\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

ΑI	or the	2023 calendar year, or tax year beginning	and	l ending		4			
<b>B</b> (	Check if applicable	C Name of organization			D Employer identifi	cation number			
	Addres change		ГY						
	Name change			1	95-41639	31			
	Initial return	Number and street (or P.O. box if mail is not de		Room/suite					
	Final return/	5614 CONNECTICUT AVENUE	E NW	280	202-659-9709				
	termin- ated Amend return		ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	7,043,840.			
	Application	F Name and address of principal officer: SAL	for subordinates? Yes X No						
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in				
Ι.	Гах-ехе	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions			
	Websit				H(c) Group exemption				
			ssociation Other	L Year		M State of legal domicile: CA			
Pa		Summary		1 = 100.		otato or rogar dominono,			
	1	Briefly describe the organization's mission or most	significant activities: CSC	UPLIFT	S AND STREN	GTHENS			
Se	' :	PEOPLE IMPACTED BY CANCER							
nan	2		ntinued its operations or dispo		V	sets			
Activities & Governance	3	Number of voting members of the governing body	· ·		3	25			
Ĝ	4	Number of independent voting members of the government of the gove				24			
ॐ	5	Fotal number of individuals employed in calendar y	year 2023 (Part V line 2a)		5	83			
ij	6	Fotal number of volunteers (estimate if necessary)				26			
ξį	7a	Fotal unrelated business revenue from Part VIII, co				782.			
ĕ	h i	Net unrelated business taxable income from Form				0.			
		vot armonatou bacimese taxable meeme nem rem	555 1, 1 dre 1, 1115 11		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)			8,643,953.	6,788,865.			
Revenue	9 1				0.	0.			
Ve	10	nvestment income (Part VIII, column (A), lines 3, 4,			101,319.	137,308.			
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-94,917.	-76,862.			
	1	Fotal revenue - add lines 8 through 11 (must equal			8,650,355.	6,849,311.			
		Grants and similar amounts paid (Part IX, column (			686,683.	0.			
	1	Benefits paid to or for members (Part IX, column (A			0.	0.			
"	45 6	Salaries, other compensation, employee benefits (			6,780,109.	6,685,024.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			0.	0.			
ben	b .	Fotal fundraising expenses (Part IX, column (D), line		96.					
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d			5,261,780.	4,066,752.			
		Fotal expenses. Add lines 13-17 (must equal Part I			12,728,572.	10,751,776.			
		Revenue less expenses. Subtract line 18 from line			-4,078,217.	-3,902,465.			
or or	3			Ве	ginning of Current Year	End of Year			
Net Assets or	20	Fotal assets (Part X, line 16)			11,936,797.	8,175,902.			
ASS	21				1,372,899.	1,199,569.			
Set 1	22	Net assets or fund balances. Subtract line 21 from			10,563,898.	6,976,333.			
Pa	art II	Signature Block		•	-				
Und	er penal	ties of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.				
Sig	n [	Signature of officer			Date				
Her		SALLY WERNER, CEO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	l l	Date Check	PTIN			
Paid	ı İ	CARR, NATOSHA	CARR, NATOSHA	1	0/25/24 self-employ	P01225377			
Pre	1	-	HACKETT & CO.			1-0800053			
Use Only Firm's address 1 EAST 4TH STREET									
		CINCINNATI, OH 45	202		Phone no.51	3-241-3111			
Ma	v the IR	S discuss this return with the preparer shown abo				X Yes No			

