Form	990
------	-----

Department of the Treasury

PUBLIC DISCLOSURE COPY Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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. 2022 Open to Public

		e 2022 calendar year, or tax year beginning and e	nding		
B	Check if	C Name of organization		D Employer identific	ation number
а	pplicab				
	Addre chane	e CANCER SUPPORT COMMUNITY			
	Name chang			95-416393	51
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	loom/suite	E Telephone number	
	Final returr		80	202-659-9	
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,892,866.
	Amer	WASHINGTON, DC 20015			
	Appli tion pendi	F Name and address of principal officer: DEBDIE WEIK		for subordinates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
1 7	Tax-ex		527		
_	Nebsi				
			L Year o	of formation: 1988 M	State of legal domicile: CA
Pa	art I	Summary			<u></u>
ø	1				
Activities & Governance					
ern	2				
Š	3				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			
ti zit	6	Total number of volunteers (estimate if necessary)			
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			-
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	Drior Voor	
		Contributions and swarts (Dark ) (III line 1b)			
ne	8				
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
Be	10   11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14				
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			
ben	b	Total fundraising expenses (Part IX, column (D), line 25) 681, 56	6.	•••	
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,583,445.	5,261,780.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
	19	Revenue less expenses. Subtract line 18 from line 12			
or					End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			
Ass	21	Total liabilities (Part X, line 26)			
Net	22	Net assets or fund balances. Subtract line 21 from line 20	280         202-659-9709           reign postal code         G. Gross receipts \$         8,892,866.           WEIR         for subordinates?         Yes         No           MVEIR         for subordinates?         Yes         No           H(b) Are all subordinates included?         Yes         No           H(b) Are all subordinates included?         Yes         No           H(c) Group exemption number         Yes         No           ORG         H(c) Group exemption number         Yes         No           Other         L Year of formation: 1988         M State of legal domicile: CA           Int activities:         TO ENSURE THAT ALL PEOPLE         EED BY KNOWLEDGE, STRENGTHENED BY           Is operations or disposed of more than 25% of its net assets.         3         28           ine 1a         3         28         6         26           part I, line 11         7b         0.         0.         0.         0.           ine 12         2.206, 636.         8,643,953.         0.         0.         0.         0.           ine 12         12,206,636.         8,643,955.         1.         1.3         1,141,672.         686,683.         0.         0.         0.         0.         0. <t< td=""></t<>		
	art II	Signature Block		, ,	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			<b>.</b> , , ,

Sign	Signature of off	icer					Date		
	DEBBIE V	WEIR, CEO							
	Type or print na	ime and title							
	Print/Type prepa	arer's name		Preparer's signa	ture	Date	Check	PTIN	
Paid	JANE E.	PFEIFER		JANE E.	PFEIFER	11/13	/23 self-emplo	yed P0001494	.9
Preparer	Firm's name	CLARK, SO	CHAEFER, 1	HACKETT	& CO.		Firm's EIN 3	81-0800053	
Use Only	Firm's address	1 EAST 4	TH STREET						
		CINCINNA	ГІ, ОН 45	202			Phone no. 51	3-241-3111	
May the I	RS discuss this	return with the pr	eparer shown abo	ve? See instruc	tions			X Yes	No
232001 12-1	3-22 LHA F	or Paperwork Re	duction Act Notic	e, see the sep	arate instructions.			Form <b>990</b>	(2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

III         Statement of Program Service Accomplishments           Check if Schedule O contains a response or note to any line in this Part III            Briefly describe the organization's mission:	<u></u>	X
Briefly describe the organization's mission:		
		··· <u> </u>
TO ENSURE THAT ALL PEOPLE IMPACTED BY CANCER ARE EMPOWER	TT DV	
KNOWLEDGE, STRENGTHENED BY ACTION, AND SUSTAINED BY COMM	UNITY.	
	Yes	
	Yes	
		/
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
AFFILIATES, 120+ SATELLITE LOCATIONS, A TOLL-FREE HELPLI	NE, AND ONLI	NE
3ERVICES. CSC ALSO PRODUCES HIGH-QUALITY, MEDICALLY REVI	EWED	
EDUCATIONAL MATERIALS ON VARIOUS CANCER TYPES, AS WELL A	S COPING WIT	н
CANCER EMOTIONALLY, PHYSICALLY, AND FINANCIALLY. ALL CSC	PROGRAMS AR	E
RUN BY TRAINED, LICENSED MENTAL HEALTH PROFESSIONALS AND	ARE DESIGNE	D
TO HELP PEOPLE IDENTIFY AND ADDRESS THEIR SPECIFIC NEEDS	AND CONCERN	S
ROM DIAGNOSIS, TREATMENT, AND POST-TREATMENT TO LONG-TE	RM SURVIVORS	HIP
AND/OR END OF LIFE. ALL SERVICES ARE PROVIDED FREE-OF-CH	ARGE.	
Code: ) (Expenses \$ 1,367,886. including grants of \$ ) (Rever	nue \$	
THE CANCER SUPPORT COMMUNITY'S RESEARCH AND TRAINING INS	TITUTE IS TH	E
FIRST INSTITUTE IN THE UNITED STATES DEDICATED TO PSYCHO	SOCIAL,	
SEHAVIORAL AND SURVIVORSHIP RESEARCH AND TRAINING IN CAN	CER. THE	
INSTITUTE EXAMINES THE CRITICAL ROLE OF SOCIAL AND EMOTI	ONAL SUPPORT	
FOR THOSE LIVING WITH CANCER AND STUDIES THE DISTINCTIVE	NEEDS OF	
SURVIVORS AND CAREGIVERS THROUGHOUT THE CANCER EXPERIENC	E. THE RESEA	RCH
AND TRAINING INSTITUTE ALSO MANAGES THE CANCER EXPERIENC	E REGISTRY,	IN
WHICH PATIENTS AND CAREGIVERS ARE THE EXPERTS. THE CANCE	R EXPERIENCE	,
· · · · · · · · · · · · · · · · · · ·		
		ՏͲ
		~ -
	THE BULFORT	
TIO CONTREMENDIVE CANCER CARE.		
	`	
10 042 004	))	
otal program service expenses     LU, J4J, U04.	(	
		, <b>30</b> (202
·	21	
	<pre>If 'Yes,' describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(o)(3) and 501(o)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service accomplishments for each of its three largest program services, as Section 501(o)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported. (Code:</pre>	pior Form 980 or 980-E27 view of Structure of the services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adications to others, the total expenses, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adications to others, the total expenses, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adications to others, the total expenses, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adications to others, the total expenses, as measured by expenses. Section 500 (c)(3) and 501(c)(4) organizations are required to report the amount of grants and adications to others, the total expenses. The CANCER SUPPORT COMMUNITY DEVELOPS AND DELIVERS EVIDENCE-BASED PROGRAMS THAT IMPROVE THE HEALTH AND WELL-BEING OF PEOPLE TOUCHED BY CANCER ACROSS STHE UNITED STATES AND ACOUND THE WORLD. CSC SERVES HUNDREDS OF THOUSANDS OF PEOPLE THROUGH A NETWORK OF 50+ LOCAL AFFILIATES, 120+ SATELITE LOCATIONS, A TOLL-FREE HELPLINE, AND ONLI EDUCATIONAL MATERIALS ON VARIOUS CANCER TYPES, AS WELL AS COPING WIT SERVICES. CSC ALSO PRODUCES HIGH-QUALITY, MEDICALLY REVIEWED EDUCATIONAL MATERIALS, ON VARIOUS CANCER TYPES, AS WELL AS COPING WIT CANCER SUPPORT COMMUNITY'S RESEARCH AND TRAINING INSTITUTE IS TH FROM DIAGNOSIS, THEATMENT, AND POST THREATMENT TO LONG-TERM SURVIVORS AND OR NID OF LIFE. ALL SERVICES ARE PROVIDED FREE-OF-CHARGE. (coat ) (information 1, 1, 567, 863. enging work of ) () () workst THE CANCER SUPPORT COMMUNITY'S RESEARCH AND TRAINING INSTITUTE IS TH FIRST INSTITUTE IN THE WITTED STATES DEDICATED TO PSYCHOSOCIAL, BEHAVIORAL AND SURVIVORSHIP RESEARCH AND TRAINING INSIGHTS ABOUT THE STATES AND TRAINING INSTITUTE ALSO MA

Form 990	1 (2022)

