach statement)       14       15         15       0.       16       0.       17         16       0.       17       0.       18								
4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       7       Depreciation (attach Form 4562) (see instructions)       6         7       8a       8b         9       9       9         10       11       10         11       12       11         12       13       11         13       13       14         14       15       0.         15       0.       16         16       0.       17         17       0.       18								
5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses       6         7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9       9         10       Contributions to deferred compensation plans       10       11         11       Excess exempt expenses (Part VIII)       12       12         13       Excess readership costs (Part IX)       13       14         14       0ther deductions. Add lines 1 through 14       15       0.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Oe       17       0.       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18       18							4	
6       Taxes and licenses       6         7       Depreciation (attach Form 4562) (see instructions)       7       6         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9       10         10       Contributions to deferred compensation plans       10       11         11       Excess exempt expenses (Part VIII)       12       12         12       Excess readership costs (Part IX)       13       14         14       Other deductions, adta lines 1 through 14       15       0.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18	5						5	
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10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       0.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18	9	Depletion				·····  _	9	
12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       0.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18		Contributions to de	eferred compensation plans					
13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       0.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       0.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
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column (C)160.17Deduction for net operating loss (see instructions)170.18Unrelated business taxable income. Subtract line 17 from line 1618							15	U •
17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18	16						16	0
18       Unrelated business taxable income. Subtract line 17 from line 16	17							
								0.
				,				Form 000_T) 2020

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<u>Schedu</u> Part I	Ile A (Form 990-T) 2020				Page <b>2</b>
		Enter method of inventory valuati			
	Inventory at beginning of year				
2					
3	Cost of labor				
	Additional section 263A costs (attach stater				
	Other costs (attach statement)				
	Total. Add lines 1 through 5				
	Cost of goods sold. Subtract line 7 from lin				
	Do the rules of section 263A (with respect to				Yes No
Part l					
	Description of property (property street addr		-		
·	A				
	в 🗌				
	c 🗌				
	D				
		A	в	С	D
2	Rent received or accrued				
	From personal property (if the percentage of	F I			
	rent for personal property is more than 10%				
	but not more than 50%)	1			
	From real and personal property (if the			<u></u>	
	percentage of rent for personal property exc	seeds			
	50% or if the rent is based on profit or incom				
	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c	columno A through D. Enter here	and on Dart L line 6 or		0.
	Deductions directly connected with the inco				
	-				
4	in lines 2(a) and 2(b) (attach statement)				
E	Total deductions Add line 4 columns A thr	auch D. Enter have and an Dart L.	ing G galumn (D)		0.
5 Part V	Total deductions.         Add line 4 columns A thr           V         Unrelated Debt-Financed Inc.	Come (acc instructions)			
	Description of debt-financed property (street		book if a dual use (see	instructions)	
		address, city, state, ZIF codej. Ci	leck II a dual-use (see	instructions)	
			B	<u> </u>	
2	B C D	A	В	c	D
2	B C C C C C C C C C C C C C C C C C C C	nced	В	C	 D
	B C D Gross income from or allocable to debt-finar property	nced	В	С	D
3	B B C B C C C C C C C C C C C C C C C C	nced	В	С	D
3	B    C    D   Gross income from or allocable to debt-finar property Deductions directly connected with or allocato debt-financed property	able	В	C	D
3 a	B	able	В	С	D
3 a b	B	able	В	C	D
3 a b c	B	able	В	C	
3 a b c	B	able	В	C	
3 a b c 4	B	able	B	C	D
3 a b c 4	B	able	B	C	D
3 b c 4 5	B	able	B	С	D
3 b c 4 5	B	nced			D
3 b c 4 5 6	B	nced	B	C	D
3 b c 4 5 6 7	B	inced	%	%	
3 b c 4 5 6 7	B	inced	%	%	D
3 b c 4 5 6 7 8	B	hced	%	%	
3 b c 4 5 6 7 8 9	B	Inced     Inced       able     Inced       inced     Inced       inced     Inced       inter for inced     %       through D). Enter here and on Par       266	% t I, line 7, column (A)	% 	% 
3 b c 4 5 6 7 8 9	B	able	t I, line 7, column (A)	% % 	% 