Form	990 (2023) CANCER SUPPORT COMMUNITY	95-4163931	Page 2
Pai	t III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	CSC UPLIFTS AND STRENGTHENS PEOPLE IMPACTED BY CANCER BY	PROVIDING	
	SUPPORT, FOSTERING COMPASSIONATE COMMUNITIES, AND BREAKI	NG DOWN	
	BARRIERS TO CARE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 6 , 612 , 038 • including grants of \$) (Rever	nue \$	
	THE CANCER SUPPORT COMMUNITY DEVELOPS AND DELIVERS EVIDE	NCE-BASED	
	PROGRAMS THAT IMPROVE THE HEALTH AND WELL-BEING OF PEOPL	E TOUCHED BY	·
	CANCER ACROSS THE UNITED STATES AND AROUND THE WORLD. CS	C SERVES	
	HUNDREDS OF THOUSANDS OF PEOPLE THROUGH A NETWORK OF 50+	LOCAL	
	AFFILIATES, 120+ SATELLITE LOCATIONS, A TOLL-FREE HELPLI	NE, AND ONLI	NE
	SERVICES. CSC ALSO PRODUCES HIGH-QUALITY, MEDICALLY REVI	EWED	
	EDUCATIONAL MATERIALS ON VARIOUS CANCER TYPES, AS WELL A	S COPING WIT	H
	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
	FROM DIAGNOSIS, TREATMENT, AND POST-TREATMENT TO LONG-TE		HIP
	AND/OR END OF LIFE. ALL SERVICES ARE PROVIDED FREE-OF-CH	ARGE.	
4b	(Code:) (Expenses \$1,059,621. including grants of \$) (Rever		
	THE CANCER SUPPORT COMMUNITY'S RESEARCH AND TRAINING INS		Ε
	FIRST INSTITUTE IN THE UNITED STATES DEDICATED TO PSYCHO		
	BEHAVIORAL AND SURVIVORSHIP RESEARCH AND TRAINING IN CAN		
	INSTITUTE EXAMINES THE CRITICAL ROLE OF SOCIAL AND EMOTI		
	FOR THOSE LIVING WITH CANCER AND STUDIES THE DISTINCTIVE		
	SURVIVORS AND CAREGIVERS THROUGHOUT THE CANCER EXPERIENC		
	AND TRAINING INSTITUTE ALSO MANAGES THE CANCER EXPERIENC		IN
		R EXPERIENCE	
	REGISTRY ENABLES PATIENTS, SURVIVORS, CAREGIVERS, RESEAR		
	KEY STAKEHOLDERS IN THE CANCER COMMUNITY GAIN INSIGHTS A		
	AND EMOTIONAL NEEDS OF PATIENTS, FAMILIES AND CAREGIVERS		
	CANCER JOURNEY. FINDINGS ARE USED TO INFORM AND DEVELOP		
4c			
	THE CANCER POLICY INSTITUTE INFORMS POLICYMAKERS ON THE		
	FEDERAL LEVEL OF THE HEALTH AND FINANCIAL BENEFITS OF PS (SOCIAL, EMOTIONAL, AND EDUCATIONAL) CARE FOR CANCER PAT		СШ
	DELIVERY PRACTICES. THE CANCER POLICY INSTITUTE DRAWS DI		21
	EXPERIENCES OF CANCER PATIENTS GAINED THROUGH THE CANCER		
	COMMUNITY'S DIRECT PATIENT SUPPORT AS WELL AS THE FORMAL		
	PROGRAMS OF THE RESEARCH AND TRAINING INSTITUTE TO INFORPOLICIES TO SUPPORT THE INTEGRATION OF SOCIAL AND EMOTIO		
	INTO COMPREHENSIVE CANCER CARE.	MAL BUFFURT	
	THIO COMPREHENSIVE CANCER CARE.		
<u></u>	Other program convices (Describe on Schedule O.)		
40	Other program services (Describe on Schedule O.)	,	
40	(Expenses \$ including grants of \$ ) (Revenue \$	)	

# Form 990 (2023) CANCER SUPPORT COMMUNITY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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, historic land areas, or historic structures? 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 III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
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's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? 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 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Λ	
19	•	19		х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TENNA II II OO II II OO II II OO II II OO	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	5			

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Form **990** (2023)

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Form 990 (2023) CANCER SUPPORT COM
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
d	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			
	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			
	Schedule L, Part I	25b		_X_
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%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
21	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		Х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
04	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
		_	$\Omega\Omega\Omega$	(2022)

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O23) CANCER SUPPORT COMMUNITY

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 83			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	11/	
0	M / A	8		
9	sponsoring organization nave excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?  N/A	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of receives an hand			
C 14a	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	16 ID 4 - ID 4 - ID 5 -	14b		21
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טזרו		
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	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		L
	If "Yes," complete Form 6069.			
		_		_

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_		2		X
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3				v
_	of officers, directors, trustees, or key employees to a management company or other person?	3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No.
40-	Did the averagination have least about any hypershap averaged	40-	X	<u>No</u>
	Did the organization have local chapters, branches, or affiliates?	10a	^	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Ţ.	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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.			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
<b>L</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure		TZ (7	TZ 3 Z
17	List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CO, CT, DC, FL, GA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SALLY WERNER - 202-659-9709			
	5614 CONNECTICUT AVENUE NW, 280, WASHINGTON, DC 20015			
	SEE SCHEDIILE O FOR FILL LIST OF STATES	_	ΩΩΩ	(2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(A)	(B)	Jiga	ш∠а		CO11 C)	ipei	Jack	(D)	(E)	(F)
Nour Specific New York   Nour Specific New Y			(de	Position		ne					
Company   Comp		hours per	box	, unle	ss per	s person is both an			compensation	compensation	
CEO		1		Jei al	u a u			.ce)			
CEO		, ,	direct				9				
CEO		1	tee or	ustee			ensate			,	organization
CEO		~	altrus	nal tr		loyee	comp		1099-NEC)		
CEO		1	dividu	stitutic	fficer	ey emp	ighest	ormer			organizations
X	(1) DEBBIE WEIR		드	트	0	¥	포ᅙ	F.			
All   Wenner   All   A	CEO		Х		х				357,726.	0.	26,711.
Chief of Staff	(2) SALLY WERNER	40.00									
CHIEF OF STAFF	CHIEF EXPERIENCE OFFICER						Х		212,306.	0.	16,579.
A	(3) HEATHER BADT	40.00									
COO (THRU HALF THE YEAR)	CHIEF OF STAFF				Х				156,717.	0.	5,573.
C1   C1   C1   C1   C1   C1   C1   C1	(4) JEFFREY TRAVERS	40.00					1				
VP/EVP, INSIGHTS & IMPACT					X				142,746.	0.	14,826.
A		40.00									
X	•	1000			X				128,442.	0.	17,434.
COLUMN   C		40.00							105 004	_	<b>7</b> 200
VP	·	40.00					X		127,294.	0.	7,399.
CHAIR   X		40.00					3,		100 401	0	10 701
CHAIR		1 00		_			X		120,481.	0.	10,/01.
O		1.00	v		₩.				_	_	^
X   X   X   X   X   X   X   X   X   X		1 00	Λ		^				0.	0.	<u> </u>
Color		1.00	v		v				_	0	0
X   X   X   X   X   X   X   X   X   X		1 00	Λ	$\vdash$	^				· ·	0.	<u> </u>
TREASURER		1.00	x		x				0.	0.	0.
X		1.00									
1.00	TREASURER		Х		х				0.	0.	0.
1.00	(12) BELINDA PAULICIN	1.00									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
Column   C	(13) BEVERLY SOULT	1.00									
DIRECTOR   X	DIRECTOR		Х						0.	0.	0.
Color	(14) BJOERN ALBRECHT	1.00									
DIRECTOR         X         0.         0.         0.           (16) CRAIG COLE         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (17) DAVID LESSER         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.	DIRECTOR		Х						0.	0.	0.
(16) CRAIG COLE     1.00       DIRECTOR     X       (17) DAVID LESSER     1.00       DIRECTOR     X		1.00							_	_	_
DIRECTOR         X         0.         0.         0.           (17) DAVID LESSER         1.00         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.		4.55	Х	_		<u> </u>	_		0.	0.	0.
(17) DAVID LESSER         1.00         X         0.         0.         0.		1.00									_
DIRECTOR X 0. 0.		1 00	X						0.	0.	0.
		1.00									•
	-		X		<b> </b>				0.	U •	