Form 990 (2022) CANCER SUPPORT COMMUNITY
Part IV Checklist of Required Schedules

or in quasi endowments? (If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.       11       X         a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         b) Did the organization report an amount for investments - other securities 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.       11       X         c) Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part VIII.       11       X         d) Did the organization report an amount for other labilities in Part X, line 15? If "Yes," complete Schedule D, Part XIII       11       X         e) Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part XIII       11       X         e) Did the organization botain separate, independent audited financial statements for the tax year?       11       X         12a       Did the organization noticated, independent audited financial statements for the tax year?       11       X         13       Is the organization include in consolidated, independent audited financial statements for the tax year?       11       X         14a       Did the organization maintain an offi				Yes	No
2         bit the organization encogen in direct or index colorizations and pain index on index bits on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II.         2         X           3         Did the organization encogen in direct or index colorization engaged in lobbying activities on behalf of or in opposition to candidates for methods of the organization a section 501(k) direction in effect         3         X           4         Section 601(c)(d) organizations. Dud the organization managed in lobbying activities, or have a section 501(k) direction in effect         X           5         Inter organization a section 501(k), 501(k), 501(k) direction in effect         X           6         Did the organization metalen and on investment of anomatis in such lunds or accounts? If Ves, "complete Schedule C, Part II.         X           7         Did the organization metalen and account is such lunds or account? If Ves, "complete Schedule D, Part II.         7         X           8         Did the organization metalen and anount in Part X, line 21, for escence or or subtidial account issiftic and anomatics.         9         X           9         Did the organization metalen anount for label and account is such lunds.         9         X           10         Did the organization metalen anount for label and account issiftic and account issiftic and account issiftic and part X, reprodue cold conselling, dest management.         10         X           9         X         10	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization request in there or indirect policical campaign activities on behalf of or in opposition to candidates for public offlow 1 Yes, "complete Schedule C, Part II.</li> <li>4 Section 601(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.</li> <li>5 Did the organization maxima on yoon advest Burlis or any willing funds or accounts? If Yes, "complete Schedule D, Part II.</li> <li>5 Did the organization request on yoon advest Burlis or any willing funds or accounts? If Yes," complete Schedule D, Part II.</li> <li>6 Did the organization maxima or any of the funds or accounts? If Yes," complete Schedule D, Part II.</li> <li>7 Z.</li> <li>9 Did the organization request on the state of the organization, hold assets in donrestic field and second the state of the organization assets? If Yes," complete Schedule D, Part II.</li> <li>9 Did the organization report an amount in Part X, the 21, for escrew or outsoldial account? If Yes, "complete Schedule D, Part IV.</li> <li>9 Did the organization, directly or through a related organization, hold assets in donresticfield endowments? If Yes, "complete Schedule D, Part IV.</li> <li>9 Did the organization report an amount for investments. or other simular assets? If Yyes, "complete Schedule D, Part IV.</li> <li>10 Did the organization report an amount for investments. Part X, then 10 III Yes, "complete Schedule D, Part IV.</li> <li>10 Did the organization report an amount for investments. Paring IIII First in Stor more of its total assets reported in Part X, the 16'II Yyes, "complete Schedule D, Part VI.</li> <li>11a X</li> <li>11b X</li> <li>11b Did the organization report an amount for investments. Schedule D, Part XI.</li> <li>11a X</li> <li>11b Did the organization report an amount for investments. Schedule D, Part XI.</li> <li>11b X</li> <li>11b Did</li></ul>	r.				
public office? If ''res' complete Schedule C, Part I         3         X           4         Section 50((kg)) organizations. Didt the organization engage in lobbying activities, or have a section 50((kg), eschedule C, Part II         4         X           5         Is the organization statutes. Didt the organization engage in lobbying activities, or have a section 50((kg), 50			2	<u>x</u>	
<ul> <li>Section 501(5(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(5) election in effect         during the tax year? <i>II</i> 'Yes, ' complete Schedule <i>C</i>, Part <i>II</i>         is the organization a section 501(5)(4), 501(5)(5), or 501(5)(6) organization that receives membership dues, assessments, or         smiller amounts as defined in Rev. Proc. 99197: <i>II'</i> 'Yes, ' complete Schedule <i>C</i>, Part <i>II</i>         Did the organization careful on blac or any smiller fluids or accounts <i>II' I'</i> 'Yes, ' complete Schedule <i>D</i>, Part <i>II</i>         Did the organization markina and one assemet, including easements to preserve open space,         the environment, historic land areas, or historic structures? <i>II</i> 'Yes, ' complete Schedule <i>D</i>, Part <i>II</i>         Did the organization areation and mount in Part X, line 21, for ecrow or outsofial account liability, serve are as ustodgifin for         amounts not listed in Part X, or provide organization, hold assets in donor-restrictific endowments         or in quasi endowments? <i>II'</i> 'Yes, ' complete Schedule <i>D</i>, Part <i>II</i>         The organization areation anount for investments - ordar ensetties in Part X, line 10? <i>II'</i> 'Yes, ' complete Schedule <i>D</i>, Part <i>II</i>         The organization anount for oreating questions is 'Yes, 'then complete Schedule <i>D</i>, Part <i>II</i>         The organization anount for investments - order relation Part X, line 10? <i>II'</i> 'Yes, ' complete Schedule <i>D</i>,         Part <i>X</i>         The organization report an amount for investments - order relation Part X, line 10? <i>II'</i> 'Yes, ' complete Schedule <i>D</i>,         Part <i>X</i>         The organization report an amount for investments - order relates the Part X, line 10? <i>II'</i> 'Yes, ' complete Schedule <i>D</i>,         Part <i>X</i>         The organization report an amount for investments - order relates the Part X, line 10? <i>II'</i> 'Yes, ' complete Schedule <i>D</i>,         Part <i>X</i>         The organization report an amount for investments or the tax year investment stat dateesese</li></ul>	3			-	v
during the tax year? (I' Yes, 'complete Schedule C, Part II         4         X           5         is the organization a section 500(kg) 00(kg) 500(kg) complete Schedule C, Part II         5         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of hunds or accounts for which donors have the right to provide advised on the distribution or investment of hunds or accounts for which donors have the right to provide advised on the distribution or investment of undurs or asouthed D. Part II         6         X           7         X         Bold the organization maintain collections of works of art, historical treasures, or other similar assets? (I' Yes, "complete Schedule D, Part II         7         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? (I' Yes, "complete Schedule D, Part II         7         X           9         Did the organization report an amount for IPart X, line 21, for secrow or custodial account liability, serve as a custodigh for amounts not listed in Part X, ior orpoide credit counseling, debt management, credit repair, or debt negotiation service?         9         X           10         Did the organization report an amount for IPart X, line 107, H' Yes, "complete Schedule D, Part X         10         X           11         If the organization report an amount for line scutters in Part X, line 107, H' Yes, "complete Schedule D, Part X         10         X<			3		<u> </u>
5         Is the organization ascittor 501(c)(4), 01(c)(5), c 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98179 // Yes, ' complete Schedule C, Part II         5         X           6         Did the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to provide advice on the distinction or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distinction or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distinction or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distinction or investment of an outsite such funds or any some and accuted schedule D, Part II         6         X           7         X         B         Did the organization maintain any door advised funds or any some and accuted schedule D, Part II         7         X           9         Did the organization receive or any of the following questions in Yes, ''ten complete Schedule D, Part II         8         X           10         Did the organization report an amount for insteament, credit repair, or debt neightation services?         9         X           11         If the organization report an amount for insteament, south Part X, line 12/, line 12/, line 12/, line 13/, line 12/, line 13/, line 13/, line 13/, line 12/, line 13/, line	4				v
eminal amounts as defined in Rev. Proc. 98-197 #*Yas, 'complete Schedule C, Part III         5         X           Did the organization matchina my door advised funds or any similar funds or accounts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donons have the right to the environment, historic fail eness, or historic structures?         7         X           B Did the organization matchin collections of works of at, historical treasures, or other similar assets? If Yys,' complete Schedule D, Part II         8         X           9         Did the organization, finetly or through a related organization, hold assets in donor-restricted andowments or in quasi endowments? If Yes, 'complete Schedule D, Part V         10         X           10         Did the organization is mount for land, buildings, and equipment in Part X, line 12, that is 5% or more of list total assets reported in Part X, line 167. If Yes, 'complete Schedule D, Part V         10         X           11         Did the organization report an amount for investments - brogram related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If Yes, 'complete Schedule D, Part X         110         X           12         Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If Yes, 'complete Schedule D, Part X         111         X           13	-		4		<u> </u>
6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of smouths in such funds or accounts? If "Yes," complete Schedule D, Part II.         2           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.         7         X           8         Did the organization machine olderions of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.         7         X           9         Did the organization machine and the treat X, line 21, for escrow or cutstodial account liability, some as a cutodigith for or any aniset to any of the following questions is "Yes," then complete Schedule D, Part V.         9         X           10         X         10         X         10         X           11         The organization is only the following questions is "Yes," then complete Schedule D, Part V.         10         X           11         X         is a satist applicable.         10         X         10         X           12         Ut the organization report an amount for investments - orber securies in Part X, line 12/ with s 5% or more of its total assets reported in Part X, line 11/ with organization report an amount for other isabilities in Part X, line 21/ with a school Part X.         11a         X         11a         <	5		E		x
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, the environment, historical indianes, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or outdoal account liability, sense as a outdoinfor amounts not listed in Part X, ine provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted undewrints? If "Yes," complete Schedule D, Part VI       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         12       Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part X       11a       X         13       Schedule D, Part VI       11a       X       11b       X         14       Did the organization report an amount for investimets - porame related in Part X, line 12	6		5		<u></u>
7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II       7       X         8       Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       8       X         9       Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       8       X         10       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial nor amounts not listed in Part X, line 21, the serve ta any of the following questions is 'Yes,' then complete Schedule D, Part V, 'II, VII, VII, VX, or X, as applicable.       9       X         10       X       11       X       10       X       11       X         10       X       11       X       10       X       11       X         10       X       10       X       11       X       10       X         11       the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total asset reported in Part X, line 16? the rys, complete Schedule D, Part VI       116       X         110       X       116       X       116       X       116 <t< td=""><td>0</td><td></td><td>6</td><td></td><td>x</td></t<>	0		6		x
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II	7				
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? # if Yes, * complete Schedule D, Part III       B       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       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, ior provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization answer to any of the following questions is 'Yes, ' then complete Schedule D, Part V, III, VII, X, or X, as applicable.       10       X       10       X         11       If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, ' complete Schedule D, Part VI       11a       X         12       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 VII       11b       X         13       Did the organization include in the off ansate independent audited financial statements for the tax year?       11d       X         14       Did the organization incloude IN R44 (SC 7 40?) If 'Yes, ' complete Schedule D,	•		7		х
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a bustodiah for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or deft negbitation services?       9       X         9       Did the organization, directly of through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X, as applicable.       10       X       11         2       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of the stolal assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII.       11a       X         10       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of the stolal assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VIII.       11d       X         11       Did the organization report an amount for investments - other securities in Part X, line 167. If "Yes," complete Schedule D, Part X       11d       X         11       Did the organization robin a mount for investments - program related in Part X, line 167. If "Yes," complete Schedule D, Part X       11d       X         11       Did the organization robin a mount for investmen	8		<u> </u>		
9       Did the organization report an amount in Part X, ine 21, for serve or custodial account liability, serve as a sustodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dept negations services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments?       10       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endowments?       10       X         12       Did the organization, directly or through a related organization, hold assets in donor restricted endowments?       10       X         13       If the organization report an amount for land, buildings, and equipment in Part X, line 10?       If "Yes," complete Schedule D, Part VI       11         14       Did the organization report an amount for investments - other securities 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 VII       116       X         15       Did the organization report an amount for other liabilitie in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16?       Yes, "complete Schedule D, Part X       116       X         16       Did the organization neopt an amount for other liabilitie in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16?       Yes, "complete Schedule D, Part X       116       X         116	-		8		Х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negatiation services?       9       X         11 'Yes,' complete Schedule D, Part IV       10       X       10         12 Did the organization, directly or through a related organization, hold assets in donor restricted endowments       10       X         11 If the organization is answer to any of the following questions is 'Yes,'' then complete Schedule D, Part VI.       10       X         12 Did the organization report an amount for investments - order securities in Part X, line 10? // 'Yes,' complete Schedule D, Part VI.       11       X         13 Did the organization report an amount for investments - order securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VII.       11b       X         14 Did the organization report an amount for investments - order assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VII.       11b       X         15 Did the organization report an amount for order assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part VII.       11d       X         16 Did the organization report an amount for order lassets in Part X, line 15? // 'Yes,' complete Schedule D, Part X       11e       X         12a Did the organization report an amount for order lassets in Part X, line 15? // 'Yes,' complete Schedule D, Part X       11e	9				
# "Yes, "complete Schedule D, Part IV.       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted andowments"       10       X         11       If the organization, directly or through a related organization, hold assets in donorrestricted andowments"       10       X         11       If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, VIII, IX, or X, as applicable.       10       X         11       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         11       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 VI       11a       X         11       Did the organization report an amount for other assets in Part X, line 25? II "Yes," complete Schedule D, Part X       11te       X         11       Did the organization separate or consolidated financial statements for the tax year include a footoxile D, Part X       11te       X         12       Did the organization aspearate, independent audited financial statements for the tax year?       11te       X         12       Did the organization aspearate, independent audited financial statements for the tax year?       11te       X         12					
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasile endowments? If "Yes," complete Schedule D, Part V.       10       X         11       If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, X, or X, as applicable.       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X         12       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       116       X         13       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 VII.       116       X         14       Did the organization report an amount for other assets IP aPAT X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI.       116       X         15       Did the organization orbit is other assets IP aPAT X.       116       X       111       X         16       Did the organization orbit is aparate or consolidated financial statements for the tax year?       117       X       111       X         17       Did the organization includeal in conosolidated independent audited financial statements f			9		X
or in quasi endowments? If *Yes,* complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is Yes,* then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for investments - other securities in Part X, line 10? If *Yes,* complete Schedule D, 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 assets reported in Part X, line 16? If *Yes,* complete Schedule D, Part VII.     11a     X       c 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 VII.     11d     X       e Did the organization report an amount for other assets in Part X, line 25? If *Yes,* complete Schedule D, Part VII.     11d     X       e Did the organization report an amount for other assets in Part X, line 25? If *Yes,* complete Schedule D, Part X     11d     X       e Did the organization separate or consolidated financial statements for the tax year?     11d     X       12a     Did the organization oblain separate, independent audited financial statements for the tax year?     11d     X       13     Is the organization associal section 170b(1)(A)(ii) /f *Yes,* complete Schedule D, Part X and XII is optional     13a     X       14a     Did the organization associal section 170b(1)(A)(ii) /f *Yes,* complete Schedule E, Parts I and IV     13a	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, VII, VII, VIII, VIII, VII, VIII, VI			10	х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 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.       11b       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         d Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         f Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization is lability for uncertain tax positions under FIN 48 (ASC 740? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization asket in part A, line 25. If "Yes," complete Schedule D, Part X       11t       X         12a       M was the organization asket in part A, line 10.000 from grantmaking, the spence       11t       X         12a       Did the organization making an office, employees, or agents	11				
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 assets reported in Part X, line 16? // *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? // *Yes," complete Schedule D, Part VII.       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? /// *Yes," complete Schedule D, Part X       11e       X         f       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization outcluded in consolidated, independent audited financial statements for the tax year?       11d       X         12a       Did the organization a school described in Section 170b(11)K/II/I // 'Yes," complete Schedule D, Part X       12a       X         13       X       11d       X       11d       X       12a       X         14a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11d       <		as applicable.			
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part V/l       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? // *Yes,* complete Schedule D, Part V/l.       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part IX.       11d       X         e       Did the organization report an amount for other isabilities in Part X, line 25? // *Yes,* complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year? include a controle that addresses the organization islability for uncertain tax positions under FIN 48 (ASC 740)? // *Yes,* complete Schedule D, Part X       11d       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       X       Was the organization aschool described in section 170(b)(1)(A)(ii)? // *Yes,* complete Schedule E       13       X         14a       Did the organization navide activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? // *Yes,* complete Schedule F, Parts II and IV       14a       X </td <td>а</td> <td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,</td> <td></td> <td></td> <td></td>	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? /f *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? /f *Yes, * complete Schedule D, Part VIII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f *Yes, * complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f *Yes, * complete Schedule D, Part X       11d       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included inf consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included inf consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization a scheel described in section 170(b)(1)(A)(iii)?       f *Yes, * complete Schedule E       13a       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate foreign investments valued at \$100,000       14b       X         15       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? /f *Yes, * complete Schedule F, Parts II and IV       14a		Part VI	11a	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? // *Yes, "complete Schedule D, Part VII.       11c       X         d       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes, "complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? // fr *Yes, " complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11e       X         13       Is the organization as chool described in section 170(b)(1)/(A)(ii)?       If *Yes," complete Schedule D, Parts XI and XII       12a       X         14a       Did the organization as chool described in section 170(b)(1)/(A)(ii)?       If *Yes," complete Schedule E       13       X         14b       Did the organization as chool described.       Parts XI and XII       12a       X         14       Did the organization as chool described.       Parts XI and XII and XII and XII       13       X         14a	b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization separate or consolidated financial statements for the tax year? include a footnote that addresses the organization otatin separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         14a       Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12b       X         14a       Did the organization namination an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign 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 II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or o		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	
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       X         e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization assets of No* to line 12a, then completing Schedule D, Part X       12a       X         b Was the organization aschool described in sexton 170(b)(1)(4)(ii)? If "Yes," complete Schedule E       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantsmking, fundraising, business, investment, and program service activities outside the United States?       14a       X         b 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 I and IV       16       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       16       X </td <td>С</td> <td></td> <td></td> <td></td> <td></td>	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses       111       X         f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X       11d       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       X         b 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       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       16       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of			11c		<u>X</u>
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11f       X         13       b was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, olumn (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report more than \$15,000 total of fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       Did the organization report more than \$15,000 total of fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part II       18       X <td>d</td> <td></td> <td></td> <td></td> <td></td>	d				
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization shability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       111       X         11       If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         12a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         14       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 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 II and IV       16       X         17       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 G, Part II and IV       16       X         17 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       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       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$10,000 of grants or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services 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 G, Part II       16       X         17       Did the organization report more than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "yes," complete Schedule G, Part II			11e		
12a       Did the organization obtain separate, independent audited financial statements for the tax yea?       If "Yes," complete         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       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13a       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       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 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 II and IV       16       X         17       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         18       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 G, Part II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3       16	t				v
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13b       13c       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       13a       X       14a       X         14       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X       14a       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       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 G, Part II       16       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," omplete Schedule G, Part II       18       18       X       18       20a       X         19       Did the organization report more than \$15,000 of gross income f	10-		111		<u> </u>
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       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 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 II and IV       15       X         17       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 II and IV       16       X         18       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       18	12a		10-		Y
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       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 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 II 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), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"	h		128		<u></u>
13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       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 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 II and IV       15       X         17       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 II and IV       16       X         18       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       18       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organiza	D		12h	x	
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       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 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 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 II 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. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization operat one or more hospital facilities? If "Yes,"	13				x
b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       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 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 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. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       X       20a       X       20a       X         20a       X       20b       20b       20b       20a					
<ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>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 eign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>16 Z</li> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>17 Z</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines a <i>X</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a Z</li> <li>20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>			<u>u</u>		
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 II 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. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         20a       X       20a       X       20a       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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19       X         20a       X       20a       X         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? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X			14b		Х
foreign organization? // f"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? // f"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? // f"Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? // f"Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // f"Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? // f"Yes," complete Schedule H       20a       X         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? // f"Yes," complete Schedule H       20a       X	15				
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. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization oreport more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X			15		Х
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>18 <i>X</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a <i>X</i></li> <li>20b</li> <li>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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>	16			T	
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21       X			16		X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
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,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X			17		X
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II       21       X	18			_	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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	19	,			
b       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					
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					<u>X</u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21				
					0000

