

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>CANCER CARE, INC.   |   | <b>D</b> Employer identification number<br>13-1825919 |
|  | Doing business as  |   | <b>E</b> Telephone number<br>(212) 712-8400           |
|  | Number and street (or P.O. box if mail is not delivered to street address)                     | Room/suite  |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10001 |   | <b>G</b> Gross receipts \$ 23,056,042.                |
| <b>F</b> Name and address of principal officer: PATRICIA GOLDSMITH<br>CANCER CARE, 275 7TH AVE, NY, NY 10001   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |   |
| <b>J</b> Website: WWW.CANCERCARE.ORG   |  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |   | <b>L</b> Year of formation: 1955                      |
|  |  |   | <b>M</b> State of legal domicile: NY                  |

**Part I Summary**

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O  |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 26           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 26           |
|   | <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>5</b>                  | 127          |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 250          |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 0.           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | 0.                        |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 15,171,388.               | 18,256,926.  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.                        | 0.           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 455,635.                  | 1,342,989.   |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,808,230.                | 1,298,804.   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 17,435,253.               | 20,898,719.  |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 3,054,775.                | 1,164,498.   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 0.                        | 0.           |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 9,504,301.                | 9,809,790.   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   | 230,958.                  | 179,222.     |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 3,283,920.                |              |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 5,674,409.                | 6,003,114.   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | 18,464,443.  | 17,156,624.               |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | -1,029,190.               | 3,742,095.   |
|   | <b>21</b> Total liabilities (Part X, line 26)  | Beginning of Current Year | End of Year  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 24,998,714.               | 23,901,553.  |
|   |  | 6,606,752.                | 4,558,655.   |
|   |  | 18,391,962.               | 19,342,898.  |

**Part II Signature Block**

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

|                               |  |   |   |
|-------------------------------|--|---|---|
| <b>Sign Here</b>              | Signature of officer   |   | Date  |
|                               | JOHN RUTIGLIANO, CHIEF FIN & COMPLIANCE OFCR<br>Type or print name and title |   |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>OMO-OSE JOSEPH-ERAMEH                          | Preparer's signature<br><i>Ose Joseph</i> | Date<br>05/04/23  |
|                               | Firm's name<br>KPMG LLP  | Firm's EIN<br>13-5565207                  | Check if self-employed <input type="checkbox"/> PTIN<br>P02534927 |
|                               | Firm's address<br>345 PARK AVENUE<br>NEW YORK, NY 10154                      | Phone no. 212-758-9700                    |   |

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

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br>CANCER CARE, INC.                         | Taxpayer identification number (TIN)<br><br>13-1825919 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br>275 SEVENTH AVENUE                   |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>NEW YORK, NY 10001 |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

JOHN RUTIGLIANO

- The books are in the care of ▶ 275 SEVENTH AVENUE - NEW YORK, NY 10001

Telephone No. ▶ 212-712-8400

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,514,628. including grants of \$ 0. ) (Revenue \$ 0. ) COUNSELING AND SUPPORT GROUPS - ALL OF OUR PROFESSIONAL ONCOLOGY SOCIAL WORKERS HOLD A MASTER'S DEGREE AND ARE EXPERTS AT HELPING PEOPLE COPE WITH CANCER, MANAGE EMOTIONS SUCH AS ANXIETY OR SADNESS, IMPROVE COMMUNICATION WITH THEIR HEALTH CARE TEAM, AND FIND RELIABLE INFORMATION AND RESOURCES IN THEIR COMMUNITY. COUNSELING AND FACE-TO-FACE SUPPORT GROUPS ARE LED BY CANCER CARE ONCOLOGY SOCIAL WORKERS AT OUR OFFICES IN NEW YORK CITY, LONG ISLAND, NEW JERSEY AND CONNECTICUT. CANCER CARE ALSO OFFERS TELEPHONE AND ONLINE SUPPORT GROUPS AND RESOURCE NAVIGATION SERVICES FOR THOSE LIVING OUTSIDE OF THE NEW YORK TRI-STATE AREA.

4b (Code: ) (Expenses \$ 3,385,306. including grants of \$ 0. ) (Revenue \$ 0. ) INFORMATION AND PUBLICATION - EDUCATION WORKSHOPS OFFER THE LATEST INFORMATION FROM LEADING ONCOLOGY EXPERTS OVER THE PHONE OR ONLINE AS A WEBCAST. OUR EASY-TO-READ PUBLICATIONS ARE WRITTEN BY EXPERTS AND PROVIDE RELIABLE INFORMATION ON COPING WITH CANCER AND TREATMENT UPDATES.

4c (Code: ) (Expenses \$ 2,128,551. including grants of \$ 1,164,498. ) (Revenue \$ 0. ) FINANCIAL ASSISTANCE - WE HELP WITH CANCER-RELATED COSTS SUCH AS TRANSPORTATION TO AND FROM TREATMENT, HOME CARE, CHILD CARE, OTC PAIN MEDICATION, AND LYMPHEDEMA SUPPLIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 883,122. including grants of \$ 0. ) (Revenue \$ )

4e Total program service expenses 11,911,607.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part 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

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records JOHN RUTIGLIANO - 212-712-8400 275 SEVENTH AVENUE, NEW YORK, NY 10001