332007 12-21-23

	SUPPORT C		ΠΑΤΩ	1 <b>/</b> 1	T. X				95-4163	931 Page o
Part VII Section A. Officers, Directors, 1	rustees, Key Em	oloy	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_	cer an	a a a	recto	r/trus	tee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		96	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona		yoldr	st cor	_	1033 (420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) DENNIS SERRETTE	1.00									
DIRECTOR		Х						0.	0.	0.
(19) DON ELSEY	1.00									
DIRECTOR		Х						0.	0.	0.
(20) FAUZEA HUSSAIN	1.00									
DIRECTOR		Х						0.	0.	0.
(21) JEAN SMART	1.00									
DIRECTOR		Х						0.	0.	0.
(22) JEFFREY A. GALVIN	1.00									
DIRECTOR		Х						0.	0.	0.
(23) JILL DUROVSIK	1.00									
DIRECTOR		Х						0.	0.	0.
(24) JOHN JAEGER	1.00									
DIRECTOR		Х						0.	0.	0.
(25) JONATHAN MARKS	1.00									
DIRECTOR		Х					)	0.	0.	0.
(26) KENNETH SCALET	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								1,245,712.	0.	99,223.
c Total from continuation sheets to Par					4	,		0.	0.	0.
d Total (add lines 1b and 1c)								1,245,712.	0.	99,223.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DECISION RESOURCES 3133 WEST FRYE RD, CHANDLER, AZ 85226	DATA ANALYTICS	180,000.
SHIPSHAPE IT, 1655 NORTH FORT MYER DRIVE, ARLINGTON, VA 24749	IT	164,184.
SAVAS LABS 1 GLENWOOD AVE, RALEIGH, NC 27603	WEBSITE REDESIGN	118,950.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990_ CANCER SU	JPPORT C	OM:	IMU	ΝI	ΤY				95-416	3931
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(cl		all t			ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	ord	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	Individual trustee or director	Institutional trustee		/ee	Highest compensated employee				organizations
	below	dualt	utiona		mplo	stco	-E			organizations
	line)	Indivi	Instit	Officer	Key employee	Highe	Former			
(27) PAULA J. MALONE, PHD	1.00									
DIRECTOR		х						0.	0.	0.
(28) RICH MUTELL	1.00									-
DIRECTOR		Х						0.	0.	0.
(29) ROBERT DEFRANTZ	1.00									
DIRECTOR		х						0.	0.	0.
(30) RUJUL DESAI	1.00									
DIRECTOR		х						0.	0.	0.
(31) TIM HILL	1.00									
DIRECTOR		Х						0.	0.	0.
		ł								
			<u> </u>			$\vdash$				
			_							
		<u> </u>					<u> </u>			
<b>7</b>										
Total to Part VII, Section A, line 1c										