3

232003 12-13-22

2022.05000 CANCER SUPPORT COMMUNITY 13597-01

Form	aan	(2022)
FUIII	990	(2022)

_			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		Х
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	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			7.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	0.5%		J
20	Schedule L, Part I	25b		Σ
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		Σ
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
-1	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? <i>If "Yes," complete Schedule L, Part III</i>	27		Σ
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			2.
.0	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		Σ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Σ
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Σ
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Σ
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Σ
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Σ
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Σ
3	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		Σ
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Σ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Σ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Σ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
-a				_
	Check if Schedule O contains a response or note to any line in this Part V			L
,			Yes	N
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 82 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-		
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	20

4

#### 09441113 758050 13597-000

2022.05000 CANCER SUPPORT COMMUNITY 13597-01

	990 (2022) CANCER SUPPORT COMMUNITY 95-4163	931	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
0-	Enter the number of analogues was adapted as Ferre W.O. Treasurity of Wass and Tay, Otatemants		Yes	No
za	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 89			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</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 contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		x
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	N/	
g h	If the organization received a contribution of qualified intellectual property, did the organization file rorm 8099 as required?	79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		11/	
U	sponsoring organization have excess business holdings at any time during the year? $N/A$	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? ${ m N/A}$	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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         N/A	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)
202000	r · · · · ·	1 0111		(-3)

09441113 758050 13	3597-000
--------------------	----------

Form 990	(2022)
----------	--------

95-4163931 Page 6

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28			
	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 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		80	Х	
	The governing body?	8a 8b	X	
			17	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Λ
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N
0-	Did the exception have lead shorters, branches, or efflicted.	40-	Yes V	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
	on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		Х
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
2	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		
ect	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filedAL , AZ , AR , CA , CO , CT , DC , FL , GA	ΤT.	KS	кv
/	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)	avalla	ле
	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)			
	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.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DEBBIE WEIR - 202-659-9709			
	5614 CONNECTICUT AVENUE NW, 280, WASHINGTON, DC 20015			
	12-13-22 SEE SCHEDULE O FOR FULL LIST OF STATES	Form		

Check if Schedule O contains a re	•									L
Section A. Officers, Directors, Trustees, K										
<ul> <li>1a Complete this table for all persons required</li> <li>List all of the organization's current offic</li> <li>Enter -0- in columns (D), (E), and (F) if no comp</li> </ul>	cers, directors, tru	istee								
<ul> <li>List all of the organization's current key</li> </ul>	employees, if any	/. Se	e th	e ins	struc	ction	s foi	r definition of "key empl	oyee."	
• List the organization's five <b>current</b> highes who received reportable compensation (box 5	of Form W-2, box	mplo 6 of	oyee f For	s (ot m 1	ther 099	thar MIS	n an C, a	officer, director, trustee nd/or box 1 of Form 10	e, or key employee) 99-NEC) of more than	
<ul> <li>100,000 from the organization and any relate</li> <li>List all of the organization's former offic</li> </ul>			ndh	iaha	ot o			atad amployaaa wha ra	opiyed more than \$100	000 of
<ul> <li>List an of the organization's former onic reportable compensation from the organization</li> <li>List all of the organization's former dire more than \$10,000 of reportable compensatio</li> </ul>	n and any related ctors or trustees	orga tha	aniza t rec	ition eive	s. ed, ir	n the	cap	pacity as a former direct		
See the instructions for the order in which to li	•			ia ai	.,	Jaco		gamzatione.		
Check this box if neither the organization	n nor any related	orda	niza	tion	con	nner	isate	ed any current officer d	irector or trustee	
(A)	(B)	l	11124		C)	iper	Jourc	(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per		not cl , unles					compensation	compensation	amount of
	week		cer an					from	from related	other
	(list any	director						the	organizations	compensatio
	hours for	or dir	Ð			ited		organization	(W-2/1099-MISC/	from the
	related	istee	truste		æ	bens		(W-2/1099-MISC/	1099-NEC)	organizatio
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizatior
	line)	ndividual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization
(1) DEBBIE WEIR	40.00		<u> </u>	0	×	<u> </u>	u.			
CEO	10000			x				295,625.	0.	22,30
(2) SALLY WERNER	40.00							190,0100		
CHIEF EXPERIENCE OFFICER						x		190,603.	0.	16,48
(3) JEFFREY TRAVERS	40.00									
200				x				183,907.	0.	16,91
(4) SUSAN ASH-LEE	40.00									
VP, PROGRAM				х				153,046.	0.	20,78
(5) HEATHER BADT	40.00									
VP, RESEARCH						x		148,026.	0.	15,60
(6) CLAIRE SAXTON	40.00									
VP, EDUCATION						x		129,436.	0.	12,65
(7) LAUREN G. BARNES	1.00									
CHAIR		Х		Х				0.	0.	
(8) ANDREW SANDLER	1.00									
VICE CHAIR		Х		Х				0.	0.	
(9) LYNNE O'BRIEN	1.00									
SECRETARY		Х		Х				0.	0.	
(10) HOLLY TYSON	1.00									
IREASURER		Х		Х				0.	0.	
(11) BEVERLY SOULT	1.00									
DIRECTOR		Х						0.	0.	
(12) BJOERN ALBRECHT	1.00									
DIRECTOR		Х						0.	0.	
(13) CHARLES R. SCHEPER	1.00								_	
DIRECTOR		Х						0.	0.	
(14) DAVID HICKS	1.00							_	_	
DIRECTOR		Х						0.	0.	
(15) DON ELSEY	1.00	1								