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ENTITY 1

					E	xempt Control	led Or	ganization	s	
<ol> <li>Name of controllec organization</li> </ol>	identifi num	cation	incom	unrelated ne (loss) tructions)		I of specified nents made	that is contro	rt of colur included olling orga gross inc	in the iniza-	6. Deductions dire connected with income in colum
(1)								5		
(2)										
(3)										
(4)										
		None>		ontrolled Or	-	ons				
7. Taxable Income	8. Net unrelat income (loss (see instructio	s)		tal of specifi ments made		<b>10.</b> Part of that is inclusion controlling of gross	luded i	n the ation's		Deductions direct connected with come in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here line 8, c	and on	Part I,	Ente	d columns 6 and 1 er here and on Par ine 8, column (B)
Totals					🕨			0.		
	ncome of a Sec	tion 501(c	c)(7), (9	9), or (17)	Organ	ization _{(s}	ee inst	ructions)		
1. Desc	ription of income			2. Amoui incom		<b>3.</b> Deduction directly connected (attach state)	ected	<b>4.</b> Set- (attach st		t) 5. Total deduction and set-asic (add cols 3 ar
(1)										
(2)										
(3)										
(4) Totals				Add amou column 2. here and or line 9, colu	Enter Part I, mn (A) <b>0</b> •					Add amounts column 5. Er here and on P line 9, columr
·	empt Activity I	ncome, O	ther T	han Adve	ertising	lncome (	see ins	tructions)		
1 Description of exploited										
2 Gross unrelated busine									2	
3 Expenses directly conr										
line 10, column (B) 4 Net income (loss) from									3	
					-				4	
lines 5 through 7 5 Gross income from act	ivity that is not uprol	ated busines	ss incon	 ופ					4 5	
6 Expenses attributable t									6	
<ul> <li>7 Excess exempt expense</li> </ul>										
4. Enter here and on Pa									7	
JBV								S	chedul	e A (Form 990-T)

023731 12-23-20

Sched Part	ule A (Form 990-T) 2020 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if repo	orting two or more periodicals on a	consolidated basis.		
	A				
	В				4
	c 🔄				
	D				
Enter a	amounts for each periodical listed above in		_		
-	<b>a b b b b b b b b b b</b>	A	В	C	D
2	Gross advertising income				
	Add columns A through D. Enter here and	I on Part I, line 11, column (A)		····· •	0.
a		[			
3	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and	i on Part I, line 11, column (B)			<u> </u>
4	Advertising asin (loss) Subtract line 2 from	n line			
4	Advertising gain (loss). Subtract line 3 from				
	2. For any column in line 4 showing a gair				
	complete lines 5 through 8. For any colum				
	line 4 showing a loss or zero, do not comp				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less th				
	line 5, subtract line 6 from line 5. If line 5 i				
0	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a ga				
-	line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter th				
а		le greater of the line 8a, columns to		•	0.
Part	X         Compensation of Officers,	Directors. and Trustees	ee instructions)		0.
	,			3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	<b>H</b> Ramo			to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
(-)			I	/0	
Total	. Enter here and on Part II, line 1				0.
Part		(see instructions)			
•					