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	, , , , , , , , , , , , , , , , , , ,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			738 133				
<u> </u>			738,133.				
ts, An		•	246,643.				
a		Related organizations 1d					
is,		Government grants (contributions) 1e					
ri S	f	All other contributions, gifts, grants, and					
p t		similar amounts not included above $\dots$ 1f $5$ ,	<u>804,089.</u>				
들	ç	Noncash contributions included in lines 1a-1f 1g \$					
an Co	ŀ	Total. Add lines 1a-1f		6,788,865.			
			<b>Business Code</b>				
o l	2 a						
Š	L						
še							
m S							
gra Be	C						
Program Service Revenue	•						
-		All other program service revenue					
$\rightarrow$	9	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest	st, and				
		other similar amounts)		137,308.			137,308.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	, ,		(ii) Gario.				
		assets other than inventory 7a					
	K	Less: cost or other basis					
ğ		and sales expenses					
š	C	Gain or (loss)7c					
her Revenue		Net gain or (loss)					
þe	8 8	Gross income from fundraising events (not					
ð		including \$ 246,643 of					
		contributions reported on line 1c). See					
		Part IV, line 188a	85,480.				
	k	Less: direct expenses 8b	194,529.				
	c	Net income or (loss) from fundraising events		-109,049.			-109,049.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	ŀ	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 2	and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	Dualmar - O				
ह		MT CORT I ANDOUG	Business Code	21 405			21 405
eor Ie		MISCELLANEOUS	900099	31,405.		700	31,405.
an	k	MANAGEMENT PROCESSING	900099	782.		782.	
Miscellaneous Revenue	C						
Ais	C	All other revenue					
_	e	Total. Add lines 11a-11d		32,187.			
	12	Total revenue. See instructions		6,849,311.	0.	782.	59,664.

Pai	Part IX   Statement of Functional Expenses									
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).						
Check if Schedule O contains a response or note to any line in this Part IX X										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	$\label{prop:continuous} \mbox{Grants and other assistance to domestic organizations}$									
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members				•					
5	Compensation of current officers, directors,	850,175.	680,348.	111,843.	57,984.					
6	trustees, and key employees  Compensation not included above to disqualified	030,173.	000,540.	111,045.	37,304.					
U	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	5,186,539.	4,156,501.	678,353.	351,685.					
8	Pension plan accruals and contributions (include	0,200,000								
_	section 401(k) and 403(b) employer contributions)	94,727.	74,471.	13,340.	6,916.					
9	Other employee benefits	488,787.	384,265.	68,835.	35,687.					
10	Payroll taxes	64,796.	50,940.	9,125.	4,731.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal									
С	Accounting									
	Lobbying									
е	Professional fundraising services. See Part IV, line 17	05 500		05 500						
f	Investment management fees	25,533.		25,533.						
g	Other. (If line 11g amount exceeds 10% of line 25,	1 206 047	1 100 100	06 622	20 076					
	column (A), amount, list line 11g expenses on Sch O.)	1,306,847. 154,017.	1,182,138.	86,633.	38,076.					
12	Advertising and promotion	133,439.	110,028.	20,159.	15,057. 3,252.					
13	Office expenses	482,668.	216,533.	243,794.	22,341.					
14 15	Information technology Royalties	±02,000.	210,333.	243,734.	22,341.					
16	Occupancy	227,612.	28,370.	172,953.	26,289.					
17	Travel	160,572.	79,461.	66,787.	14,324.					
18	Payments of travel or entertainment expenses	, ,	- ,	,	, ·					
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	46,128.	725.	19,907.	25,496.					
20	Interest									
21	Payments to affiliates	438,101.	437,147.	954.						
22	Depreciation, depletion, and amortization	239,977.	191,981.	47,996.						
23	Insurance	25,419.		25,419.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),									
	amount, list line 24e expenses on Schedule 0.)  MATERIALS	350,773.	316,471.		34,302.					
a	RESEARCH & DEVELOPMENT	180,000.	180,000.		34,304.					
C	WORKSHOPS	136,284.	136,284.							
d	DUES AND SUBSCRIPTIONS	136,014.	90,148.	9,651.	36,215.					
	All other expenses	23,368.	22,200.	427.	741.					
25	Total functional expenses. Add lines 1 through 24e	10,751,776.	8,476,971.	1,601,709.	673,096.					
26	Joint costs. Complete this line only if the organization			. ,	,					
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here X if following SOP 98-2 (ASC 958-720)									
					Earm <b>990</b> (2022)					

Par	τx	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			963,686.	1	1,018,087.
	2	Savings and temporary cash investments			2,347,687.	2	183,684.
	3	Pledges and grants receivable, net			741.	3	794,096
	4	Accounts receivable, net			1,437,773.	4	123,019
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
tz	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ž	9	Prepaid expenses and deferred charges			9,986.	9	17,755
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,260,604.	454 344		-11
	b			548,982.	951,599.	10c	711,622
	11	Investments - publicly traded securities			24.24	11	2 2 2 2 2 2 2 2
	12	Investments - other securities. See Part IV, line			4,834,347.	12	3,979,213
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			1 200 070	14	1 240 406
	15	Other assets. See Part IV, line 11			1,390,978.	15	1,348,426
	16	Total assets. Add lines 1 through 15 (must equ			11,936,797.	16	8,175,902
	17	Accounts payable and accrued expenses			512,919.	17	449,169
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	, , , <u> </u>	oomplote rate x	859,980.	25	750,400
	26	Total liabilities. Add lines 17 through 25			1,372,899.	26	1,199,569
		Organizations that follow FASB ASC 958, che	ck here	X	, ,		,
es		and complete lines 27, 28, 32, and 33.					
auc	27				4,718,281.	27	4,138,954
Bal	28	Net assets with donor restrictions			5,845,617.	28	2,837,379
p		Organizations that do not follow FASB ASC 9					
ᇳ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,563,898.	32	6,976,333.
5	33	Total liabilities and net assets/fund balances			11,936,797.	33	8,175,902.
							Form <b>990</b> (20