Х

Х

х

1.00

1.00

 Form 990 (2022)
 CANCER
 SUPPORT
 COMMUNITY
 95-4

 Part VII
 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

(16) FAUZEA HUSSAIN

232007 12-13-22

DIRECTOR

DIRECTOR

Form 990 (2022)

0.

0.

0.

0.

0.

0.

Page 7

95-4163931

### 09441113 758050 13597-000

7 2022.05000 CANCER SUPPORT COMMUNITY 13597-01

0.

0.

0.

Form 990 (2022) CANCER SU									95-4	1639	931 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t Co	ompensated Employ	es (continued)		
(A)	(B)			(C Posi	)			(D)	(E)		(F)
Name and title	Average		not cl	heck ı	nore	than o		Reportable	Reportable		Estimated
	hours per week					s both r/trust		compensation	compensatio		amount of
	(list any	or					,	from the	from related organization		other compensation
	hours for	direct				-		organization	(W-2/1099-MIS		from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	l trust	nal tru		oyee	om pe		1099-NEC)			and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organizations
	line)	Indi	Inst	Officer	Key	Higl emp	Бп				
(18) JILL DUROVSIK	1.00										
DIRECTOR	1 00	Х						0	•	0.	0.
(19) JING LIANG	1.00										0
DIRECTOR	1 0 0	Х						0	•	0.	0.
(20) JOHN JAEGER	1.00										0
DIRECTOR	1 0 0	Х						0	•	0.	0.
(21) JONATHAN MARKS	1.00										0
DIRECTOR	1 0 0	Х						0	•	0.	0.
(22) KELLY HARRIS	1.00										0
DIRECTOR	1 0 0	Х						0	•	0.	0.
(23) KENNETH SCALET	1.00										0
DIRECTOR	1.00	Х						0	•	0.	0.
(24) LIZZY MORTON DIRECTOR	1.00	х						0		ο.	0.
(25) MICHAEL M. PAESE	1.00	Λ						U	•	<u> </u>	0.
DIRECTOR	1.00	х						0		0.	0.
(26) MICHAEL ZILLIGEN	1.00	Δ						0	•		0.
DIRECTOR	1.00	x						0		0.	0.
dh. Ochtetel	1							1,100,643		0.	104,753.
c Total from continuation sheets to Part VI								0		0.	0.
d Total (add lines 1b and 1c)						·····	•	1,100,643		0.	104,753.
2 Total number of individuals (including but n					ove	) who	o re				
compensation from the organization					,	,			-,		10
											Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mpl	oyee	e, or	higl	hest compensated em	ployee on	ſ	
line 1a? If "Yes," complete Schedule J for si										[	з Х
4 For any individual listed on line 1a, is the su											
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J fo	or such individual	-	[	4 X
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	late	ed organization or indiv	vidual for services		
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich r	berso	on .					5 X
Section B. Independent Contractors											
1 Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	at received more thar	\$100,000 of com	pensati	on from
the organization. Report compensation for t	the calendar ye	ear e	endin	ig w	ith o	or wit	hin	the organization's tax	year.		
(A)								(B)			(C)
Name and business							_	Description of	services		ompensation
NORC, 55 E. MONROE STREET	', 20TH	Ŀ.Г	00.	к,			L				202 000
CHICAGO, IL 60603	1221 55		<u></u>			-	_	WEBSITE			383,022.
PALLADUIM INTERNATIONAL,		NN	SY.	LV	AN	A					180 580
AVE, NW, WASHINGTON, DC 2								RESEARCH			178,578.
SHIPSHAPE IT, 1655 NORTH	FORT MY	ΕR	D.	RT.	νE	'					144 000
ARLINGTON, VA 24749							-	IT			144,289.
TWO24MEDIA		00	20	0							140 005
1531 E. ALAMEDA AVE, DENV	EK, CU	σU	<u>۷</u> ۷	3			+	VIDEO PRODU	J.T.TON		142,005.
HILTON CRYSTAL CITY	TINOMON		<b>17</b> 7	2	<b>ว</b> ว	იე					103 206
2399 RICHMOND HIGHWAY, AR								CONFERENCE			103,296.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	-	טו ווח	mec	וטו	nos: 5	-	.eu	abovej who received i			

SEE PART VII, SECTION A CONTINUATION SHEETS Form **990** (2022) 232008 12-13-22

Part VII Section A. Officers, Directors, Tr		nplo	yee			lign	est		, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	1.		Posi			L .)	Reportable	Reportable	Estimated
	hours	(Cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per week							from the	from related organizations	other compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(11 2/1000 11100)	organization
	related	tee or	istee			ensate				and related
	organizations	I trus	nal tri		oyee	dmo				organization
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
	line)	Ind	lus	Offi	Key	Hig	For			
(27) JEAN SMART	1.00	.,								
DIRECTOR (28) PANKAJ AMIN	1.00	Х		$\vdash$				0.	0.	
DIRECTOR	1.00	x						0.	0.	(
(29) PAULA J. MALONE, PHD	1.00			$\vdash$				0.		
DIRECTOR		x						0.	0.	(
(30) RICH MUTELL	1.00	1								
DIRECTOR		x						0.	0.	(
(31) SHANNON LA CAVA	1.00									
DIRECTOR		Х						0.	0.	0
(32) STUART ARBUCKLE	1.00									
DIRECTOR		Х						0.	0.	(
(33) TOM WALLACE	1.00								0	
DIRECTOR	1 00	Х		$\square$				0.	0.	(
(34) WILLIAM J. ASHBAUGH DIRECTOR	1.00	x						0.	0	C
DIRECTOR	+	<u> </u>			-			0.	0.	(
		1								
					ſ					
		)								
				$\square$						
		-								
		1								
		-								
		-		$\left  - \right $			-			

232201 04-01-22

Form	n 990	(2022) CANCER SUPPORT	COMMUNI	ĽΤΥ		95-4163	931 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	11,582.				
S,G	c		37,051.				
Gift Iar	c	d Related organizations 1d					
ns, Simi	e	e Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants, and	05 220				
oth Oth			<u>95,320.</u>				
	с н			8,643,953.			
0 0			Business Code	0,010,000.			
đ	2 a						
, vic	b						
Ser	c						
am	c	-					
Program Service Revenue	e	<u>،</u>					
ፈ	f						
	ç						
	3	Investment income (including dividends, interest,		101 210			101 210
		other similar amounts)		101,319.			101,319.
	4	Income from investment of tax-exempt bond proc	1				
	5	Royalties	(ii) Personal				
	6 9	a Gross rents 6a					
		b Less: rental expenses 6b					
	c						
	c	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	b Less: cost or other basis					
venue		and sales expenses					
5		Gain or (loss)					
r R		d Net gain or (loss)					
Other Re	8 8	a Gross income from fundraising events (not including \$ 437,051. of					
		contributions reported on line 1c). See Part IV, line 18 8a	24,416.				
	h	D Less: direct expenses 8b 2	42,511.				
				-218,095.			-218,095.
		a Gross income from gaming activities. See					
		Part IV, line 19					
	þ	b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		D Less: cost of goods sold 10b					
	0	Net income or (loss) from sales of inventory	Business Code				
sn	11 -		900099	71,999.			71,999.
neo	a h		900099	50,000.			50,000.
Miscellaneous Revenue	0		900099	1,179.		1,179.	
lisc. Be	c	All other revenue		,		,	
Σ	e	• Total. Add lines 11a-11d		123,178.			
	12	Total revenue. See instructions		8,650,355.	0.	1,179.	5,223.
232009	9 12-1:	3-22					Form <b>990</b> (2022)

10

#### 09441113 758050 13597-000

2022.05000 CANCER SUPPORT COMMUNITY 13597-01

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).

	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	this Part IX (B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
,	Grants and other assistance to domestic organizations			general expenses	<u> </u>
	and domestic governments. See Part IV, line 21	686,683.	686,683.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	692,584.	624,044.	33,757.	34,783
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	5,079,134.	4,576,485.	247,563.	255,086
в	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	123,227.	111,032.	6,006.	<u>6,189</u> 22,335
	Other employee benefits	444,731.	400,719.	21,677.	22,335
	Payroll taxes	440,433.	396,847.	21,467.	22,119
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	30,622.		30,622.	
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	1,851,374.	1,708,593.	36,088.	106,693
	Advertising and promotion	102,995.	45,313.	46,354.	11,328
	Office expenses	557,864.	496,403.	35,172.	26,289
	Information technology	134,900.	118,712.	13,490.	2,698
	Royalties		,	•	•
	Occupancy	177,906.	163,908.	6,413.	7,585
	Travel	231,046.	148,481.	30,794.	51,771
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	58,907.	48,577.	4,918.	5,412
	Interest	,	,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- /
	Payments to affiliates	417,770.	417,770.		
	Depreciation, depletion, and amortization	310,241.	262,712.	29,039.	18,490
	Insurance	7,357.	6,780.	261.	316
	Other expenses. Itemize expenses not covered	,			
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	BAD DEBT EXPENSE	550,890.	481,757.	57,622.	11,511
	LOSS ON DISPOSALS OF AS	449,771.	45,531.	337,763.	66,477
	DUES AND SUBSCRIPTIONS	104,995.	54,996.	18,231.	31,768
	RESEARCH & DEVELOPMENT	104,530.	104,530.		01,,00
	All other expenses	170,612.	43,211.	126,685.	716
	Total functional expenses. Add lines 1 through 24e	12,728,572.	10,943,084.	1,103,922.	681,566
	Joint costs. Complete this line only if the organization		_0,240,0040	-,-05,522•	JUL , JUU
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

11

232010 12-13-22

#### 09441113 758050 13597-000

Form 990 (2022)

09441113 758050 13597-000

33

Total liabilities and net assets/fund balances

16,279,490.