16030930 758050 13597-000

SCHEDULE A (Form 990-T)         During intervention         During intervention           Determine the transmitter         Determine the unrelated transmitter         Determine the unrelated transmitter         Determine the unrelated transmitter         Determine the unrelated transmitter         C in the transmitter           0         Cosp recepts or take         D Form 0.97 (Match Form 4797) (been instructions)         Colspan="2">C in the unrelated transmitter         C in the transmitter         C in the transmitter         C in the transmitter           0         Cosp recepts or take         D Form 0.97 (match Form 4797) (been instructions)         Colspan="2">C in the transmitter           0         Cosp recepts or take         D Form 0.97 (match Form 4797) (been instructions)         Colspan="2">C in the transmitter           0         Cosp recepts or take         S in the trake strunction (been retermitter)         Cosp i		_				EN	TITZ	ζ 2
IFrom an Unrelated Trade or Business           Description of the instructions and the latest information.           Description of the instructions and the latest information.           A trans of the organization           Concern SUPPORT COMMUNITY         B Engeneration           Concern Support         Common Support Community on the formation.           Concern Support Community on the formation.			Unrelated Busin	000	Tavable Incom		(	OMB No. 1545-0047
A second provide second part of the registration of the registration of the registration is a 30 registration of the registration of the registration is a 30 registration of the registration is a 30 registration of the registration is a 30 registration of a 30 registration a 30 registration of a 30 registration a 30 registration a	(For	m 990-T)				-		
b Go to www.irs.gov/Form900T for instructions and the latest information.           De not event Statute         De not event Statute         B Employer identification number Statute           A many of the organization CANCER SUPPORT COMMUNITY         B Employer identification number 9 5 - 416 5 9 3 1           C Unrelated business activity code (see instructions)         5 41610         D Sequence:         2 of 2           E basiness activity code (see instructions)         MANAGEMENT PEE         Employer identification number 9 5 - 416 5 9 3 1           Part I Unrelated trade or business         MANAGEMENT PEE         Employer identification number 9 5 - 416 5 9 3 1           C activity in the instructions of the			From an Unrelate	a I	rade or Busine	SS		2020
Description         Denote enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).         Open biblic betweened is a standard or and the standard organization is a 501(c)(3).         Open biblic betweened is a standard or and the standard organization is a 501(c)(3).         Open biblic betweened is a standard organization is a 501(c)(3).         Open biblic betweened is a standard organization is a 501(c)(3).         Open biblic betweened is a standard organization is a 501(c)(3).         Open biblic betweened is a standard organization is a 501(c)(3).         Open biblic betweened is a standard organization is a 501(c)(3).         Denote the standard organization is a standard o			► Go to www.irs.gov/Form990T fo	r instr	uctions and the latest infor	mation.		2020
A Name of the organization CANCER SUPPORT COMMUNITY       B Employer identification number 95-4163931         C Unrelated business activity code (see instructions)       541610       D Sequence: 2 of 2         E excite the unrelated trade of business (MANAGEMENT PEE       Employer identification number 95-4163931       D Sequence: 2 of 2         E excite the unrelated trade of business (MANAGEMENT PEE       Employer identification number 95-4163931       D Sequence: 2 of 2         I a Gross receipts of sales 0 Gross profits of sales 1200 (dee number)       Employer identification number 9       D Sequence: 2 of 2         C capital gain net income (attach Sch 0 (from 1041 or Form 1120) (dee number)       1       1         1201 (dee number)       4       4         S income (dos) from 4770 (attach Form 4770 (see instructions)       4       4         C capital lass inclustors       4       4       4         5 income (dos) from a partnurship or an S corporation (attach statement)       5       5         6 Rent income (Part W)       7       6       6         7 Unrelated debt financed income (Part W)       9       1,599.       1,599.         12 Other income (see instructions; attach statement)       9       1,599.       1,599.         12 Other income (see instructions; and trates certained       1       1,599.       1,599.         12 Comparation of		,	-					
CANCER     SUPPORT     COMMUNITY     95-4163931       C     Unrelated business activity code (see instructions)     541610     D     Sequence:     2       E     Describe the unrelated trade or business     MANAGEMENT     FEE       Part     Unrelated Trade or Business income     (A) income     (B) Expenses     (C) Net       1a     Gross procipts or sales						1		
C       Unrelated business activity code (see instructions)       541610       D       Sequence:       2       of       2         E       Describe the unrelated trade or business       MANAGEMENT       FEE       (a) Income       (b) Expenses       (c) Net         I       Gross receipts or sales       Cost of cost sold Part III, Ine 8)       Cost of cost sold Part III, Ine 8)       (c) Net         3       Gross receipts or sales       Cost of cost sold Part III, Ine 8)       (c) Net       (c) Net         4       Cost of cost sold Part III, Ine 8)       (c) Net       (c) Net         4       Cost of cost sold Part III, Ine 8)       (c) Net       (c) Net         4       (c) Cost of cost sold Part III, Ine 8)       (c) Net       (c) Net         5       Cost of cost sold Part III, Ine 8)       (c) Net       (c) Net       (c) Net         4       (c) Cost of cost sold Part III, Ine 8)       (c) Net       (c) Net       (c) Net         6       Captal Ios of courted N       (c) Net       (c) Net       (c) Net       (c) Net         1020 (bee instructions)       (c) Net       (c) Net       (c) Net       (c) Net         6       (c) Net       (c) Net       (c) Net       (c) Net       (c) Net         1120 (bee instructions)	AN							n number
E Describe the unrelated trade or business ►MANAGEMENT FEE Ent Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net a Gross receipts or sales C Cost of goods old (Part III, line 8) C Cost of goods old (Part III, line 8) C Captal locos for (Part V) C Captal locos (Part V) C Capta l		CANCER 5	OFFORT COMMONITY			95-4105	951	
E Describe the unrelated trade or business ►MANAGEMENT FEE Ent Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net a Gross receipts or sales C Cost of goods old (Part III, line 8) C Cost of goods old (Part III, line 8) C Captal locos for (Part V) C Captal locos (Part V) C Capta l		Inveloted business a	activity code (see instructions) <b>5</b> 4161	0		D Sequence:	2	of 2
Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross receipts or sales	<u>u</u> c	filelated busiliess a		•		D Sequence.		
Part I       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a       Gross receipts or sales	ΕC	escribe the unrelate	ed trade or business MANAGEMENT F	EE				
1a       Gross receipts or sales       o       Balance       1         2       Cost of goods sold (Part III, Ite 8)       3       3       3         3       Gross profit. Subtract line 2 from line 1c       3       3       3         4a       Capital gain net income (attach Sch D Form 1041 or Form 1120) (see instructions)       4a       4a       4a         5       Income (loss) (Form 4797) (attach Form 7797) (see instructions)       4a       4a       4a         6       Rent income (Part IV)       4a       4a       4a       4a         6       Rent income (Part IV)       7       5       5       5       5       5       5       6       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7       7						(P) Expenses		(C) Net