	rt XI Reconciliation of Net Assets				igo -	
	Check if Schedule O contains a response or note to any line in this Part XI					
	Check it Schedule O Contains a response of note to any line in this Fart At					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,84	9 3	111.	
2	Total expenses (must equal Part IX, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)	2	10,75			
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,90			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4 1					
5	Net unrealized gains (losses) on investments  5					
6	Donated services and use of facilities	6		Ť	00.	
7	Investment expenses	7		X		
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6,97	6,3	33.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	, 1		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?		3a		<u> </u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u></u>	
			Form	) <del>99</del> 0	(2023)	

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

CANCER SUPPORT COMMUNITY 95-4163931 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990) 2023 CANCER SUPPORT COMMUNITY 95-4163

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

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

Sec	ction A. Public Support						4
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11072812.	15735748.	12206636.	8643953.	6850526.	54509675.
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						
4	Total. Add lines 1 through 3	11072812.	15735748.	12206636.	8643953.	6850526.	54509675.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						15551345.
	Public support. Subtract line 5 from line 4.						38958330.
Sec	ction B. Total Support	_					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	11072812.	15735748.	12206636.	8643953.	6850526.	54509675.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	101,016.	56,904.	89,905.	101,319.	137,308.	486,452.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		1,599.	1,205.			2,804.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			307,817.	121,999.		
11	<b>Total support.</b> Add lines 7 through 10						55460152.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and sto	p here					
Sec	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2023 (	line 6, column (f), d	ivided by line 11, o	column (f))		14	70.25 %
	Public support percentage from 2022					15	68.80 %
16a	<b>33 1/3</b> % <b>support test - 2023.</b> If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	t - 2023. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
•	and if the organization meets the fac-	ts-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circun	nstances test, che	ck this box and st	t <b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

## 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.)

Sec	etion A. Public Support	ciow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						7
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				(Q-)		
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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			9			
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(=/ == : =		(-,	(-,	(-,	(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	C					
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here						
	ction C. Computation of Publi					т г	
	Public support percentage for 2023 (I		-	column (f))		15	%
_	Public support percentage from 2022	·				16	%
_	ction D. Computation of Inves					т г	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	' is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	tion	
k	33 1/3% support tests - 2022. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						H

332023 12-21-23 Schedule A (Form 990) 2023

# 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.)

		Yes	No
	1		
	2		
4	2-		
	3a		
	3b		
	Зс		
	4a		
	<del>1</del> a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		_
	•		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		

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Par	t IV   Supporting Organizations (continued)			
			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		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	1		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations			Г
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	_   1		
000	tion b. All Type in Supporting Organizations		Vaa	l NI =
4	Did the experience provide to each of its supported experience by the last day of the fifth month of the		Yes	No
	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		
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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.	2b		
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must co		·			
Coot	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year		
<u> </u>	ion A - Adjusted Net Income		(A) Phor real	(optional)		
_1	Net short-term capital gain	1				
_2_	Recoveries of prior-year distributions	2				
_3_	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7_	Other expenses (see instructions)	7				
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see		
		-				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2023

Name of the organization

CANCER SUPPORT COMMUNITY

Employer identification number

95-4163931

rganization type (cneck one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	covered by the General Rule or a Special Rule.					
Note: Only a section 501(c)(7	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or					
property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
X For an organization	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under					
	and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one					
	the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
or (ii) Form 990-EZ,	ille 1. Compete Parts I and II.					
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one					
contributor, during	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,					
• .	nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering					
"N/A" in column (b)	instead of the contributor name and address), II, and III.					
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the					
	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box					
is checked, enter he	ere the total contributions that were received during the year for an exclusively religious, charitable, etc.,					
	pplete any of the parts unless the General Rule applies to this organization because it received nonexclusively					
religious, charitable	e, etc., contributions totaling \$5,000 or more during the year \$					
Caution: An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b>					
· ·	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					
	requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

CANCER SUPPORT COMMUNITY

Employer identification number

95-4163931

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_		\$ <u>176,943.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$320,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$380,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>263,780.</u>	Person X Payroll

Schedule B (Form 990) (2023)

Name of organization Employer identification number CANCER SUPPORT COMMUNITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 797,310.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$357,247.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$320,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
)	Humo, addi 635, and Air T T	\$	Person Payroll Ocomplete Part II for noncash contributions.