33

11,936,797.

Form 990 (2022)

#### CANCER SUPPORT COMMUNITY

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

(A) Beginning of year (B) End of year 1,455,304. 963,686. 1 1 Cash - non-interest-bearing 4,494,938. 2,347,687. 2 Savings and temporary cash investments 2 741. 741. 3 3 Pledges and grants receivable, net 2,789,868. 1,437,773. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 99,580. 9,986. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,267,919. basis. Complete Part VI of Schedule D _____ 10a 316,320. 1,711,610. 951,599. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 5,340,426. 4,834,347. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 387,023. 1,390,978. Other assets. See Part IV, line 11 15 15 16,279,490. 11,936,797. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 653,734. 512,919. Accounts payable and accrued expenses 17 17 18 18 Grants payable Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 381,423. 859,980. 25 of Schedule D 1,372,899. 1,035,157. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 6,152,729. 27 4,718,281. 27 Net assets with donor restrictions 9,091,604. 5,845,617. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 15,244,333. 10,563,898. Total net assets or fund balances 32 32

orm 990 (	2022	)	
Part X	Ba	lance	Sheet

	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)	8,65	50,3	5
2	Total expenses (must equal Part IX, column (A), line 25)	12,72		
3	Revenue less expenses. Subtract line 2 from line 1 3	-4,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	15,24	4,3	3
5	Net unrealized gains (losses) on investments 5	-60	)2,2	1
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10,56	;3,8	9
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			[
			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Γ
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			L
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			L
	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	X	L
	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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<u>3a</u>	<u> </u>	╞
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Forr	n <b>990</b>	(2

Department of the Treasury Internal Revenue Service

(Form 990)

# 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
2022
Open to Public Inspection

### Name of the organization

Name of	the organization							identification number				
		ER SUPPORT						5-4163931				
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)							
1 🗌	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	)(A)(i).						
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)								
3												
4							(iii). Enter	the hospital's name,				
	city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).						
7 X	An organization that norma	•					e general r	public described in				
	section 170(b)(1)(A)(vi). (C			<b>3</b>			- <b>J</b>					
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)		$\frown$						
9	An agricultural research org				ed in coniu	nction with a	land-grant	college				
	or university or a non-land-g											
	university:	, , , , , , , , , , , , , , , , , , , ,					5					
10	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	s. membersh	ip fees, and	d aross receipts from				
	activities related to its exen											
	income and unrelated busir											
	See section 509(a)(2). (Co											
11	An organization organized a		velv to test for public sat	etv. See	section 50	)9(a)(4).						
12	An organization organized a	-		-			rry out the	purposes of one or				
	more publicly supported or											
	lines 12a through 12d that											
a	<b>Type I.</b> A supporting orga	•••					-	giving				
	the supported organization											
	organization. You must o											
b	<b>Type II.</b> A supporting org			ion with it	s supporte	d organizatio	n(s), by hav	ing				
	control or management o					-		-				
	organization(s). You mus					·						
с 🗌	Type III functionally inte			in connect	ion with, a	nd functional	ly integrate	d with,				
	its supported organization	-					, 0	,				
d	Type III non-functionally		-				ted organiz	ation(s)				
	that is not functionally int						-					
	requirement (see instruct			•		-						
e	Check this box if the orga		•				II, Type III					
	functionally integrated, or					, , , ,,	, <b>,</b>					
f Ent	er the number of supported of	organizations	, , ,	0 0								
g Pro	vide the following information	about the supporte	d organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other				
	organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Total												

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9839712.	<u>11072812.</u>	15735748.	12206636.	8643953.	57498861.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0020510	1100010		10000000	0.00050	
4	Total. Add lines 1 through 3	9839712.	11072812.	15735748.	12206636.	8643953.	57498861.
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,						17240762
-	column (f)						17349762. 40149099.
	Public support. Subtract line 5 from line 4.						40149099.
		() 0010	(1) 0040	().0000	( 1) 0001	() 0000	(0 T ) )
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 15735748.	(d) 2021	(e) 2022	(f) Total 57498861.
	Amounts from line 4	9039712.	11072012.	T2122140.	12200030.	0043933.	57490001.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	71,176.	101,016.	56,904.	89,905.	101,319.	420,320.
•	and income from similar sources	/1,1/0.	101,010.	50,904.	09,903.	101,319.	420,520.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on	1,072.		1,599.	1,205.		3,876.
10	Other income. Do not include gain	1,072.		1,355.	1,203.		5,070.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)				307.817.	121,999.	429,816.
11	Total support. Add lines 7 through 10		r				58352873.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax y	vear as a section 5		
	organization, check this box and stop				•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I		-	column (f))		14	68.80 %
	Public support percentage from 2021					15	70.69 %
	33 1/3% support test - 2022. If the o					ore. check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o		-				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organizatic	on qualifies as a pu	Iblicly supported o	rganization	C C	
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization						s
							(Form 990) 2022

232022 12-09-22

Schedule A	(Form	990)	202
		550	2024

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

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

alendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on	C					
dividends, payments received on securities loans, rents, royalties,	C					
dividends, payments received on	C					
dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses</li> </ul>	C					
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> </ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses</li> </ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b,</li> </ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is</li> </ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b,</li> </ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li></ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li></ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> </ul>		rst second third t	fourth or fifth tax y	lear as a section 5		
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the sale of t</li></ul>						
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the check this box and stop here</li> </ul>	-					
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the check this box and stop here</li> </ul>	c Support Per	centage				
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>	<b>c Support Per</b> ine 8, column (f), d	<b>centage</b> ivided by line 13, c	column (f))			
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>	<b>c Support Per</b> ine 8, column (f), d Schedule A, Part	ivided by line 13, c			15	·····
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>	c Support Per ine 8, column (f), d Schedule A, Part tment Income	ivided by line 13, c III, line 15 Percentage	column (f))		15	
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>section C. Computation of Publi</li> <li>5 Public support percentage for 2021</li> <li>ection D. Computation of Invess</li> <li>7 Investment income percentage for 2020</li> </ul>	c Support Per ine 8, column (f), d Schedule A, Part tment Income 22 (line 10c, colur	ivided by line 13, c III, line 15 Percentage nn (f), divided by lin	column (f)) ne 13, column (f))		15 16	
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>3 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>4 First 5 years. If the Form 990 is for th check this box and stop here</li> <li>ection C. Computation of Publi</li> <li>5 Public support percentage for 2022 (li</li> <li>6 Public support percentage for 2021</li> <li>ection D. Computation of Invess</li> <li>7 Investment income percentage for 20</li> </ul>	c Support Per ine 8, column (f), d Schedule A, Part timent Income 222 (line 10c, colur 2021 Schedule A,	ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17	column (f)) ne 13, column (f))	·····	15 16 17 18	
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>	c Support Per ine 8, column (f), d Schedule A, Part trent Income 222 (line 10c, colur 2021 Schedule A, organization did n	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17  ot check the box c	column (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15         16         17         18         3 1/3%, and line 17	
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>5 Public support percentage for 2022 (li</li> <li>6 Public support percentage for 2022 (li</li> <li>16 Public support percentage for 2021 is continued for a sale of a sale</li></ul>	c Support Per ine 8, column (f), d Schedule A, Part stment Income 222 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 not check the box c organization qualit	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si	15 is more than 3 upported organiza	15         16         17         18         3 1/3%, and line 17         tion	
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li> <li>14 First 5 years. If the Form 990 is for the check this box and stop here</li> <li>5 Public support percentage for 2022 (line public support percentage from 2021)</li> <li>15 Public support percentage from 2021</li> <li>16 Public support percentage from 2021</li> <li>17 Investment income percentage for 2021</li> <li>19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box art</li> </ul>	c Support Per ine 8, column (f), d Schedule A, Part timent Income 222 (line 10c, colur 2021 Schedule A, organization did n nd stop here. The organization did n	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box c organization qualit ot check a box on	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a	15 is more than 3 upported organiza , and line 16 is mo	15         16         17         18         3 1/3%, and line 17         tion         re than 33 1/3%, a	
<ul> <li>dividends, payments received on securities loans, rents, royalties, and income from similar sources</li></ul>	c Support Per ine 8, column (f), d Schedule A, Part timent Income 22 (line 10c, colur 2021 Schedule A, organization did n organization did n ck this box and st	centage ivided by line 13, c III, line 15 Percentage nn (f), divided by lin Part III, line 17 ot check the box c organization qualit tot check a box on op here. The orga	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organiza , and line 16 is mo s a publicly suppo	15           16           17           18           3 1/3%, and line 17           tion           re than 33 1/3%, a           rted organization	

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

### Section A. All Supporting Organizations

- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

17

232024 12-09-22



Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 CANCER SUPPORT COMMUNITY	95-416393	31 Pi	age 5
	rt IV Supporting Organizations (continued)			<u> </u>
-			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	ficers, ported		
	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,	•		
		0		

#### or controlled the supporting organization Section 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		
•			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		

#### the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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

1	Check the box next to the method that	he organization used to satisf	/ the Integral Part Test during the	year (see instructions).
---	---------------------------------------	--------------------------------	-------------------------------------	--------------------------

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	s).	
		Yes	

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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 trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

09441113 758050 13597-000

18 2022.05000 CANCER SUPPORT COMMUNITY 13597-01

Soct	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea
	ion A - Aujusted Net income	_		(optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production 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 Yes (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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		
7	Check here if the current year is the organization's first as a non-functionally	integral	ted Type III supporting orga	nization (see
	instructions).	Ū		·
			5	Schedule A (Form 99

95-4163931 Page 6

232026 12-09-22

Schedule A (Form 990) 2022

Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 . . . . . .