b       Less returns and allowances       c       Balance       1c         2       Cost of goods sold (Part III, line 8)       2       2       2         40       Capital gain net income (attach Sch D (Form 1041 or Form 1120) (see instructions)       4a       4a       4a         5       Income (see instructions)       4a       4a       4a       4a         5       Income (sols) (Form 4797) (see instructions)       4a       4a       4a       4a         6       Rent income (Part IV)       6       4a	Pa		Trade of Dusiness income		(A) Income	(B) Expenses		(C) Net
2       Cost of goods sold Part III, line 8)       2         3       Gross profit. Subtract line 2 from line 1c       3	1a	Gross receipts or s	sales					
3       Gross profit. Subtract line 2 from line 1c       3       4         4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)       4a       4a         5       income (loss) from 4797) (see instructions)       4a       4a         5       income (loss) from a partnership or an S corporation (attach Sch Martin	b	Less returns and allo	wances c Balance 🕨	1c				
4a       Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)       4a       4a         b Net gain (loss) (Form 1797) (attach Form 4797) (see instructions)       4a       4a       4a         5       income (loss) from a partnership or an S corporation (attach statement)       4c       5         6       Fent income (Part N)       6       7       7         7       Unrelated debt/financed income (Part V)       7       7       7         8       Interest, annulities, royatiles, and rents from a controlled organization (Part V)       7       7       7         9       Investment income of section 501(c)(7), (9), or (17)       9       9       1       7         11       Advettign income (Part V)       9       1       1       5       1       5         12       Other income (see instructions; attach statement)       STMT       1       1       1, 599       1, 599       1, 599       1, 599       1, 599       1, 599       1, 599       1, 599       1, 599       1, 599       3       4a       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5       5	2	Cost of goods sold	l (Part III, line 8)					
1120) (see instructions)       4a         b       Net gain (loss) (Form 4797) (stach Form 4797) (see instructions)       4a         c       Capital Gas deduction for trusts       4a         5       income (loss) form a partnership or an S corporation (attach statement)       5         6       6       6         7       Unrelated debt/inanced income (Part V)       7         7       0       7         9       investment income of section S01(c)(7), (9), or (17)       9         organization (Part V)       10       14         10       Exploited exempt activity income (Part VII)       10         11       Advertising income (Part IX)       11       1, 599.         12       Other income (see instructions; attach statement)       STMT       1         12       1, 599.       1, 599.       1, 599.         13       Total. Combine lines 3 through 12       11       1, 599.         13       Total. Compensation of officers, directors; and trustees (Part X)       1       1         2       Salaries and wages       6       6       6         3       Add debts       5       6       6         14       1, 599.       1       1       1, 599.	-			3				
b Net gain (loss) (form 4797) (attach Form 4797) (see instructions)       4b         c Capital loss deduction for trusts       4c         statement)       6         6 Rent income (Part IV)       6         7 Unrelated debt-financed income (Part V)       6         8 Interest, annutities, royalties, and rents from a controlled organization (Part VI)       7         9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI)       9         10 Exploited exempt activity income (Part VII)       10         11 Adventising income (Part IV)       11         12 Other income (see instructions; attach statement)       STIMT 1         13 1, 599.       1, 599.         14 1, 599.       1, 599.         15 Staletes and wages       2         14 Combine lines 3 through 12       11         15 Staletes and wages       2         16 Compensation of officers, directors, and trustees (Part X)       1         2 Salaries and wages       2         3 Bad debts       4         16 Compensation (attach from 4562) (see instructions)       1         17 Compensation (attach from 4562) (see instructions)       1         18 Less depreciation (attach from 4562) (see instructions)       1         19 Depleiton       9         10 Contributions to d	4 a							
c       Capital loss deduction for trusts       4c         5       Income (loss) from a partnership or an S corporation (attach statement)       6         6       Rent income (Part IV)       6         7       Unrelated debt/financed income (Part V)       6         8       Interest, anuntiles, organization, Part VI)       7         9       Investment income of section 501(c)(7), (9), or (17)       9         organization (Part VI)       9       0         10       Exploited exempt activity income (Part VII)       10         11       Advertising income (Part IX)       11         12       Other income (see instructions; attach statement)       STMT         13       Total. Combine lines 3 through 12       11       1,599.         14       Compensation of officers, directors, and trustees (Part X)       1       1         2       Salaries and wages       2       1,599.         3       Repairs and maintenance       3       4         4       5       6       6         5       7       8       8       9         9       Octoritoutions to differed compensation plans       1       1         1       Compensation of officers, directors, and trustees (Part X)       1		1120)) (see instruc	tions)	4a				
5       Income (loss) from a partnership or an S corporation (attach statement)       5         6								
statement)       5         6       Pert Income (Part IV)         7       Unrelated debt financed income (Part V)         8       Interest, annuities, royalties, and rents from a controlled organization (Part VI)         9       Investment income of section 501(c)(7), (9), or (17) organizations (Part VI)         10       Exploited exempt activity income (Part VIII)         11       10         12       Other income (Part IX)         13       1, 599.         14       1, 599.         15       1         16       Exploited exempt activity income (Part VIII)         17       1         18       Combine lines 3 through 12         19       10         10       1, 599.         11       1, 599.         11       1, 599.         11       1, 599.         12       1, 599.         13       1, 599.         14       1, 599.         15       Stalaries and wages         16       Compensation of officers, directors, and trustees (Part X)         2       Stalaries and maintenance         4       5         6       7         8       Bed debt	с			4c				
6       Rent income (Part IV)       6         7       Unrelated debt financed income (Part V)       7         8       Interest, annuities, and rents from a controlled organization (Part VI)       7         9       Investment income of section S01(c)(7), (0), or (17) organizations (Part VI)       9         10       Exploited exempt activity income (Part VII)       10         11       Advertising income (Part IX)       11         12       Other income (see instructions; attach statement)       STMT 1         12       1, 599.       1, 599.         13       1, 599.       1, 599.         14       1, 599.       1, 599.         15       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       3         3       Interest (attach statement) (see instructions)       5         4       Bad debts       4         5       6       7         7       8       8       9         9       0       0       0         1       1       1       1         2       1, 599.       3       1         3       Interest (attach statement) (see instructions)       5 <td< td=""><td>5</td><td>Income (loss) from</td><td>a partnership or an S corporation (attach</td><td></td><td></td><td></td><td></td><td></td></td<>	5	Income (loss) from	a partnership or an S corporation (attach					