95-4163931

Name of organization Employer identification number

# CANCER SUPPORT COMMUNITY

95-4163931

Part II		database in a second and	7 4103731
	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	T
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		•	
3453 12-26-		\$	Schedule B (Form 990) (202

Page **4** 

Name of organization **Employer identification number** CANCER SUPPORT COMMUNITY 95-4163931 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CANCER SUPPORT COMMUNITY

**Employer identification number** 95-4163931

Par	t I Organizations Maintaining Donor Advised	Funds or Other Simi	lar Funds or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised fu	nds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised funds	
	are the organization's property, subject to the organization's ex	xclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant f	unds can be used only	У
	for charitable purposes and not for the benefit of the donor or $% \left\{ 1\right\} =\left\{	donor advisor, or for any ot	her purpose conferring	g
_	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" or	n Form 990, Part IV, li	ne 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreation)	· —		cally important land area
	Protection of natural habitat	L Pr	eservation of a certific	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution	n in the form of a cons	
	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure of the conservation easements on a certified historic structure.		·····	2c
d	Number of conservation easements included on line 2c acquire			0.1
_	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or term	nated by the organiza	ation during the tax
4	year	ment is leasted		
4	Number of states where property subject to conservation ease		handling of	
5	Does the organization have a written policy regarding the peric violations, and enforcement of the conservation easements it h	11.0		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nforcing conservation	
Ū	Cital and Voluntees floure devoted to monitoring, inspecting, in	arianing of violations, and of	noroning correct various	casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforc	ing conservation ease	ments during the year
				,
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of s	section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue a	and expense statemer	nt and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's fina	ncial statements that	describes the
	organization's accounting for conservation easements.			
Par			ires, or Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or r	esearch in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue sta	tement and balance s	heet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or res	earch in furtherance o	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas			ovide
	the following amounts required to be reported under FASB AS	ŭ		•
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, o	r Other :	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that	make sigi	nificant use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange progra	am				4
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	e organizatio	n's exemp	ot purpose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or othe	er similar a	ssets			
_	to be sold to raise funds rather than to be main						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organization	answered "	Yes" on Fo	orm 990, Part IV, li	ne 9, or		
10	reported an amount on Form 990, Part Is the organization an agent, trustee, custodial		iany for contribution	s or other as	sots not in	ncludod		<del>\</del>	
Ia	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
	, .	•	J				Amoun	t	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For					17	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C								
Pai	t V Endowment Funds Complete if t	he organization ansv	wered "Yes" on For	m 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	s back (d	d) Three years back	<b>(e)</b> Fou	r years	back
1a	Beginning of year balance	10,000.	10,000.	10	,000.	10,000.		10,	000.
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	10,000.	10,000.	10	0,000.	10,000.		10,	000.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment100	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3a	Are there endowment funds not in the possess	sion of the organizat	ion that are held ar	nd administer	ed for the		1		
	organization by:							Yes	No
							3a(i)		<u>X</u>
							3a(ii)		_X_
	If "Yes" on line 3a(ii), are the related organizati						3b		
4 Par	Describe in Part XIII the intended uses of the ct VI Land, Buildings, and Equipme		ment funds.						
rai	Complete if the organization answered		Part IV line 11a S	00 Form 000	Dart V lir	20.10			
		I					(-I) D	1 1	
	Description of property	(a) Cost or ot basis (investm	, ,	or other (other)		cumulated reciation	( <b>d</b> ) Boo	k valu	е
4-	100	,	Uasis	(50101)	чері	COIGLIOIT			
	Land								
	Buildings		1 0	4,670.	1	04,670.			0.
	Leasehold improvements	I		8,043.	т,	8,043.			0.
	Equipment Other			7,891.	4	36,269.	71	1,6	
e Total								$\frac{1}{1}, 6$	
ı Uld	. Add lines 1a through 1e. <i>(Column (d) must eg</i>	uai Form 990, Part X	, iii e i uc, coiumn	( <u>D))</u>		·····		<del>- , o</del>	<u> </u>

Schedule D (Form 990) 2023

Ochodala D. (Sama 200) 2000 CANCED CIIDDO	ORT COMMUNITY	0.5	-4163931 Page <b>3</b>
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of the securities of the organization answered "Yes" of the organization and the orga			4103931 Page 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) PNC INVESTMENTS ACCOUNT	3,979,213.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 252 242		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,979,213.		
Part VIII Investments - Program Related.	F 000 B+ IV I' 4	de Oes Faus 200 Bart William 10	
Complete if the organization answered "Yes" of (a) Description of investment		(c) Method of valuation: Cost or end	
	(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
<u>(1)</u>			
(2)			
(3)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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			28,789.
(2) INTERCOMPANY RECEIVABLE			545,936.
(3) INVESTMENT IN C-CORP			55,010.
(4) OPERATING RIGHT TO USE OF	ASSET		718,691.
(5)			
(6)			

(a) Description	(b) book value
(1) DEPOSITS	28,789.
(2) INTERCOMPANY RECEIVABLE	545,936.
(3) INVESTMENT IN C-CORP	55,010.
(4) OPERATING RIGHT TO USE OF ASSET	718,691.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,348,426.
David V Others Liebilities	

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1	) Federal income taxes	
(2	OTHER LIABILITIES	6,318.
(3	OPERATING LEASE LIABILITY	744,082.
(4		
(5		
(6		
(7		
(8		
(9		
Total	· (Column (b) must equal Form 990, Part X, line 25, col. (B))	750,400.