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

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

| (A)<br>Name and title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) PATRICIA GOLDSMITH<br>CHIEF EXECUTIVE OFFICER           | 29.75<br>5.25   |   |                       |         | X            |                              | 373,702. | 0.  | 74,758.  |   |
| (2) CHRISTINE VERINI<br>CHIEF OPERATING OFFICER             | 21.00<br>14.00  |   |                       |         | X            |                              | 333,852. | 0.  | 51,384.  |   |
| (3) JOHN RUTIGLIANO<br>CHIEF FINANCIAL AND COMPLIANCE OFCR  | 24.50<br>10.50  |   |                       |         | X            |                              | 274,219. | 0.  | 65,873.  |   |
| (4) LISA KIMBRO<br>CHIEF BUS DEV AND ALLIANCE OFCR          | 35.00<br>0.00   |   |                       |         |              | X                            | 277,842. | 0.  | 15,676.  |   |
| (5) ELLEN MILLER SONET<br>CHIEF STRATEGY AND POLICY OFFICER | 35.00<br>0.00   |   |                       |         |              | X                            | 221,311. | 0.  | 56,163.  |   |
| (6) FERNANDO MORALEDA<br>CHIEF INFORMATION OFFICER          | 33.25<br>1.75   |   |                       |         |              | X                            | 217,542. | 0.  | 12,661.  |   |
| (7) SUE LEE<br>SR DIR DEV AND EXT ADVANCEMENT               | 35.00<br>0.00   |   |                       |         |              | X                            | 171,133. | 0.  | 9,145.   |   |
| (8) CAROLE FLORMAN<br>DIRECTOR OF POLICY                    | 35.00<br>0.00   |   |                       |         |              | X                            | 142,310. | 0.  | 8,900.   |   |
| (9) MICHAEL PARISI<br>PRESIDENT                             | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (10) ANDREW C. PIZZO<br>EXECUTIVE VICE PRESIDENT            | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (11) LORETTA MOSEMAN<br>TREASURER                           | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (12) SUSAN SMIRNOFF<br>SECRETARY                            | 5.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (13) JANET DEWART BELL<br>TRUSTEE                           | 2.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) MARGARET R. DIAZ-CRUZ, LMSW<br>TRUSTEE                 | 2.00<br>2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) JESSICA DALEY<br>TRUSTEE (START 04/22)                 | 2.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) JOHN N. EVANS, CPA<br>TRUSTEE                          | 2.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) STEPHEN M. FIELDS<br>TRUSTEE                           | 2.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) FLAVIO FIGUEIREDO<br>TRUSTEE                              | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) RENATA ESPER FIGUEIREDO<br>TRUSTEE                        | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) PAUL M. FRIEDMAN<br>TRUSTEE                               | 2.00<br>2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) CHRISTINE CONVERSE HOGAN<br>TRUSTEE                       | 2.00<br>2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) PATTI FINE JEWELL<br>TRUSTEE                              | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) KRIS JOHNSON<br>TRUSTEE                                   | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) DENISE JULIANO<br>TRUSTEE (START 04/22)                   | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) JOHN W. KEATING<br>TRUSTEE                                | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) ALTON (JOSH) B. KREMER, MD, PHD<br>TRUSTEE                | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 2,011,911.  | 0.   | 294,560.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 2,011,911.  | 0.   | 294,560.  |