Schedule A (Form 990) 2022

3

	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				hadula A (Earm 000) 2022

1

2

3 4

5 6

7

**Current Year** 

Schedule A (Form 990) 2022

CANCER SUPPORT COMMUNITY

Schedule A (F	Form 990) 2022 CANCER SUPPORT COMMUNITY	95-4163931 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, ine 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C,
9	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	additional information.
(	See instructions.)	
$\langle \rangle$		

## ** PUBLIC DISCLOSURE COPY **

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	CANCER SUPPORT COMMUNITY	95-4163931
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	$\cap$
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	$\mathbf{C}$
	527 political organization	$\mathbf{O}$
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	
	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support f a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and uring the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F D-EZ, line 1. Complete Parts I and II.	d that received from any one
contributor, du literary, or edu	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a uring the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci locational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e	entific,
For an organiz	nn (b) instead of the contributor name and address), II, and III. ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions and unively for religious, charitable, etc., purposes, but no such contributions totaled m	

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule B (Form 990)

•	<b>U</b>	•••	000,	

Department of the Treasury Internal Revenue Service

Name of the organization

	3 (Form 990) (2022) ganization		Page 2
ANCEF	R SUPPORT COMMUNITY		95-4163931
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
1		\$ <u>175,0</u>	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
2		\$	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
3		\$ <u>627,5</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
4		\$199,7	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$492,5	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) 1s Type of contribution
6		\$325,0	00. (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

23

ame of or	ganization		Employer identification number
ANCEF	R SUPPORT COMMUNITY		95-4163931
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7_		\$ <u>333,1</u>	00. (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$728,6	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
10		\$634,4	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

24

09441113 758050 13597-000

Schedule B (Form 990) (2022)

lame of org	Form 990) (2022) anization		Page Employer identification number
ANCED	SUPPORT COMMUNITY		95-4163931
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	e) (d)
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
 - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
·			
		\$	

## 09441113 758050 13597-000

B (Form 990) (2022)

#### 25 2022.05000 CANCER SUPPORT COMMUNITY 13597-01

	anization								
ANCER	SUPPORT COMMUNITY		95-4163931						
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year						
1	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,00</b>	e entry. For organizations 0 or less for the year. (Enter this info. once.) \$						
	Use duplicate copies of Part III if additional	space is needed.							
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-									
		(e) Transfer o	f gift						
	Transferee's name, address, a	and $7IP \pm 4$	Relationship of transferor to transferee						
.									
-									
a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-									
-									
		(o) Transfor o	faith						
	(e) Transfer of gift								
L	Transferee's name, address, a	Relationship of transferor to transferee							
-									
-									
-									
a) No. from	(b) Burposo of sift		(d) Description of how sift is hold						
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
from	(b) Purpose of gift	(c) Use of gift							
from		(e) Transfer c	f gift						
from	(b) Purpose of gift	(e) Transfer c							
from		(e) Transfer c	f gift						
from		(e) Transfer c	f gift						
from Part I - - - - - - - - - - - - - - - - - - -		(e) Transfer c	f gift						
from Part I	Transferee's name, address, a	(e) Transfer c	f gift						
from Part I		(e) Transfer c	f gift Relationship of transferor to transferee						
from Part I	Transferee's name, address, a	(e) Transfer c	f gift Relationship of transferor to transferee						
from Part I	Transferee's name, address, a	(e) Transfer c	f gift Relationship of transferor to transferee						
from Part I	Transferee's name, address, a	(e) Transfer c and ZIP + 4	f gift  Relationship of transferor to transferee  (d) Description of how gift is held						
from	Transferee's name, address, a	(e) Transfer c	f gift  Relationship of transferor to transferee  (d) Description of how gift is held						
from Part I	(b) Purpose of gift	(e) Transfer c	f gift (d) Description of how gift is held (d) Description of how gift is held						
from Part I	Transferee's name, address, a	(e) Transfer c	f gift  Relationship of transferor to transferee  (d) Description of how gift is held						
from Part I	(b) Purpose of gift	(e) Transfer c	f gift (d) Description of how gift is held (d) Description of how gift is held						
from Part I	(b) Purpose of gift	(e) Transfer c	f gift (d) Description of how gift is held (d) Description of how gift is held						

09441113 758050 13597-000

2022.05000 CANCER SUPPORT COMMUNITY 13597-01

	HEDULE D		al Financial Statements		OMB No. 1545-0047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>ZUZZ</b>
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organization			Employe	er identification number
		CANCER SUPPORT COM			95-4163931
Pa		-	d Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(h) Funds a	nd other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3		f grants from (during year)			
4	Aggregate value at	t end of year			
5	-		writing that the assets held in donor advised fun		
			exclusive legal control?		L Yes L No
6	0	0 / /	dvisors in writing that grant funds can be used o		
	impermissible priva		r donor advisor, or for any other purpose confer	Ŭ,	. Yes No
Pa		ation Easements. Complete if the ord	ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education)	orically impo	ortant land area
	Protection o	f natural habitat	Preservation of a cert	tified historio	c structure
	Preservation	of open space			
2			ied conservation contribution in the form of a co		
-	day of the tax year				d at the End of the Tax Year
				2a 2b	
b C	•	vation easements on a certified historic stru	ucture included in (a)	20 2c	
		vation easements included in (c) acquired a			
		· · ·		2d	
3	Number of conserv		eased, extinguished, or terminated by the organ	ization durir	ng the tax
	year				
4		where property subject to conservation eas			
5		tion have a written policy regarding the per	1 1 0		Yes No
6		orcement of the conservation easements it r hours devoted to monitoring inspecting	handling of violations, and enforcing conservation		
Ū		r hours devoted to monitoring, inspecting,		on casemen	to during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	asements du	ring the year
			-		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B	5)(i)	
	and section 170(h)				Yes No
9			on easements in its revenue and expense staten		
			ote to the organization's financial statements th	at describes	s the
Pa	rt III Organiza	ounting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Other S	Similar As	sets.
		the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	lance sheet	works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furthera	nce of publi	с
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balanc		
			exhibition, education, or research in furtheranc	e of public s	ervice,
	•	ng amounts relating to these items:		¢	
2	.,		asures, or other similar assets for financial gain,		
~	-	unts required to be reported under FASB A		PIOVIUG	
а	-			\$	

b	Assets included in Form 990,	Part X

 $\mbox{LHA}~$  For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Pa	edule D (Form 990) 2022 CANCER	SUPPORT CO ollections of Ar		asures. or	Other Simi	95-41 ilar Assets		
3	Using the organization's acquisition, accessi							
Ŭ	collection items (check all that apply):		is, check any of the	ionowing that	marce significa			
~		(		hange progra	~			
a L				010				
b	,	6	e [] Other					
С								
4	Provide a description of the organization's co						XIII.	
5	During the year, did the organization solicit o				r similar assets	;	_	
_	to be sold to raise funds rather than to be ma						Yes	
Pa	reported an amount on Form 990, Paul		ete if the organizatio	n answered "	Yes" on Form 9	990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi on Form 990, Part X?		•			d	Yes	
b	If "Yes," explain the arrangement in Part XIII							
~			ine thing take to				Amount	
~	Boginning balanco				1			
c c	0 0							
d	5 7							
e	5 7					e		
T	Ending balance					T	7	
	5					L	Yes	
	If "Yes," explain the arrangement in Part XIII.							
Pa	rt V Endowment Funds. Complete i		nswered "Yes" on Fo				<b>.</b>	
		(a) Current year	(b) Prior year	(c) Two years		ee years back	(e) Four	years ba
1a	Beginning of year balance	10,000.	10,000.	10	,000.	10,000.		10,0
b	Contributions							
с	Next to construct a construction of the construction of the second							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g		10,000.	10,000.	10	,000.	10,000.		10,0
2	Provide the estimated percentage of the curr		, , , , , , , , , , , , , , , , , , , ,		, -	,		,
-	Describule structured and successful and successful	ent year end baland	%	jj neiu as.				
a L		0/	70					
b		%						
С								
	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administere	ed for the		5	
	organization by:							Yes
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R?				3b	
D	Describe in Part XIII the intended uses of the		wment funds.					
4								
4	rt VI Land, Buildings, and Equipm	ent.						
4			), Part IV, line 11a. S	See Form 990,	Part X, line 10			
4	Complete if the organization answere	d "Yes" on Form 990		,			(d) Book	value
4	rt VI Land, Buildings, and Equipm		other (b) Cost	See Form 990, t or other (other)	Part X, line 10 (c) Accumu depreciat	lated	(d) Book	value
4 Pai	Complete if the organization answere Description of property	d "Yes" on Form 990 (a) Cost or o basis (investr	other (b) Cost	or other	(c) Accumu	lated	<b>(d)</b> Book	value
4 Par	Land, Buildings, and Equipm           Complete if the organization answere           Description of property           Land	d "Yes" on Form 990 (a) Cost or o basis (invest	other (b) Cost	or other	(c) Accumu	lated	<b>(d)</b> Book	value
4 Pa 1a b	Land, Buildings, and Equipm         Complete if the organization answere         Description of property         Land         Buildings	d "Yes" on Form 990 (a) Cost or o basis (investi	other (b) Cost ment) basis	t or other (other)	(c) Accumu depreciat	lated ion	(d) Book	
4 Par 1a b c	Land, Buildings, and Equipm         Complete if the organization answere         Description of property         Land         Buildings         Leasehold improvements	d "Yes" on Form 990 (a) Cost or o basis (investi	nent) (b) Cost basis	t or other (other) 4,670.	(c) Accumu depreciat 104 ,	lated ion 670.	(d) Book	
4 Par 1a b c d	Land, Buildings, and Equipm         Complete if the organization answere         Description of property         Land         Buildings         Leasehold improvements         Equipment	d "Yes" on Form 990 (a) Cost or o basis (investi	ther (b) Cost basis	t or other (other) 4,670. 5,358.	(c) Accumu depreciat 104, 15,	lated ion 670. 358.		
4 Par 1a b c d e	Land, Buildings, and Equipm         Complete if the organization answere         Description of property         Land         Buildings         Leasehold improvements	d "Yes" on Form 990 (a) Cost or o basis (investr	ther (b) Cost basis	4,670. 5,358. 7,891.	(c) Accumu depreciat 104, 15,	lated ion 670.	951	

Schedule D (Form 990) 2022 CANCER SUPPO	ORT COMMUNITY	95-4163931 _{Page} 3
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	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 end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PNC INVESTMENTS ACCOUNT	4,834,347.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,834,347.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a)	Description	(b) Book value
(1) DEPOSITS		58,052.
(2) INTERCOMPANY RECEIVABLE		436,965.
(3) INVESTMENT IN C-CORP		55,010.
(4) OPERATING RIGHT TO USE OF	ASSET	840,951.
(5)		
(6) (7)		
(8)		
(9)	45)	1,390,978.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	1,390,970.
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	10 or 11f Son Form 990 Part X line 25
(a) Description of Rob Rb .		(b) Book value
(1) Federal income taxes		226
(2) OTHER LIABILITIES		236.
(3) OPERATING LEASE LIABILITY		859,744.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	
2. Liability for uncertain tax positions. In Part XIII, provide	-	
		e if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022 CANCER SUPPORT COM	IMUNITY	95-	4163931	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Finan	cial Statements With Revenue per			
Complete if the organization answered "Yes" on Form 990,	, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial state	ments	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
<b>b</b> Donated services and use of facilities	2b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e 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				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b		4c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	rt I, line 12.)	5		
Part XII Reconciliation of Expenses per Audited Fina		er Retur	n.	
Complete if the organization answered "Yes" on Form 990,			1	
1 Total expenses and losses per audited financial statements		1		
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities		_		
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)				
e 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:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b		4c		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. P	Part I, line 18.)	5		
Part XIII Supplemental Information.				