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

Schedule D (Form 990) 2023

ı- aı	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	iide hei nel	urri		
1	Total revenue, gains, and other support per audited financial statements		1	7,333	,207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments 2a3	14,900.			
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		<u>,900.</u>
3	Subtract line 2e from line 1		3	7,018	<u>,307.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		25,533.			
b	, , , , , , , , , , , , , , , , , , , ,	94,529.		1.50	006
	Add lines 4a and 4b		4c		<u>,996.</u>
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  TXII Reconciliation of Expenses per Audited Financial Statements With Expe	nece per P	5	6,849	<u>,311.</u>
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	elises per n	etun	П	
1	Total expenses and losses per audited financial statements		1	10,920	,772.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIII.)	94,529.			
е	Add lines 2a through 2d		2e	194	,529.
3	Subtract line 2e from line 1		3	10,726	,243.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	25,533.			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b		4c		<u>,533.</u>
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5	10,751	<u>,776.</u>
Par	t XIII Supplemental Information				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		Part )	X, line 2; Part )	KI,
PAR	RT V, LINE 4:				
тип	E ENDOWMENT WAS SET UP TO SUPPORT THE ORGANIZATION'S	चवागगाच !	CR	ОМШП	
1111	ENDOWMENT WAS DET OF TO SOFTORT THE ORGANIZATION S	FOTORE	GIN	OW 111 •	
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:				
DIE	NEGE BUNDO LIGING BUDENGEG			104	
DIR	ECT FUNDRAISING EXPENSES			-194,	529.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
DIR	ECT FUNDRAISING EXPENSES			194,5	529.
				-	
_					

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023** 

Open to Public Inspection

Name of the organization						Employer ide	ntification number
	SUPPORT COMMUNITY					95-4163	
Part I Fundraising Activities.	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
required to complete this part							
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	ities. (	Check all that apply.			
a Mail solicitations	e Solicita	tion of	non-g	overnment grants			
<b>b</b> Internet and email solicitations	f Solicita	tion of	gover	nment grants			
<b>c</b> Phone solicitations	g Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of					tees,	or	<b>.</b>
key employees listed in Form 990, Pa						Yes	
<b>b</b> If "Yes," list the 10 highest paid indiv		ant to	agreei	ments under which th	e fur	idraiser is to be	•
compensated at least \$5,000 by the	organization.						
		(iii)	Did		(v)	Amount paid	( *) A
(i) Name and address of individual	(ii) Activity	(iii) fundr have ci	aiser	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(, /)	or con	trol of	from activity		fundraiser ted in col. (i)	organization
		Yes	No				
	.60						
Total							
3 List all states in which the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from reg	gistration
or licensing.							

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro	oss income on Form 990	I-EZ, lines 1 and 6b. List e		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total avente
			SPRING	NATIONS	NONE	(d) Total events
			CELEBRATION	MARATHON		(add col. (a) through
					(total number)	col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	308,304.	23,819.		332,123.
Ω.						
	2	Less: Contributions	246,643.			246,643.
	_					
	2	Gross income (line 1 minus line 2)	61,661.	23,819.		85,480.
	<u>ა</u>	Gross income (line 1 militus line 2)	01,001.	25,015.		03,400.
		Ocale miles				
	4	Cash prizes				
		Noncash prizes				
ses						
eus	6	Rent/facility costs				
Direct Expenses						
t E	7	Food and beverages				
ë	-					
	_	Entartainment				
	8	Entertainment	174,471.	20,058.		194,529.
	9	Other direct expenses				194,529.
	10	Direct expense summary. Add lines 4 through				
<b>D</b> -		Net income summary. Subtract line 10 from li				-109,049.
Pa	rt I		answered "Yes" on Form	າ 990, Part IV, line 19, or ເ	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) bingo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))
e e						
ď	1	Gross revenue				
	2	Cash prizes				
Expenses	_	Cush phizos				
ë		Nanagala miinaa				
×	3	Noncash prizes				
ct E						
Direct I	4	Rent/facility costs				
			<b>Y</b>			
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
				<u>.                                      </u>		
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	Direct expense summary, rad in les 2 un eagri				
		Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	from line 1, column (a)			
•						
	-	ter the state(s) in which the organization condu	_			
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax y	/ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	ledule G (Form 990) 2023 CANCER SUPPORT COMMUNITY 95	5-4163931	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
			%
	o An outside facility	[130]	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	it	
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
40	Constitutive recognition of the second secon		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
,	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
		C	
Pa	organization's own exempt activities during the tax year \$ INITIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III. lines 0. (	2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	J Fait III, IIIIes 5, 3	, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
-			

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

CANCER SUPPORT COMMUNITY

Employer identification number 95-4163931

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		$ldsymbol{le}}}}}}}}$
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	_		37
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Ea		Х
a	The organization? Any related organization?	5a 5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
U	contingent on the net earnings of:			
а	The organization?	6a		х
		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.	3.5		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBBIE WEIR (i)	357,726.	0.	0.	9,900.	16,811.	384,437.	0.
CEO (ii)	0.	0.	0.	0.	0.	0.	0.
(2) SALLY WERNER (i)	212,306.	0.	0.	6,751.	9,828.	228,885.	0.
CHIEF EXPERIENCE OFFICER (ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEATHER BADT (i)	156,717.	0.	0.	5,573.	0.	162,290.	0.
CHIEF OF STAFF (ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY TRAVERS (i)	142,746.	0.	0.	5,548.	9,278.	157,572.	0.
COO (THRU HALF THE YEAR) (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(i)	· ·						
(ii)							
(i)							
(ii)							
(i) (ii)							
(i)							
(i)							
(ii)							

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

## **SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

**Employer identification number** 

Name of the organization 95-4163931 CANCER SUPPORT COMMUNITY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COMPASSIONATE COMMUNITIES, AND BREAKING DOWN BARRIERS TO CARE. PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, 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.