**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 23

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| SCIENTIFIC EDUCATION SUPPORT, 3 AC COURT,<br>THAMES DITTON, UNITED KINGDOM KT7 0SR<br>NEXTSHIFT, LLC | MEDICAL WRTG, EDT & PRNT       | 510,500.            |
| P.O. BOX 3, OREFIELD, PA 18069<br>TIERPOINT HOSTED SOLUTIONS, LLC                                    | PRINTING                       | 299,280.            |
| P.O. BOX 82670, LINCOLN, NE 68501<br>GABRIEL GROUP   | CLOUD SERVICES                 | 278,280.            |
| P.O. BOX 1000, SOUTHEASTERN, PA 19398-1000<br>COMPUTER DESIGN AND INTEGRATION, LLC                   | DIRECT MARKETING               | 274,511.            |
| 696 ROUTE 46 WEST, TETERBORO, NJ 07608   | IT CONSULTING AND SUPPORT      | 241,034.            |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|  |   |   | (A)  | (B)  | (C)                        | (D)  |          |
|--|---|---|--|--|----------------------------|--|----------|
|  |   |   | Total revenue                                      | Related or exempt function revenue                 | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |          |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>  | Federated campaigns .....   | 20,524.  |  |                            |  |          |
|  | <b>1 b</b>  | Membership dues .....   |  |  |                            |  |          |
|  | <b>1 c</b>  | Fundraising events .....  | 1,138,770.   |  |                            |  |          |
|  | <b>1 d</b>  | Related organizations .....   | 3,000,000.   |  |                            |  |          |
|  | <b>1 e</b>  | Government grants (contributions) .....   | 1,861,575.   |  |                            |  |          |
|  | <b>1 f</b>  | All other contributions, gifts, grants, and similar amounts not included above ...  | 12,236,057.  |  |                            |  |          |
|  | <b>1 g</b>  | Noncash contributions included in lines 1a-1f   | \$ 114,182.  |  |                            |  |          |
|  | <b>1 h</b>  | <b>Total.</b> Add lines 1a-1f .....   | ▶  | 18,256,926.  |                            |  |          |
|  | Program Service Revenue   | <b>2 a</b>  | _____  | Business Code                                      |                            |  |          |
| <b>2 b</b>   |   | _____   |  |  |                            |  |          |
| <b>2 c</b>   |   | _____   |  |  |                            |  |          |
| <b>2 d</b>   |   | _____   |  |  |                            |  |          |
| <b>2 e</b>   |   | _____   |  |  |                            |  |          |
| <b>2 f</b>   |   | All other program service revenue .....   |  |  |                            |  |          |
| <b>2 g</b>   |   | <b>Total.</b> Add lines 2a-2f .....   | ▶  |  |                            |  |          |
| Other Revenue  | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) .....  | ▶  | 1,357,591.   |                            | 1,357,591.   |          |
|  | <b>4</b>  | Income from investment of tax-exempt bond proceeds .....  | ▶  |  |                            |  |          |
|  | <b>5</b>  | Royalties .....   | ▶  |  |                            |  |          |
|  | <b>6 a</b>  | Gross rents .....   | (i) Real   | 1,045,707.   |                            |  |          |
|  |   |   | (ii) Personal                                      |  |                            |  |          |
|  |   |   | <b>6 b</b>   | Less: rental expenses ...                          | 0.                         |  |          |
|  | <b>6 c</b>  | Rental income or (loss) .....   | 1,045,707.   |  |                            |  |          |
|  | <b>6 d</b>  | Net rental income or (loss) .....   | ▶  | 1,045,707.   |                            | 1,045,707.   |          |
|  | <b>7 a</b>  | Gross amount from sales of assets other than inventory .....  | (i) Securities                                     | 1,861,297.   |                            |  |          |
|  |   |   | (ii) Other   |  |                            |  |          |
|  |   |   | <b>7 b</b>   | Less: cost or other basis and sales expenses ..... | 1,875,899.                 |  |          |
|  | <b>7 c</b>  | Gain or (loss) .....  | -14,602.   |  |                            |  |          |
|  | <b>7 d</b>  | Net gain or (loss) .....  | ▶  | -14,602.   |                            | -14,602.   |          |
|  | <b>8 a</b>  | Gross income from fundraising events (not including \$ 1,138,770. of contributions reported on line 1c). See Part IV, line 18 ..... |  | 495,965.   |                            |  |          |
| <b>8 b</b>   |   |   | Less: direct expenses .....                        | 281,424.   |                            |  |          |
| <b>8 c</b>   |   |   | Net income or (loss) from fundraising events ..... | ▶  | 214,541.                   |  | 214,541. |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 ..... |   |  |  |                            |  |          |
|  |   | <b>9 b</b>  | Less: direct expenses .....                        |  |                            |  |          |
|  |   | <b>9 c</b>  | Net income or (loss) from gaming activities .....  | ▶  |                            |  |          |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....     |   | 508.   |  |                            |  |          |
|  |   | <b>10 b</b>   | Less: cost of goods sold .....                     | 0.   |                            |  |          |
|  |   | <b>10 c</b>   | Net income or (loss) from sales of inventory ..... | ▶  | 508.                       |  | 508.     |
| Miscellaneous Revenue                                  | <b>11 a</b>   | OTHER REVENUE   | Business Code                                      | 110000   | 38,048.                    | 38,048.  |          |
|  | <b>11 b</b>   | _____   |  |  |                            |  |          |
|  | <b>11 c</b>   | _____   |  |  |                            |  |          |
|  | <b>11 d</b>   | All other revenue .....   |  |  |                            |  |          |
|  | <b>11 e</b>   | <b>Total.</b> Add lines 11a-11d .....   | ▶  | 38,048.  |                            |  |          |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....                    | ▶   | 20,898,719.  | 0.   | 0.                         | 2,641,793.   |          |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 350.                  | 350.                            |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 1,164,148.            | 1,164,148.                      |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 919,042.              | 349,271.                        | 393,647.                               | 176,124.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 6,659,155.            | 4,447,801.                      | 641,197.                               | 1,570,157.                  |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....   | 352,892.              | 236,513.                        | 59,275.                                | 57,104.                     |
| <b>9</b> Other employee benefits .....  | 1,389,420.            | 1,039,929.                      | 54,721.                                | 294,770.                    |
| <b>10</b> Payroll taxes .....   | 489,281.              | 322,728.                        | 48,871.                                | 117,682.                    |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 161,308.              | 154,744.                        |  | 6,564.                      |
| <b>c</b> Accounting .....   | 94,410.               |                                 | 94,410.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .....  | 179,222.              |                                 |  | 179,222.                    |
| <b>f</b> Investment management fees .....   | 84,642.               |                                 | 84,642.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....   | 1,753,534.            | 1,384,832.                      | 208,050.                               | 160,652.                    |
| <b>12</b> Advertising and promotion .....   | 60,644.               | 14,812.                         | 30,832.                                | 15,000.                     |
| <b>13</b> Office expenses .....   | 1,352,725.            | 1,068,577.                      | 73,342.                                | 210,806.                    |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 1,697,160.            | 1,182,899.                      | 170,273.                               | 343,988.                    |
| <b>17</b> Travel .....  | 85,766.               | 47,739.                         | 14,184.                                | 23,843.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 313,940.              | 207,779.                        | 47,175.                                | 58,986.                     |
| <b>23</b> Insurance .....   | 160,999.              | 114,974.                        | 13,992.                                | 32,033.                     |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> MEMBERSHIPS & SUBSCS   | 83,909.               | 51,932.                         | 15,825.                                | 16,152.                     |
| <b>b</b> STAFF/VOL TRAINING   | 43,378.               | 27,300.                         | 5,955.                                 | 10,123.                     |
| <b>c</b> _____  |                       |                                 |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   | 110,699.              | 95,279.                         | 4,706.                                 | 10,714.                     |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 17,156,624.           | 11,911,607.                     | 1,961,097.                             | 3,283,920.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720) | 296,574.              | 224,623.                        | 0.                                     | 71,951.                     |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 6,061,850.               | <b>1</b>    | 6,681,770.          |
|   | <b>2</b> Savings and temporary cash investments .....  | 2,293,837.               | <b>2</b>    | 537,783.            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,135,205.               | <b>3</b>    | 1,757,851.          |
|   | <b>4</b> Accounts receivable, net .....  | 46,089.                  | <b>4</b>    | 10,558.             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 1,503,323.               | <b>9</b>    | 1,589,259.          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 6,025,868.    |             |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 5,058,668.    | 1,241,390.  | <b>10c</b> 967,200. |
|   | <b>11</b> Investments - publicly traded securities .....   | 12,588,523.              | <b>11</b>   | 12,053,416.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 128,497.                 | <b>15</b>   | 303,716.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 24,998,714.  | <b>16</b>                | 23,901,553. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 1,594,333.               | <b>17</b>   | 1,845,492.          |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                     |
|   | <b>19</b> Deferred revenue .....   | 1,841,437.               | <b>19</b>   | 1,662,806.          |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 3,170,982.               | <b>25</b>   | 1,050,357.          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 6,606,752.               | <b>26</b>   | 4,558,655.          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 14,266,882.              | <b>27</b>   | 13,744,110.         |
|   | <b>28</b> Net assets with donor restrictions .....   | 4,125,080.               | <b>28</b>   | 5,598,788.          |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                     |
|   | <b>32</b> Total net assets or fund balances .....  | 18,391,962.              | <b>32</b>   | 19,342,898.         |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 24,998,714.  | <b>33</b>                | 23,901,553. |                     |