7       Urrelated debt-financed income (Part V)         8       Interest, annuilies, royalties, and rents from a controlled organization (Part VI)         9       Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)         10       Exploited exempt activity income (Part VIII)         11       Advertising income (Part VII)         12       Other income (see instructions; attach statement)         13       1, 599.         14       1, 599.         15       Total. Combine lines 3 through 12         14       1, 599.         15       Total. Combine lines 3 through 12         16       Interest (attach statement)         17       Interest (attach statement)         18       Interest (attach statement) (see instructions)         1       Compensation of officers, directors, and trustes (Part X)         2       Salaries and wages         3       4         4       5         6       7         9       Interest (attach statement) (see instructions)         6       7         9       Interest (attach statement) (see instructions)         6       7         9       Interest (attach statement)         10       Interest (attach statement)		statement)		5				
8       Interest, annuities, royalties, and rents from a controlled organization (Part VI)       9         9       Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)       9         10       Exploited exempt activity income (Part VIII)       10         11       Advertising income (Part IX)       11         12       Cheir income (see instructions; attach statement)       STMT 1         12       1, 599.       1, 599.         13       Total. Combine lines 3 through 12       13       1, 599.         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)       1       1         2       Salaries and wages       3       3         3       Repairs and maintenance       4       4         4       Bad debts       5       6         7       Depreciation clarach Form 4582 (see instructions)       7       8         8       Bab       9       0       0         10       11       11       12       1         13       Excess exempt expenses (Part X)       13       10       11         14       De	6	Rent income (Part	IV)					
organization (Part VI)       8       9         9       investment income of section 501(c)(7), (9), or (17)       9       9         10       Exploited exempt activity income (Part VII)       10       10         11       Advertising income (Part IX)       11       11       11         12       Other income (see instructions; attach statement)       STMT. 1       12       1,599.       1,599.         12       Other income (see instructions; attach statement)       STMT. 1       12       1,599.       1,599.         13       1,599.       1,599.       1,599.       1,599.       1,599.         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1       1       1       1         2       Salaries and wages       2       1,599.       3       3       4         4       5       Interest (attach statement) (see instructions)       5       6       6       7       9       10       10       10       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	7	Unrelated debt-fina	anced income (Part V)	7				
9       Investment income of section 501(c)(7), (9), or (17)       9       9         10       Exploited exempt activity income (Part VII)       10       11         11       Advertising income (Part IX)       11       12       1, 599.         12       Other income (see instructions; attach statement)       STMT. 1       12       1, 599.       1, 599.         13       Total. Combine lines 3 through 12       1       1, 599.       1, 599.       1, 599.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1       1       1       1       1       1       1       1       5       1       1, 599.       1, 599.       1, 599.       1, 599.       1       5       1       1       1       5       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	8	Interest, annuities,	royalties, and rents from a controlled					
organizations (Part VII)       9         10       10         11       Advertising income (Part IX)         12       1, 599.         13       1, 599.         14       11         15       1, 599.         16       11         17       1, 599.         18       1, 599.         19       11         10       11         11       11         12       1, 599.         13       1, 599.         14       1, 599.         15       11         16       1         17       11         18       1         19       1         10       1         11       1, 599.         12       1, 599.         13       1, 599.         14       1         2       1, 599.         3       1         2       1, 599.         3       1         2       1, 599.         3       1         2       1, 599.         3       1         3       1 <t< td=""><td></td><td></td><td></td><td>8</td><td></td><td></td><td></td><td></td></t<>				8				
10       Exploited exempt activity income (Part VIII)       10         11       Advertising income (Part IX)       11         12       Other income (see instructions; attach statement)       STMT       1         12       1       1       1       1         13       1       1       1       1       1         14       1       1       1       1       1         12       0       1       1       1       1       599.         13       1       599.       1       599.       1       599.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1       2       1       599.         9       2       1       599.       3       8       4       4       4         1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	9							
11       Advertising income (Part IX)       11         12       Other income (see instructions; attach statement)       STMT 1       12       1,599.       1,599.         13       Total. Combine lines 3 through 12       13       1,599.       1,599.       1,599.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)       1       2       1,599.         2       Salaries and wages       2       1,599.       3         3       4       4       4       4         5       6       6       7       2       1,599.         9       Depreciation (attach Form 4562) (see instructions)       7       8a       8b       9         9       Depletion       9       9       10       11       11         12       Excess readership costs (Part VIII)       12       13       14       11       12       12       13       14       11       11       11       11       12       12       12       12       12       13       11       11       12       13       11       13				9				
12       Other income (see instructions; attach statement)       STMT 1       12       1,599.       1,599.         13       Total. Combine lines 3 through 12       13       1,599.       1,599.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1       2         1       Compensation of officers, directors, and trustees (Part X)       1       2       1,599.         2       Salaries and wages       2       1,599.       3         3       Bad debts       4       4       5         6       7       Depreciation (attach Form 4562) (see instructions)       5       6         7       Baa       Bab       9       9       9         10       Contributions to deferred compensation plans       10       11       12       13         12       Excess readership costs (Part IX)       13       14       14       15       1, 599.         10       11       12       13       14       15       1, 599.         14       0ther deductions, (attach statement)       13       14       15       1, 599.         11       Excess readership costs (Part IX)       13       14 </td <td>10</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	10							
13       Total. Combine lines 3 through 12       13       1,599.       1,599.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income       1       2         1       Compensation of officers, directors, and trustees (Part X)       1       2       1,599.         2       Salaries and wages       2       1,599.       3         3       Bad debts       4       4       4         5       Interest (attach statement) (see instructions)       5       6       6         7       8       Less depreciation claimed in Part III and elsewhere on return       8a       8b       9         9       Contributions to deferred compensation plans       10       11       12       13         14       Depletion.       9       10       11       12       13         14       Depletion.       11       12       13       14       14       15       1,599.         15       Excess readership costs (Part IX)       13       14       14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.       0.	11						_	
Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       1         3       2       1,599.         3       4       8         4       Bad debts       4         5       6       7         4       Bad debts       6         7       Depreciation (attach statement) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a         9       0       Contributions to deferred compensation plans       10         11       Excess readership costs (Part IX)       12       13         12       13       14       15       1, 599.         13       14       15       1, 599.       16         14       15       1, 599.       16       0.         14       15       1, 599.       16       0.         14       15       1, 599.       13       14       15       1, 599.         14       15       1, 599.       16       0.       17	12							1,599.
directly connected with the unrelated business income         1       Compensation of officers, directors, and trustees (Part X)         2       Salaries and wages         3       2         4       3         4       4         5       4         5       6         7       4         8       4         5       6         7       6         7       6         7       6         7       6         7       6         8       10         8       8a         9       10         10       10         11       12         12       13         14       15         15       1, 599.         16       11         11       12         12       13         13       14         14       15         15       1, 599.         16       11         17       13         18       14	13	Total. Combine lin	es 3 through 12	13	1,599.			1,599.
1       Compensation of officers, directors, and trustees (Part X)       1         2       Salaries and wages       2       1,599.         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       7       5         7       6       6         9       0       6         9       10       11         10       11       12         11       12       13         12       13       10         13       10       11         14       10       12         15       11       12         16       13       10         11       12       13         12       13       13         13       14       14       15         15       1, 599.       14       15         14       15       1, 599.       14         15       1, 599.       14       15         17       0.       15       1, 599.         16       Unrelated business income before net operating loss deduction.	Par	t II Deduction	s Not Taken Elsewhere (See instruction	ons f	or limitations on deduc	ctions) Deducti	ions m	lust be
2       Salaries and wages       2       1,599.         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses       6         7       Bad debts       6         7       8       Less depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9       10         10       Contributions to deferred compensation plans       10         11       Excess exempt expenses (Part VIII)       12         12       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15         14       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16         17       O.       18       18		directly co	nnected with the unrelated business in	come	)			
2       Salaries and wages       2       1,599.         3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       Taxes and licenses       6         7       Bad debts       6         7       8       Less depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9       10         10       Contributions to deferred compensation plans       10         11       Excess exempt expenses (Part VIII)       12         12       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15         14       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16         17       O.       18       18		0						
3       Repairs and maintenance       3         4       Bad debts       4         5       Interest (attach statement) (see instructions)       5         6       7       Depreciation (attach Form 4562) (see instructions)       6         7       8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9       9         10       11       12         11       Excess exempt expenses (Part VIII)       12         12       Excess readership costs (Part IX)       13         14       Other deductions, (attach statement)       14         15       1,599.       15         16       0.       17         17       0.       18		-						1 500
4       4         5       Interest (attach statement) (see instructions)       5         6       7         7       6         7       8         8       Less depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on returm       8a         9       9         10       10         11       10         12       11         13       11         14       12         15       1, 599.         16       0.         17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16								т, эээ.
5       Interest (attach statement) (see instructions)       5         6       7       6         7       8       8         9       9       9         10       10       11         11       10       11         12       12       13         13       14       12         14       15       1,599.         16       0.       17         17       0.       17         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
6       7       Depreciation (attach Form 4562) (see instructions)       7         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       9       9         10       Contributions to deferred compensation plans       10         11       Excess exempt expenses (Part VIII)       12         12       Excess readership costs (Part IX)       13         14       0ther deductions, add lines 1 through 14       15       1,599.         16       0.       17       0.         17       0       18       18	-							
7       Depreciation (attach Form 4562) (see instructions)       7       8a       8b         8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       Depletion       9         10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess readership costs (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions, Add lines 1 through 14       15       1,599.         16       O.       .       .       .         17       O.       .       .       .         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
8       Less depreciation claimed in Part III and elsewhere on return       8a       8b         9       9       9         10       10       10         11       Employee benefit programs       11         12       12       12         13       Excess readership costs (Part VIII)       12         14       13       14         15       Total deductions. Add lines 1 through 14       15       1, 599.         16       0.       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18		axes and licenses					<u> </u>	
9       Depletion       9         10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       1,599.         16       O.       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
10       Contributions to deferred compensation plans       10         11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
11       Employee benefit programs       11         12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
12       Excess exempt expenses (Part VIII)       12         13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18							-	
13       Excess readership costs (Part IX)       13         14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18							-	
14       Other deductions (attach statement)       14         15       Total deductions. Add lines 1 through 14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								
15       Total deductions. Add lines 1 through 14       15       1,599.         16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18							-	
16       Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)       16       0.         17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18								1 500
column (C)160.17Deduction for net operating loss (see instructions)170.18Unrelated business taxable income. Subtract line 17 from line 1618							<u> </u>	т, 533.
17       Deduction for net operating loss (see instructions)       17       0.         18       Unrelated business taxable income. Subtract line 17 from line 16       18	16							0
18     Unrelated business taxable income. Subtract line 17 from line 16								
							-	U •
	-			)			-	(Earm 000 T) 0000