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization **Employer identification number** CANCER SUPPORT COMMUNITY 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, NJ, NY, NC, OH, OR, PA RI,SC,VA,WA,WV,WI,AK,DE,HI,ID,IN,IA,MI,MS,MT,NE,NV,NM,ND,OK,SD,TN,TX,UT,VT, WY FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 1,059,022. MANAGEMENT AND GENERAL EXPENSES 8,111. FUNDRAISING EXPENSES 38,076. TOTAL EXPENSES 1,105,209. PROFESSIONAL FEE: 123,116. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 78,522. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 201,638. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,306,847. FORM 990, PART VI, SECTION B, LINE 11B THE PROCESSES FOR THE SELECTION OF AN INDEPENDENT ACCOUNTANT OR OVERSIGHT FOR THE AUDIT HAS NOT BEEN CHANGED.

#### **SCHEDULE R** (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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  CANCER SUPPORT	COMMUNITY				Employer identi 95-4163		umber	
Part I Identification of Disregarded Entities. Complete	if the organization answered "Yes"	on Form 990, Part IV, line 33	3.	( )				
(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	r Total inco	me End-of-year		1		
		7						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ons. Complete if the organization a	answered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more related tax-ex	empt		
(a) 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	(f) Direct controlling entity	conti	<b>g)</b> 512(b)(13) trolled tity?	
				501(c)(3))		Yes	No	
	)							

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	Percentage ownership
or rolated organization		(state or foreign	Ornary	(related, unrelated, excluded from tax under sections 512-514)	111001110	assets	alloc	ations?	20 of Schedule	partner?	- CWIIGIGIIIP
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				•							
	<u> </u>	ı									

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

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	tion b)(13) rolled tity?
		country)		,				Yes	No
PATIENT PLANNING SERVICES, INC - 46-4019304 2202 SPRING CREEK DR		1	CANCER SUPPORT		024 620	100.050	05.000		
AUSTIN, TX 78704	SOFTWARE /TECHNOLOGY	TX	COMMUNITY	C CORP	234,639.	102,952.	95.00%	Х	<del></del>

Schedule R (Form 990) 2023

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

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?										
а		1a		X							
		1b		Х							
		1c		Х							
		1d		X							
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s)  Dividends from related organization(s) Sale of assets to related organization(s) Sale of assets to related organization(s) Lease of sasets throm related organization(s) Exchange of assets throm related organization(s) Lease of facilities, equipment, or other assets to related organization(s)  Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) It the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			X							
f	Dividends from related organization(s)	1f		<u>X</u>							
		1g		<u>X</u>							
		1h		<u>X</u>							
		1j		<u>X</u>							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		<u>X</u>							
-1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X_							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution to 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) g Sale of assets to related organization(s) i Exchange of assets to related organization(s) i Exchange of assets with related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets to related organization(s) i Performance of services or membership or fundraising solicitations by related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses  r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  (b)  (c)  (A)  Amount involved  Amount involved											
		10		_X_							
р	Reimbursement paid to related organization(s) for expenses	1p		_X_							
q	Reimbursement paid by related organization(s) for expenses	1q		_X_							
r	Other transfer of cash or property to related organization(s)	1r		<u>X</u>							
s	Other transfer of cash or property from related organization(s)	1s		X_							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.										
		olved									
1)											
2)											
3)											
4)											
5)											
6)											
3216	3 09-28-23 Schedule	R (Form	າ 990) :	2023							

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	ո)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are all partners sec. 501(c)(3) orgs.?	Share of	Share of		opor-	Code V-UBI	Genera	l or Percentag
of entity		(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Dispr tior alloca	nate tions?	amount in box 20	manag	ownershir
,		country)		Yes No	income		Yes	No.		Vac	
				Tes No			165	NO	(1 01111 1000)	165	10
										$\vdash$	
										$\vdash$	
							$ldsymbol{f eta}$			$\sqcup$	
							_	_	ı		_

## UNRELATED BUSINESS INCOME

# **CARRYOVER DATA TO 2024**

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

Name: CANCER SUPPORT COMMUNITY FEIN: 95-4163931

Type	and Entity: PRE	E-2018 NOL FED	) Section 382 Carryover		DETAIL C	ARRYOVER SCH	IEDULE				
Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for 12/31/18	Amount Used for							
	7 10,188.	400.	400.								
В											
D											
E E							4				
A 201 B C C D E F G H											
I											
J K											
K L M N O P Q R S T U > W											
M N											
0											
Q											
R S											
T											
V											
W	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detai	S Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for
Detai Type	B									l ——	
A B C D E F G H											
D F											
F											
H											
l J											
K											
L M											
N											
P											
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V W											
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