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**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 20,898,719. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 17,156,624. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 3,742,095.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 18,391,962. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -2,791,159. |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 19,342,898. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
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  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form **990** (2021)





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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017    | (b) 2018    | (c) 2019    | (d) 2020    | (e) 2021    | (f) Total   |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 15,465,413. | 18,557,990. | 15,209,784. | 15,171,388. | 18,256,926. | 82,661,501. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |             |             |             |             |             |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 15,465,413. | 18,557,990. | 15,209,784. | 15,171,388. | 18,256,926. | 82,661,501. |
| <b>5</b> 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) ..... |             |             |             |             |             | 6,494,006.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 76,167,495. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017    | (b) 2018    | (c) 2019    | (d) 2020    | (e) 2021    | (f) Total                |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 15,465,413. | 18,557,990. | 15,209,784. | 15,171,388. | 18,256,926. | 82,661,501.              |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  | 1,112,039.  | 1,590,377.  | 1,739,986.  | 1,427,231.  | 2,403,298.  | 8,272,931.               |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   |             |             |             |             |             |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   | 1,410,025.  | 1,262,659.  | 690,743.    | 1,415,238.  | 534,521.    | 5,313,186.               |
| <b>11 Total support.</b> Add lines 7 through 10   |             |             |             |             |             | 96,247,618.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |             |             |             |             | 12          |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |             |             |             |             |             | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 79.14 %                             |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b> | 80.19 %                             |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

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

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |  |
| <b>b</b> 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? <i>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.</i>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

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

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

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

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990) 2021

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2021 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                                     |   |  |
| <b>a</b> From 2016   |                                     |   |  |
| <b>b</b> From 2017   |                                     |   |  |
| <b>c</b> From 2018   |                                     |   |  |
| <b>d</b> From 2019   |                                     |   |  |
| <b>e</b> From 2020   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2017  |                                     |   |  |
| <b>b</b> Excess from 2018  |                                     |   |  |
| <b>c</b> Excess from 2019  |                                     |   |  |
| <b>d</b> Excess from 2020  |                                     |   |  |
| <b>e</b> Excess from 2021  |                                     |   |  |

Schedule A (Form 990) 2021

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

SCHEDULE A, PART II, LINE 10:

OTHER INCOME

OTHER INCOME INCLUDES GROSS INCOME FROM FUNDRAISING EVENTS, GROSS SALES

OF INVENTORY AND OTHER REVENUE EXCLUDED FROM UNRELATED BUSINESS TAXABLE

INCOME.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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



|   |  |
|---|--|
| Name of organization<br><br>CANCER CARE, INC. | Employer identification number<br><br>13-1825919 |
|---|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/><br><hr/><br><hr/>           | \$ 3,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/><br><hr/><br><hr/>           | \$ 1,861,575.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/><br><hr/><br><hr/>           | \$ 1,155,039.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ 1,100,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/><br><hr/><br><hr/>           | \$ 785,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ 745,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |  |
|---|--|
| Name of organization<br><br>CANCER CARE, INC. | Employer identification number<br><br>13-1825919 |
|---|--|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 7                 | <hr/> <hr/> <hr/>                 | \$ 587,500.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8                 | <hr/> <hr/> <hr/>                 | \$ 500,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9                 | <hr/> <hr/> <hr/>                 | \$ 495,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |  |
|---|--|
| Name of organization<br><br>CANCER CARE, INC. | Employer identification number<br><br>13-1825919 |
|---|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |  |
|---|--|
| Name of organization<br><br>CANCER CARE, INC. | Employer identification number<br><br>13-1825919 |
|---|--|

**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 Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|  |   |
|--|---|
| Name of organization<br><b>CANCER CARE, INC.</b> | Employer identification number<br><b>13-1825919</b> |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |  | (a) Filing organization's totals   | (b) Affiliated group totals |                               |   |  |   |  |  |   |                   |              |  |  |  |
|---|--|------------------------------------|-----------------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000          | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |                                    |                             |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  |  | <input type="checkbox"/> Yes       | <input type="checkbox"/> No |                               |   |  |   |  |  |   |                   |              |  |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2021