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	ule A (Form 990-T) 2020				Page <b>2</b>
Part	2.110	er method of inventory valuat			
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7					
8	Cost of goods sold. Subtract line 7 from line 6. I	,			
9	Do the rules of section 263A (with respect to prop				Yes No
Part	IV Rent Income (From Real Property Description of property (property street address,				
	A	City, State, ZIP COdej. Check	n a dual-use (see instr	lotions	
	P				
	в с				
	D				
		А	В	С	D
2	Rent received or accrued			Ű	
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
h					
b	From real and personal property (if the percentage of rent for personal property exceeds			7	
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
					0
3	Total rents received or accrued. Add line 2c colur	mns A through D. Enter here	and on Part I, line 6, c	olumn (A)	0.
	Deductions directly connected with the income		r		
4	in lines 2(a) and 2(b) (attach statement)				
					0
5	Total deductions. Add line 4 columns A through	D. Enter here and on Part I,	line 6, column (B)		0.
Part					
1	Description of debt-financed property (street add	ress, city, state, ZIP code). C	check if a dual-use (see	instructions)	
	B				
	B C D	A	В	C	
2	B	A	В	С	 D
2	B C D		В	С	D
2 3	B B C B C B C B C B C C B C C C C C C C		В	С	 D
	B B C C C C C C C C C C C C C C C C C C		В	С	 D
	B C C C C C C C C C C C C C C C C C C C		В	С	 D
3	B    C    D   Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property		B	C	D
3 a	B		B	C	D
3 a b	B		B	C	
3 a b	B		B	C	
3 a b c	B		B	C	
3 a b c	B		B	C	
3 b c 4	B		B	C	
3 b c 4 5	B				
3 b c 4 5 6	B			C	D
3 b c 4 5 6 7	B		%	%	
3 b c 4 5 6	B		%	%	
3 b c 4 5 6 7 8	B		%	%	
3 b c 4 5 6 7 8 9	B		% rt I, line 7, column (A)	% 	% 0.
3 b c 4 5 6 7 8	B		% rt I, line 7, column (A) d on Part I, line 7, colum	% 	% 0.