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

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

232054 09-01-22

SCHEDULE G		ntal Information Regarding				OMB No. 1545-0047		
Form 990)	Complete if the	r 19, or if the	2022					
epartment of the Treasury		Open to Public Inspection						
ternal Revenue Service	do to www.iis.gowi of insu detions and the latest morthation.							
Name of the organization		SUPPORT COMMUNITY			Employer id	lentification number २०२१		
Part I Fundrais		Complete if the organization answ	ered "Ves" or	Form 990 Part IV				
	complete this par			11 onn 330, 1 art 10, 1				
	•	ed funds through any of the followi	0					
a Mail solicitat	tions email solicitations		0	overnment grants		$\frown$		
<b>b</b> Internet and <b>c</b> Phone solici			I fundraising	nment grants events				
d 🗌 In-person so		<b>0</b> 1 h	5		C			
		or oral agreement with any individua						
• • •		art VII) or entity in connection with p riduals or entities (fundraisers) pursu		-	Ye			
compensated at le	•		uant to agree	ments under which t		Je		
I	, , , , , , , , , , , , , , , , , , ,		(					
(i) Name and addres		(ii) Activity	(iii) Did fundraiser have custody	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fund	draiser)	(-)	or control of contributions?	from activity	fundraiser listed in col. (i)	organization		
			Yes No					
				$\mathbf{D}$				
	C							
Total								
<ol> <li>List all states in wh or licensing.</li> </ol>	ich the organizatio	n is registered or licensed to solicit	contributions	or has been notified	it is exempt from r	registration		
,								

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

Schedule G (Form 990) 2022

232081 10-27-22

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPRING	NATIONS	NONE	(add col. (a) through
			CELEBRATION	MARATHON		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ant						
Revenue	1	Gross receipts	437,051.	24,416.		461,467.
Re	'		10770010			
	2	Less: Contributions	437,051.			437,051.
	<b>_</b>					
	3	Gross income (line 1 minus line 2)		24,416.		24,416.
	5			21/1100		
	4	Cash prizes				
	"					
	5	Noncash prizes				
ŝ						
Direct Expenses	6	Rent/facility costs				
é de	0					
ш т	-	Food and howers and				
irec	7	Food and beverages				
ā						
	8	Entertainment	198,104.	44,407.		242,511.
	9	Other direct expenses	-			242,511.
	10	Direct expense summary. Add lines 4 through				
Da	i 11 art I	Net income summary. Subtract line 10 from li		000 D-11/ 1-10		-218,095.
Fa	art I	• • • • • • • • • • •	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
en				biligo/progressive biligo		
Revenue						
	1	Gross revenue		r		
S	2	Cash prizes				
Direct Expenses						
d x	3	Noncash prizes				
벙						
lire	4	Rent/facility costs				
			*			
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	Νο	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а		he organization licensed to conduct gaming ac				
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked suspended or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:				
		,				
2320	82 10	-27-22			Sche	dule G (Form 990) 2022

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

95-4163931 Page 2

Schedule G (Form 990) 2022	CANCER SUPPORT COMMUNITY	95-4163931 Page 3
11 Does the organization condu	ct gaming activities with nonmembers?	Yes No
	beneficiary or trustee of a trust, or a member of a partnership or other ent	
to administer charitable gami	ing?	Yes No
3 Indicate the percentage of ga		4
a The organization's facility	· · · · · ·	13a %
	of the person who prepares the organization's gaming/special events boo	
Name		
Address		
<b>5a</b> Does the organization have a	contract with a third party from whom the organization receives gaming r	revenue? Yes No
b If "Yes," enter the amount of	gaming revenue received by the organization \$	and the amount
of gaming revenue retained b	by the third party \$	
<b>c</b> If "Yes," enter name and add	ress of the third party:	
Name		
Address		
6 Gaming manager information		•
Name		
Gaming manager compensat	ion \$	
Description of services provid	ted	
Director/officer	Employee Independent contractor	
<b>17</b> Mandatory distributions:		
•	under state law to make about table distributions from the coming proceeds	a ta
	inder state law to make charitable distributions from the gaming proceeds	
retain the state gaming licens		
	ions required under state law to be distributed to other exempt organization	ons or spent in the
organization's own exempt a Part IV Supplemental Ir	ctivities during the tax year \$ Iformation. Provide the explanations required by Part I, line 2b, column	ung (iii) and (u); and Part III lings Q. Qh. 10h
	b, as applicable. Also provide any additional information. See instructions	
150, 150, 18, and 17	b, as applicable. Also provide any additional information. See instructions	<u>.</u>
· · · ·		
· · ·		
\		
7		
32083 10-27-22		Schedule G (Form 990) 2022

09441113 758050 13597-000

<

 Schedule G (Form 990)
 CANCER
 SUPPORT
 COMMUNITY

 Part IV
 Supplemental Information (continued)
 Continued)
 Continued
 Continued

7
Schedule G (Form 990)

232084 04-01-22

SCHEDULE I	G	rants and Oth	er Assistand	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Gov	vernments, an	d Individual	s in the Ŭni	ted States		2022
	Comple	ete if the organization			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		O a ta ununu ina	Attach to Form		<b></b>		Open to Public Inspection
		GO to www.irs	.gov/Form990 for	the latest informa	ation.		•
Name of the organization CANCER SU		MIINTTV					Employer identification number 95-4163931
Part I General Information on Grants a		101111					<u> </u>
1 Does the organization maintain records t		amount of the grants	or assistance. the o	arantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is neede	ed.		1	1
1 (a) Name and address of organization	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of valuation (book,	(g) Description of	(h) Purpose of grant
or government		(if applicable)	cash grant	noncash assistance	FMV, appraisal,	noncash assistance	or assistance
					other)		
CANCER SUPPORT COMMUNITY - LOS							
ANGELES - 1990 S. BUNDY DR. SUITE							
100 - LOS ANGELES, CA 90025	33-0287070	501(C)(3)	11,550.	0.			GENERAL OPERATIONS
,			,,,,				
CANCER SUPPORT COMMUNITY - ARIZONA							
360 E PALM LANE							
PHOENIX, AZ 85004	86-0897810	501(C)(3)	35,750.	٥.			GENERAL OPERATIONS
CANCER SUPPORT COMMUNITY - ATLANTA							
5775 PEACHTREE DUNWOODY RD, STE C-2							
ATLANTA, GA 30342	58-2142151	501(C)(3)	5,500.	0.			GENERAL OPERATIONS
			r				
CANCER SUPPORT COMMUNITY - SAN FRANCISCO BAY AREA - 3276 MCNUTT							
AVE - WALNUT CREEK, CA 94597	68-0157858	501(C)(3)	12,700.	0.			GENERAL OPERATIONS
	00 010,000	301(0)(0)	12,700.				
CANCER SUPPORT COMMUNITY - INDIANA							
5150 W 71ST STREET							
INDIANAPOLIS, IN 46268	35-1902427	501(C)(3)	7,300.	٥.			GENERAL OPERATIONS
CANCER SUPPORT COMMUNITY - GREATER							
ANN ARBOR - 2010 HOGBACK ROAD							
SUITE 3 - ANN ARBOR, MI 48105	05-0597871	501(C)(3)	5,500.	0.			GENERAL OPERATIONS
2 Enter total number of section 501(c)(3) and	nd government org		e line 1 table				9.

3 Enter total number of other organizations listed in the line 1 table ...... LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

1

#### CANCER SUPPORT COMMUNITY 95-4163931 Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable valuation non-cash assistance cash grant noncash or assistance (book, FMV, assistance appraisal, other) CANCER SUPPORT COMMUNITY -PHILADELPHIA - 200 KIRK ROAD -WARMINSTER, PA 18974 23-2657403 501(C)(3) 6,700. 0. GENERAL OPERATIONS GILDA'S CLUB QUAD CITIES 1234 E RIVER DR DAVENPORT, IA 52803 42-1446989 501(C)(3) 6,250 GENERAL OPERATIONS 0 GILDA'S CLUB KENTUCKIANA 2440 GRINSTEAD DR LOUISVILLE, KY 40204 20-1635170 501(C)(3) 6,525 GENERAL OPERATIONS Schedule I (Form 990) 232241 04-01-22

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(DOOK, FINIV, appraisal, other)	
			5		
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, columr	n (b); and any other ac	ditional information.	
PART I, LINE 2:	C				
THESE GRANTS WERE MADE TO NEW HEA	ALTH CARE F	ARTNERS TO	O BUY EOUIP	MENT AND	
SUPPORT OTHER START-UP COSTS.	$\mathbf{V}^{-}$				
32102 10-31-22		סכ			Schedule I (Form 990) 2022
		37			