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)      |
|---|-----|----|----------|
|   | Yes | No | Amount   |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |          |
| <b>a</b> Volunteers?  |     | X  |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |          |
| <b>c</b> Media advertisements?  |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public?   | X   |    | 86,898.  |
| <b>e</b> Publications, or published or broadcast statements?  | X   |    | 16,374.  |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  | X   |    | 5,517.   |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |          |
| <b>i</b> Other activities?  |     | X  |          |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 108,789. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |          |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |    |  |
| <b>a</b> Current year   | 2a |  |
| <b>b</b> Carryover from last year   | 2b |  |
| <b>c</b> Total  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions  | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

CANCER CARE COMMUNICATES THROUGH DIRECT MAILINGS AND PUBLISHED

STATEMENTS (OR AS A SIGNATORY TO COLLECTIVE MAILINGS AND STATEMENTS

WITH OTHER ORGANIZATIONS) TO ITS SUPPORTERS, LEGISLATORS AND THE PUBLIC

ON MATTERS RELATING TO ACCESS TO HEALTH CARE AND MEDICATIONS WHICH

IMPACT PEOPLE LIVING WITH A DIAGNOSIS OF CANCER.

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

2021

Open to Public Inspection

Name of the organization: CANCER CARE, INC. Employer identification number: 13-1825919

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 11,766,882.      | 10,684,945.    | 10,151,480.        | 8,093,600.           | 8,598,910.          |
| b Contributions                                  | 912,093.         |                | 259,025.           | 171,071.             |                     |
| c Net investment earnings, gains, and losses     | -1,434,865.      | 2,070,699.     | 274,440.           | 347,169.             | 487,974.            |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  | 988,762.       |                    |                      | 993,284.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 11,244,110.      | 11,766,882.    | 10,684,945.        | 8,611,840.           | 8,093,600.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  %
  - c Term endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 3,634,514.                      | 2,873,674.                   | 760,840.       |
| d Equipment  |                                      | 569,888.                        | 413,761.                     | 156,127.       |
| e Other  |                                      | 1,821,466.                      | 1,771,233.                   | 50,233.        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 967,200.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**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) DEFERRED RENT   | 812,159.       |
| (3) ACCRUED POSTRETIREMENT BENEFIT COSTS                                    | 108,585.       |
| (4) ANNUITIES PAYABLE   | 129,613.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,050,357.     |

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

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

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

|          |  |           |              |
|----------|--|-----------|--------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 104,226,666. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |              |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -2,791,159.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 1,623,911.   |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 87,579,837.  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 86,412,589.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 17,814,077.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 84,642.      |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 3,000,000.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 3,084,642.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 20,898,719.  |

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

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

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 102,061,277. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |              |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 1,623,911.   |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |              |
| <b>c</b> | Other losses  | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 83,365,384.  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 84,989,295.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 17,071,982.  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 84,642.      |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |              |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 84,642.      |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 17,156,624.  |

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

INTENDED USE OF ENDOWMENT FUNDS

CANCER CARE'S ENDOWMENT FUNDS ARE INTENDED TO SUPPORT PROGRAM SERVICE

ACTIVITIES. THE ORGANIZATION'S INVESTMENT OBJECTIVE IS THE HIGHEST TOTAL

RETURN CONSISTENT WITH PRUDENT INVESTMENT MANAGEMENT AND THE PRESERVATION

OF CAPITAL.

PART X, LINE 2:

INCOME TAX POSITION

CANCER CARE IS A SECTION 501(C)(3) ORGANIZATION EXEMPT FROM FEDERAL INCOME

TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS

BEEN CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION AS DEFINED IN SECTION

**Part XIII** Supplemental Information (continued)

509(A)(1) OF THE CODE. IN ADDITION, CANCER CARE HAS BEEN CLASSIFIED AS  
NONPROFIT IN CHARACTER FOR STATE AND LOCAL INCOME TAX PURPOSES.

ACCORDINGLY, THE ORGANIZATION IS NOT SUBJECT TO INCOME TAXES EXCEPT TO THE  
EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS  
EXEMPT PURPOSE. THE ORGANIZATION RECOGNIZES THE EFFECTS OF INCOME TAX  
POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING  
SUSTAINED. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS. NO PROVISION  
FOR INCOME TAXES WAS REQUIRED FOR FISCAL 2022 OR 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CANCER CARE CO-PAYMENT ASSISTANCE FOUNDATION REVENUE 87,579,837.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY SUPPORT 3,000,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CANCER CARE CO-PAYMENT ASSISTANCE FOUNDATION EXPENSES 83,365,384.