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66 2020.04030 CANCER SUPPORT COMMUNITY 13597-01

ENTITY 2

				E	xempt Control	· · · · · ·	<i>,</i>			
<ol> <li>Name of controlled organization</li> </ol>	2. Employer identification number	incon	unrelated ne (loss) structions)		al of specified nents made	that is contr	rt of colu included olling orga gross inc	in the aniza-	6. Deductions d connected w income in colu	vith
							<u> </u>			
		1	Controlled Or	-						
7. Taxable Income	<ol> <li>8. Net unrelated income (loss) (see instructions)</li> </ol>		otal of specifi yments mad		<b>10.</b> Part of that is inc controlling of gross	luded i	n the ation's		Deductions dire connected with come in column	Ň
					Add colum Enter here line 8, c	and on	Part I, (A)	Ente	d columns 6 and er here and on P line 8, column (E	Part 3)
s t VII Investment Ind	come of a Section 50	1(0)(7) (	0) or (17)				0.			
	otion of income	(C)(7), (	<b>2.</b> Amou				ructions)	oo!-!	5. Total ded	
<b>1.</b> Descrip	alon of income		incom		3. Deduction directly connection (attach stater	ected	4. Set (attach s	asides tateme		sid
			Add amou	ints in					Add amou	nte
s			column 2. here and or line 9, colu	Enter n Part I,					column 5. here and on line 9, colu	Ent Pa
t VIII Exploited Exe	mpt Activity Income	, Other T	han Adve		j Income (	see ins	tructions	)		
Description of exploited a	activity:									
Gross unrelated business	s income from trade or busi	ness. Enter	r here and or	n Part I,	line 10, columi	n (A)		2		
Expenses directly connection	cted with production of unre	elated busi	ness income	e. Enter h	nere and on Pa	ırt I,				
								3		
· · ·										
lines 5 through 7								4		
								5		
								6		
		,								
4. Enter nere and on Part	[ II, IIne 12								A (E 000 )	
Description of exploited a Gross unrelated business Expenses directly connect line 10, column (B) Net income (loss) from un lines 5 through 7 Gross income from activit Expenses attributable to Excess exempt expenses	activity:	ness. Enter elated busi Subtract lir iness incon	r here and or ness income ne 3 from line ne ot enter more	Part I, Enter F 2. If a ç than th	line 10, columi nere and on Pa gain, complete ne amount on li	n (A) Irt I,		2 3 4 5 6 7	le A (Form 9	90-`

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	ule A (Form 990-T) 2020				Page 4
Part					
1	Name(s) of periodical(s). Check box if reporting two	or more periodicals on a	consolidated basis.		
	Α				
	в				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the corres	ponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Part I		•		. 0.
а		,			
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I.		1		0.
u	Add coldmins A through b. Entor here and onn arti-				
4	Advertising gain (loss). Subtract line 3 from line				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
-	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the greater	of the line 8a, columns to	otal or zero here and	lon	0
Dest	Part II, line 13				. 0.
Part	X Compensation of Officers, Directo	rs, and Trustees (s	see instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	Enter here and on Part II, line 1			►	0.
Part	XI Supplemental Information (see instr	ructions)			

CANCER SUPPORT COMMUNITY

FORM 990-T (A)	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
MANAGEMENT PROCESSING E	EES	1,599
FOTAL TO SCHEDULE A, PA	ART I, LINE 12	1,599
		(
	$\mathbf{C}$	
. ( )	·	
*		

Form <b>8868</b>	
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(Rev. January 2020)

# Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020)

OMB No. 1545-0047

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