## Schedule I (Form 990) 2022 CANCER SUPPORT COMMUNITY

95-4163931

Page 2

	For certain Officers, Directors, Trustees, Key Employees, and Highest	OMB No. 1545-0047				
(Form 990)	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.					
Department of the Treas nternal Revenue Servic		Open to Publi Inspection				
Name of the orga		mployer identification nun				
5	CANCER SUPPORT COMMUNITY	95-4163931				
Part I Que	stions Regarding Compensation					
		Yes				
1a Check the a	ppropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	0,				
Part VII, Sec	tion A, line 1a. Complete Part III to provide any relevant information regarding these items.					
First-cla	ass or charter travel Housing allowance or residence for persona	luse				
Travel f	for companions Payments for business use of personal resid	lence				
Tax ind	lemnification and gross-up payments Health or social club dues or initiation fees					
Discret	ionary spending account Personal services (such as maid, chauffeur,	chef)				
<b>b</b> If any of the	boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
reimburseme	ent or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2 Did the orga	nization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
trustees, and	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
3 Indicate whi	ch, if any, of the following the organization used to establish the compensation of the organization's					
CEO/Execut	ive Director. Check all that apply. Do not check any boxes for methods used by a related organization	to				
establish co	mpensation of the CEO/Executive Director, but explain in Part III.					
Compe	nsation committee Written employment contract					
	ndent compensation consultant X Compensation survey or study					
Form 9	90 of other organizations I Approval by the board or compensation con	nmittee				
4 During the y	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
organization	or a related organization:					
a Receive a se	everance payment or change-of-control payment?	4a				
	n or receive payment from a supplemental nonqualified retirement plan?	4b				
	n or receive payment from an equity-based compensation arrangement?	4c				
	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
Only section	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
Only section 5 For persons	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of:					
Only section 5 For persons contingent o	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of:	5a				
<ul> <li>Only section</li> <li>5 For persons contingent of</li> <li>a The organization</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation?	5a 5b				
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>a The organization</li> <li>b Any related of</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization?					
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>a The organization</li> <li>b Any related of If "Yes" on li</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III.					
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>a The organization</li> <li>b Any related of If "Yes" on li</li> <li>6 For persons</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>The organization</li> <li>Any related of If "Yes" on li</li> <li>For persons contingent of</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of:	<u>5</u> b				
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>a The organization</li> <li>b Any related of If "Yes" on li</li> <li>6 For persons contingent of</li> <li>a The organization</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation?	<u>5</u> b 				
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>a The organization</li> <li>b Any related of If "Yes" on li</li> <li>6 For persons contingent of</li> <li>a The organization</li> <li>b Any related of</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation? organization?					
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>The organization</li> <li>Any related of If "Yes" on li</li> <li>For persons contingent of</li> <li>The organization</li> <li>Any related of If "Yes" on li</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation? organization? ine 6a or 6b, describe in Part III.	<u>5</u> b 				
<ul> <li>Only section</li> <li>For persons contingent of</li> <li>The organization</li> <li>Any related of If "Yes" on li</li> <li>For persons contingent of</li> <li>The organization</li> <li>Any related of If "Yes" on li</li> <li>Any related of If "Yes" on li</li> <li>For persons</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation? organization? ine 6a or 6b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
<ul> <li>Only section</li> <li>For persons contingent of a The organization</li> <li>Any related of If "Yes" on li</li> <li>For persons contingent of a The organization</li> <li>Any related of If "Yes" on li</li> <li>Any related of If "Yes" on li</li> <li>For persons not describe</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation? organization? ine 6a or 6b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments ad on lines 5 and 6? If "Yes," describe in Part III					
<ul> <li>Only section</li> <li>For persons contingent of a The organiza</li> <li>Any related of If "Yes" on li</li> <li>For persons contingent of a The organiza</li> <li>Any related of If "Yes" on li</li> <li>For persons not describe</li> <li>Were any an</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation? organization? ine 6a or 6b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments ed on lines 5 and 6? If "Yes," describe in Part III nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	5b 6a 6b 7				
<ul> <li>Only section</li> <li>For persons contingent of a The organization</li> <li>Any related of If "Yes" on li</li> <li>For persons contingent of a The organization</li> <li>Any related of If "Yes" on li</li> <li>For persons not describe</li> <li>Were any an initial contraction</li> </ul>	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the revenues of: ation? organization? ine 5a or 5b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation on the net earnings of: ation? organization? ine 6a or 6b, describe in Part III. listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments ad on lines 5 and 6? If "Yes," describe in Part III	5b 6a 6b 7				

232111 10-18-22

Schedule J (Form 990) 2022

### 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.

SO	(i) (ii)	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	compensation			reported as deferred
30				compensation				on prior Form 990
SO		295,625.	0.	0.	8,869	. 13,439.	317,933.	0.
	···/	0.	0.	0.	0		0.	0.
2) SALLY WERNER	(i)	190,603.	0.	0.	5,718	. 10,763.	207,084.	0.
	(ii)	0.	0.	0.	0		0.	0.
) JEFFREY TRAVERS	(i)	183,907.	0.	0.	5,517		200,824.	0.
	(ii)	0.	0.	0.	0		0.	0.
) SUSAN ASH-LEE	(i)	153,046.	0.	0.	4,591	. 16,191.	173,828.	0.
	(ii)	0.	0.	0.	0	. 0.	0.	0.
5) HEATHER BADT	(i)	148,026.	0.	0.	4,441	. 11,165.	163,632.	0.
	(ii)	0.	0.	0.	0	. 0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
•	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	_						Sched	ule J (Form 990) 2022

Schedule J (Fo	rm 990) 2022
----------------	--------------

#### Page 3

#### Part III Supplemental Information

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

		)
		<u>,                                     </u>
		Schedule J (Form 990) 2022
232113 10-18-22		Schedule J (Form 990) 2022
232113 10-18-22	40	

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Copen to Public Inspection Employer identification number

95-4163931

OMB No. 1545-0047

CANCER SUPPORT COMMUNITY

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

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.

41

Schedule O (Form 990) 2022	Page 2
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, N	IJ, NY, NC, OH, OR, PA
RI, SC, VA, WA, WV, WI, AK, DE, HI, ID, IN, IA, MI, MS, MT, NE, NV, NM, ND, C	<u>ok, SD, TN, TX, UT, VT,</u>
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	1,708,593.
MANAGEMENT AND GENERAL EXPENSES	36,088.
FUNDRAISING EXPENSES	106,693.
TOTAL EXPENSES	1,851,374.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,851,374.
FORM 990, PART VI, SECTION B, LINE 11B	
THE PROCESSES FOR THE SELECTION OF AN INDEPENDENT ACCOUNTA	NT OR
OVERSIGHT FOR THE AUDIT HAS NOT BEEN CHANGED.	

232212 10-28-22

SCH	IEDULE R
<b>/</b>	

#### (Form 990)

. . . . . .

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 95 - 4163931

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

CANCER SUPPORT COMMUNITY

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	)						

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

Schedule R (Form 990) 2022

#### CANCER SUPPORT COMMUNITY Schedule R (Form 990) 2022

Part III

(h) (i) (a) (b) (c) (d) (e) (f) (g) (j) (k) Predominant income (related, unrelated, excluded from tax under sections 512-514) Name, address, and EIN of related organization Legal Direct controlling Share of total Share of Code V-UBI General or Percentage Primary activity Disproportionate domicile managing ownership amount in box entity income end-of-year (state or allocations? partner? 20 of Schedule assets foreign K-1 (Form 1065) Yes No Yes No country)

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 Part IV organizations treated as a corporation or trust during the tax year.

	<b>°</b>								
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	(i Sect 512(b contro entit	o)(13) olled
		country)		0. 110.01,				Yes	No
PATIENT PLANNING SERVICES, INC - 46-4019304									
2202 SPRING CREEK DR			CANCER SUPPORT				'		
AUSTIN, TX 78704	SOFTWARE /TECHNOLOGY	TX	COMMUNITY	C CORP	281,924.	192,909.	95.00%	x	
							'		l .
							'		
							'		
									l
	7								
232162 09-14-22						Sche	dule R (Forn	n 990)	2022

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.

#### 95-4163931 Page 2

(4)

(5)

(6)

232163 09-14-22

-4163931 Page 3

Yes No

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

Schedule R (Form 990) 2022 CANCER SUPPORT COMMUNITY				95-4163931
Part V Transactions With Related Organizations. Complete if the organization a	answered "Yes" on Forn	n 990, Part IV, line 34, 35b,	or 36.	7
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 During the tax year, did the organization engage in any of the following transacti	ions with one or more re	elated organizations listed in	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled er	ntity			1a
<b>b</b> Gift, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)				1f
g Sale of assets to related organization(s)				1g
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				1j
k Lease of facilities, equipment, or other assets from related organization(s)				1k
I Performance of services or membership or fundraising solicitations for related or	/ .			
m Performance of services or membership or fundraising solicitations by related or				
n Sharing of facilities, equipment, mailing lists, or other assets with related organiz				
p Reimbursement paid to related organization(s) for expenses				1p
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)				1r
s Other transfer of cash or property from related organization(s)				1s
2 If the answer to any of the above is "Yes," see the instructions for information or	n who must complete th	is line, including covered re	elationships and transaction th	resholds.
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	Method of determ	(d) hining amount involved
(1)				
(2)				
(3)				

Schedule R (Form 990) 2022

## 95-4163931 Page 4

#### Schedule R (Form 990) 2022 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.

				(0)	(4)		10	(1)	(1)	(1)
	(b)	(c)	(d)	(e) Are all	(f)	(g) Shore of	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.?	Share of total	Share of end-of-year	Disprop tionat allocation	or- se se of Schedule K-1 (Form 1065)	managing	
or criticy		country)	excluded from tax under	orgs.?	income	assets		of Schedule K-1	partner?	
			360110113 3 12-3 14)	Yes No			Yes N		Yes NO	·
									+ + -	
							$\vdash$		+ +	
									+	
									+	
									+ +	
		~						_	+	
									+	
								1		
								Schedule	R (For)	n 990) 2022

232164 09-14-22

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

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

1	File a	senarate	application	for	each	return
	🕨 гне а	Separate	application	101	eauii	return.

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

		p ale te ti ti i i i i i i i i i i i i i i i					4		
orms liste Contracts,	d below with t for which an e	You can electronically file Form 8868 to he exception of Form 8870, Information F extension request must be sent to the IR ww.irs.gov/e-file-providers/e-file-for-chart	Return for 7 S in paper 1	Fransfers Associated With Certain Perso format (see instructions). For more detail	nal Be	enefit	7		
Automa	tic 6-Mont	h Extension of Time. Only subm	nit origina	al (no copies needed).					
All corpora	ations required	to file an income tax return other than For request an extension of time to file incom	orm 990-T (	(including 1120-C filers), partnerships, R	EMICs	s, and trusts	7		
Type or print	r         Name of exempt organization or other filer, see instructions.         Taxpayer identification number (TIN)								
ile by the due date for	Number, str	SUPPORT COMMUNITY eet, and room or suite no. If a P.O. box, s		ions.		95-410	3931		
iling your eturn. See nstructions.	City, town o	ONNECTICUT AVENUE NW , r post office, state, and ZIP code. For a for GTON , DC 20015		ress, see instructions.					
Enter the F		or the return that this application is for (file	e a separat	e application for each return)			01		
Applicatio s For	on		Return Code	Application Is For			Return Code		
	or Form 990-E	7	01	Form 1041-A			08		
	) (individual)		03	Form 4720 (other than individual)			09		
orm 990-l			04	Form 5227			10		
		or 408(a) trust)	05	Form 6069			11		
	T (trust other t		06	Form 8870			12		
orm 990- ⁻	T (corporation)	)	07						
If the or	rganization do s for a Group F	02-659-9709 es not have an office or place of business Return, enter the organization's four digit part of the group, check this box	Group Exe		s is fo	r the whole g	roup, check this		
the c	organization n	natic 6-month extension of time until amed above. The extension is for the orga rear <u>2022</u> or		<b>IBER 15,2023</b> ,to file the return for:	exem	npt organizati	on return for		
▶ _ 2 If the	e tax year ente	eginning ered in line 1 is for less than 12 months, c ccounting period	, an		l retur	· n			
any	a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						0.		
<ul> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.</li> <li>31</li> </ul>						\$	0.		
c Bala									
	f you are going	g to make an electronic funds withdrawal					0 • TE for payment		
_HA Fo	or Privacy Act	and Paperwork Reduction Act Notice,	see instru	ctions.		Form 8	868 (Rev. 1-2022)		

223841 04-01-22