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

|  |   | (a) Event #1              | (b) Event #2    | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|---------------------------|-----------------|------------------|--|
|  |   | HUMAN SVCS AWARDS<br>GALA | NEW JERSEY GALA | 4                |  |
|  |   | (event type)              | (event type)    | (total number)   |  |
| Revenue  | <b>1</b> Gross receipts .....   | 1,115,384.                | 163,738.        | 355,613.         | 1,634,735.   |
|  | <b>2</b> Less: Contributions .....  | 760,334.                  | 35,838.         | 342,598.         | 1,138,770.   |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 355,050.                  | 127,900.        | 13,015.          | 495,965.   |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                           |                 |                  |  |
|  | <b>5</b> Noncash prizes .....   |                           |                 |                  |  |
|  | <b>6</b> Rent/facility costs .....  | 126,728.                  | 18,672.         |                  | 145,400.   |
|  | <b>7</b> Food and beverages .....   |                           |                 |                  |  |
|  | <b>8</b> Entertainment .....  | 18,765.                   |                 |                  | 18,765.  |
|  | <b>9</b> Other direct expenses .....  | 30,164.                   | 4,612.          | 82,483.          | 117,259.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                           |                 |                  | 281,424.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                           |                 | 214,541.         |  |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: GABRIEL GROUP

(I) ADDRESS OF FUNDRAISER: P.O. BOX 1000, SOUTHEASTERN, PA 19398-1000







**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| TRANSPORTATION & GENERAL FINANCIAL ASSISSTANCE | 4023                     | 1,164,148.               | 0.                                |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

GRANT ELIGIBILITY RECORDS

SCHEDULE I, PART I, LINE 2

CANCER CARE'S FINANCIAL ASSISTANCE PROGRAM PROVIDES GRANTS TO

INDIVIDUALS (CLIENTS) WITH CANCER TO PROVIDE SUPPORT FOR PRACTICAL

NEEDS SUCH AS TRANSPORTATION TO TREATMENT, CHILD CARE, HOME CARE,

SUPPORTIVE MEDICATIONS AND MEDICAL SUPPLIES. REGARDING ELIGIBILITY FOR

ASSISTANCE, THERE IS AN APPLICATION IN WHICH THE PHYSICIAN'S OFFICE IS

REQUIRED TO ATTEST THAT THE CLIENT IS IN ACTIVE TREATMENT. CANCER CARE

ALSO REQUIRES A COPY OF THE TAX RETURN TO MATCH THE APPLICANT'S INCOME



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> | X   |    |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) PATRICIA GOLDSMITH<br>CHIEF EXECUTIVE OFFICER           | (i)  | 305,260.   | 65,000.                             | 3,442.                              | 30,836.  | 43,922.                 | 448,460.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) CHRISTINE VERINI<br>CHIEF OPERATING OFFICER             | (i)  | 292,605.   | 40,000.                             | 1,247.                              | 27,238.  | 24,146.                 | 385,236.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JOHN RUTIGLIANO<br>CHIEF FINANCIAL AND COMPLIANCE OFCR  | (i)  | 251,887.   | 20,000.                             | 2,332.                              | 22,809.  | 43,064.                 | 340,092.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) LISA KIMBRO<br>CHIEF BUS DEV AND ALLIANCE OFCR          | (i)  | 260,510.   | 15,000.                             | 2,332.                              | 13,892.  | 1,784.                  | 293,518.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) ELLEN MILLER SONET<br>CHIEF STRATEGY AND POLICY OFFICER | (i)  | 202,689.   | 10,000.                             | 8,622.                              | 11,681.  | 44,482.                 | 277,474.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) FERNANDO MORALEDA<br>CHIEF INFORMATION OFFICER          | (i)  | 206,525.   | 10,000.                             | 1,017.                              | 10,877.  | 1,784.                  | 230,203.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) SUE LEE<br>SR DIR DEV AND EXT ADVANCEMENT               | (i)  | 66,675.  | 0.                                  | 104,458.                            | 6,119.   | 3,026.                  | 180,278.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) CAROLE FLORMAN<br>DIRECTOR OF POLICY                    | (i)  | 142,310.   | 0.                                  | 0.                                  | 7,116.   | 1,784.                  | 151,210.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (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.

PART I, LINE 4A:

AS A PART OF SUE LEE'S SEVERANCE PACKAGE (SENIOR DIRECTOR OF DEVELOPMENT AND EXTERNAL ADVANCEMENT), SHE RECEIVED CONTINUING SALARY PAYMENTS IN THE AMOUNT OF \$104,141 IN CALENDAR YEAR 2021.

SCHEDULE J, PART I, LINE 7

THE ORGANIZATION FROM TIME-TO-TIME WILL MAKE PERFORMANCE-BASED BONUS PAYMENTS. FOR KEY EMPLOYEES, THOSE AMOUNTS ARE DETERMINED IN CONJUNCTION WITH THE PRESIDENT OF THE BOARD AND EXECUTIVE COMMITTEE. KEY EMPLOYEES MAY AWARD BONUSES, WITHIN THE PARAMETERS OF THE ORGANIZATION'S HUMAN RESOURCES COMPENSATION PROGRAM AND BUDGET, TO STAFF. IN LIMITED AMOUNTS, EMPLOYEES ARE ELIGIBLE FOR YEARS OF SERVICE BONUSES WHEN REACHING SERVICE LEVELS IN 5-YEAR INCREMENTS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **CANCER CARE, INC.** Employer identification number **13-1825919**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 3   | 114,182. FMV   |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( )   |                            |   |  |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Multiple horizontal lines for data entry.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

CANCER CARE, INC.

Employer identification number

13-1825919

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

TO IMPROVE LIVES BY HELPING PEOPLE COPE WITH, AND MANAGE, THE EMOTIONAL  
AND PRACTICAL CHALLENGES OF CANCER.

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

FOUNDED IN 1944, CANCER CARE IS THE LEADING NATIONAL ORGANIZATION  
DEDICATED TO HELPING PEOPLE COPE WITH, AND MANAGE, THE EMOTIONAL AND  
PRACTICAL AND FINANCIAL CHALLENGES OF CANCER. CANCER PROVIDES FREE  
PROFESSIONAL SUPPORT SERVICES INCLUDING COUNSELING, SUPPORT GROUPS,  
EDUCATIONAL WORKSHOPS, RESOURCE NAVIGATION, PUBLICATIONS AND FINANCIAL  
ASSISTANCE TO ANYONE AFFECTED BY CANCER. ALL CANCER CARE SERVICES ARE  
PROVIDED BY ONCOLOGY SOCIAL WORKERS AND WORLD-LEADING CANCER EXPERTS.

IN FISCAL YEAR 2022:

- CANCER CARE PROVIDED 171,885 SERVICES TO PEOPLE AFFECTED BY CANCER,  
SERVING CLIENTS WITH 90 DIFFERENT TYPES OF CANCER IN ALL 50 STATES.
- OUR STAFF PROVIDED 31,569 HOURS OF SUPPORT THROUGH OUR HOPELINE,  
INDIVIDUAL COUNSELING, SUPPORT GROUPS, COMMUNITY PROGRAMS AND MORE.
- CANCER CARE PROVIDED \$1.2 MILLION IN FINANCIAL ASSISTANCE TO 4,023  
PEOPLE FOR COSTS INCLUDING TRANSPORTATION AND PRACTICAL NEEDS.
- CANCER CARE WELCOMED 1.8 MILLION VISITS TO OUR WEBSITES, AND USERS  
COMPLETED 60,596 SEARCHES IN OUR ONLINE HELPING HAND TO FIND PRACTICAL  
AND FINANCIAL ASSISTANCE.
- WE DISTRIBUTED 296,205 PRINT AND DIGITAL PUBLICATIONS TO PEOPLE  
LIVING WITH CANCER, CAREGIVERS, LOVED ONES AND HEALTH CARE  
PROFESSIONALS.

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

Schedule O (Form 990) 2021

132211 11-11-21

|   |  |
|---|--|
| Name of the organization<br>CANCER CARE, INC. | Employer identification number<br>13-1825919 |
|---|--|

- LEADING EXPERTS IN ONCOLOGY LED 80 CANCER CARE CONNECT EDUCATION

WORKSHOPS, FEATURING 272 PRESENTATIONS FROM 144 FACULTY MEMBERS AND 97

PARTNER ORGANIZATIONS, DRAWING 44,043 PARTICIPANTS.

- THE PET ASSISTANCE & WELLNESS (PAW) PROGRAM HELPED 463 CLIENTS KEEP

THEIR PET IN THE HOME.

- OUR RESOURCE NAVIGATION TEAM PROVIDED 2,118 HELPING INDIVIDUALS WITH

NAVIGATING THE PRACTICAL CHALLENGES THAT ARISE FROM CANCER.

- MY CANCER CIRCLE SERVED 25,430 ACTIVE USERS IN 2,042 ACTIVE CAREGIVER

COMMUNITIES.

THE SIZE AND SCOPE OF CANCER CARE HAS GROWN TREMENDOUSLY SINCE 1944,

BUT THE MISSION REMAINS THE SAME: TO PROVIDE HELP AND HOPE TO ANYONE

AFFECTED BY CANCER. TO LEARN MORE, VISIT WWW.CANCERCARE.ORG OR CALL

800-813-HOPE (4673).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION

CANCER CARE CONNECT EDUCATION WORKSHOPS OFFER THE LATEST INFORMATION

FROM LEADING ONCOLOGY EXPERTS OVER THE PHONE OR ONLINE AS A WEBCAST.

OUR EASY-TO-READ PUBLICATIONS ARE WRITTEN BY EXPERTS AND PROVIDE

RELIABLE INFORMATION ON COPING WITH CANCER AND TREATMENT UPDATES.

EXPENSES \$ 883,122. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

FLAVIO AND RENATA FIGUEIREDO HAVE A FAMILY RELATIONSHIP.

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

FORM 990 REVIEW PROCESS

|   |  |
|---|--|
| Name of the organization<br>CANCER CARE, INC. | Employer identification number<br>13-1825919 |
|---|--|

THE IRS FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM

AND REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL AND COMPLIANCE OFFICER.

THE 990 IS FILED WITH THE IRS AFTER A REVIEW BY THE FULL BOARD.

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

CONFLICT OF INTEREST POLICY

EACH TRUSTEE IS PROVIDED WITH A BOARD MANUAL ANNUALLY WHICH, IN ADDITION TO

OUTLINING THE BOARD'S RESPONSIBILITIES AND STRUCTURE, PROVIDES A COPY OF

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE REQUIRED

TO REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF

INTEREST FORM ANNUALLY. ALL CONFLICT OF INTEREST FORMS ARE REVIEWED BY THE

ORGANIZATION'S MANAGEMENT AND EXECUTIVE COMMITTEE ANNUALLY OR UPON THE

ADDITION OF NEW BOARD MEMBERS. ADDITIONALLY, ALL VENDOR RELATIONSHIPS ARE

REQUIRED TO BE APPROVED BY THE CHIEF EXECUTIVE, CHIEF OPERATING OR CHIEF

FINANCIAL AND COMPLIANCE OFFICERS WHO MONITOR CONTRACTS, AGREEMENTS AND

VENDOR RELATIONSHIPS FOR POTENTIAL CONFLICTS FOR TRUSTEES, KEY EMPLOYEES

AND STAFF. CORPORATE OFFICERS AND KEY EMPLOYEES ALSO CONTINUALLY EVALUATE

POTENTIAL CONFLICTS OF INTEREST DURING NORMAL BUSINESS OPERATIONS. IN THE

EVENT OF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST, TRUSTEES, CORPORATE

OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REMOVE THEMSELVES FROM ANY

RELATED DISCUSSION OR DECISION.

FORM 990, PART VI, LINE 14

DOCUMENT RETENTION & DESTRUCTION POLICY

THE ORGANIZATION MAINTAINS A CLINICAL SYSTEM OF ALL OF ITS PATIENT RECORDS,

A FUNDRAISING SYSTEM OF ALL OF ITS DONOR RECORDS AND AN ACCOUNTING SYSTEM

OF ITS FINANCIAL RECORDS. THESE SECURE MULTI-FACTOR AUTHENTICATED SYSTEMS

ARE ALL HOSTED IN THE CLOUD AND IN A CO-LOCATION, AS THE COST OF ELECTRONIC

|   |  |
|---|--|
| Name of the organization<br>CANCER CARE, INC. | Employer identification number<br>13-1825919 |
|---|--|

STORAGE IS MINIMAL, MANAGEMENT RETAINS RECORDS IN THE ACTIVE DATABASE FILES

UNTIL A MAJOR SYSTEM CONVERSION, IN WHICH CASE CERTAIN RECORDS MAY BE

ARCHIVED. MANY CORPORATE AND ADMINISTRATIVE DOCUMENTS ARE ALSO DIGITIZED

AND STORED IN A SECURE HOSTED ENVIRONMENT WITH MULTI-FACTOR AUTHENTICATION.

ANY REMAINING PHYSICAL GENERAL AND ACCOUNTING RECORDS ARE RETAINED FOR A

MINIMUM OF SEVEN YEARS. ORGANIZING AND HISTORICAL CORPORATE DOCUMENTS ARE

MAINTAINED IN PERPETUITY. MANAGEMENT HAS NOT YET DETERMINED A PURGING

SCHEDULE.

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

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION'S EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF KEY

EMPLOYEES ANNUALLY DURING THE PERFORMANCE EVALUATION OR BUDGET PROCESS,

WHICH OCCURRED IN MAY 2022. ADDITIONALLY, THE ORGANIZATION'S EXECUTIVE

COMMITTEE REVIEWS THE COMPENSATION OF ANY NEWLY HIRED KEY EMPLOYEE. THE

EXECUTIVE COMMITTEE IS COMPRISED OF INDEPENDENT INDIVIDUALS SELECTED BY THE

BOARD OF TRUSTEES. AS REQUESTED, THE DIRECTOR OF HUMAN RESOURCES WILL

PREPARE BENCHMARKING STUDIES FOR ALL KEY POSITIONS. SUCH BENCHMARKING

UTILIZES DATA FROM CANDID (FORMERLY GUIDESTAR) AND OTHER COMPENSATION

SURVEYS AND ATTEMPTS TO IDENTIFY THE MOST PERTINENT COMPARABLES BY TYPE OF

NOT-FOR-PROFIT, BUDGET SIZE AND GEOGRAPHY. THE COMMITTEE MEMBERS REVIEW AND

ANALYZE THE INFORMATION PRESENTED, INCORPORATE ANY VARIANCES OF ACTUAL JOB

RESPONSIBILITIES AS COMPARED TO THE BENCHMARKED POSITIONS AND MAKE A

DETERMINATION AS TO THE APPROPRIATENESS OF CURRENT COMPENSATION AND ANNUAL

COMPENSATION ADJUSTMENTS. THE DETERMINATION IS SUBSTANTIATED IN A

CONTEMPORANEOUS MEMORANDUM TO THE HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

|   |  |
|---|--|
| Name of the organization<br>CANCER CARE, INC. | Employer identification number<br>13-1825919 |
|---|--|

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE TO THE PUBLIC

CANCER CARE'S FINANCIAL STATEMENTS FOR THE MOST RECENT THREE YEARS ARE  
DISCLOSED ON ITS WEB SITE, WWW.CANCERCARE.ORG, AND ARE MADE AVAILABLE UPON  
REQUEST. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS NOR ITS  
CONFLICT OF INTEREST POLICY PUBLICLY AVAILABLE BUT PROVIDES IT UPON  
REQUEST TO DONORS AND CORPORATE GRANTORS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACT SERVICES:

|  |            |
|--|------------|
| PROGRAM SERVICE EXPENSES                               | 1,384,832. |
| MANAGEMENT AND GENERAL EXPENSES                        | 208,050.   |
| FUNDRAISING EXPENSES                                   | 160,652.   |
| TOTAL EXPENSES   | 1,753,534. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 1,753,534. |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

|  |   |
|--|---|
| Name of the organization<br><p style="text-align: center;">CANCER CARE, INC.</p> | Employer identification number<br><p style="text-align: center;">13-1825919</p> |
|--|---|

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| CANCER CARE CO-PAYMENT ASSISTANCE FND -<br>26-1196709, 275 SEVENTH AVENUE, NEW YORK, NY<br>10001 | CO-PAY ASSISTANCE       | NEW YORK  | 501(C)(3)                     | 12A TYPE I  | CANCER CARE                         | X  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2021



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | 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.

| (a)<br>Name of related organization   | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---------------------------------------|-------------------------------|------------------------|--|
| (1) CANCER CARE CO-PAYMENT ASSISTANCE | N                             | 460,945.               | COST   |
| (2) CANCER CARE CO-PAYMENT ASSISTANCE | O                             | 672,517.               | COST   |
| (3) CANCER CARE CO-PAYMENT ASSISTANCE | C                             | 3,000,000.             | COST   |
| (4)                                   |                               |                        |  |
| (5)                                   |                               |                        |  |
| (6)                                   |                               |                        |  |





