TIN: 45-3266802

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Application profiling	A F	or the 2022 c	alendar year, or tax year beginning 07-01-2022 $$, and endi	ng 06-30-2023											
Address change Interior c	B Che	ck if applicable:	C Name of organization		D Employ	er identif	ication number								
Doing business as	Ado	dress change	CANCER COMMONS	45-326	45-3266802										
Presented returned Presentation Presented returned Presented ret		-	Doing business as												
Application product Application product	_		Doing business as												
### Application pending ### 225 MIDNLEFFELD ROAD SUITE 104 Cry v Trows, state or promote, country, and ZIP or foreign postal code F. Name and address of principal officer:			Number and street (or P.O. hox if mail is not delivered to street address)	Room/suite	E Telepho	ne number									
City or term, state or promise, country, and ZIP or foreign postal code F Name and address of principal officer: JAY N TERIBERISH.			2025 MIDDLESTELD DOAD CUITE 404	Room, saice	(650) 2	89-4044									
F Norme an address of principal officer: JAY M TENENBAUM 2625 MIDDEFIELD ROAD SUTTE 104 RALD ALTO, CA 94306 Sul(c)(3) Sul(c)(3) Sul(c)(5) (Insert no.) 4947(a)(1) or 527 H(b) Are all subordinates Ves No included? If No." attach a list. See instructions. Websites WWW.CANCERCOMMONS.ORG Ves No included? If No." attach a list. See instructions. Websites WWW.CANCERCOMMONS.ORG Ves No included? If No." attach a list. See instructions. Websites WWW.CANCERCOMMONS.ORG Ves No included? If No." attach a list. See instructions. Websites WWW.CANCERCOMMONS.ORG Ves No included? Ves No included? If No." attach a list. See instructions. Websites Www.CANCERCOMMONS.ORG Ves No included? Ves No inc	_ `		City or town, state or province, country, and ZIP or foreign postal code												
Tax-exempt stabus: Q sol_(c)(x) Sol_(c					G Gross re	eceipts \$ 1	,332,246								
Tax-exempt status: Case			F Name and address of principal officer:	H(a)	Is this a group re	turn for	· ·								
PALO ALTO, CA. 94306 Tax-exempt status:				11(4)		curri roi	□Yes ✓ No								
Tax-exempt status:				H(b)	Are all subordina	tes	_								
Website:	I Tax	-exempt status:	·)		liat Caa									
Norm of organization: Corporation Trust Association Other Learn of formation: 2011 M State of legal domicia: CA					•										
Part Summary 1 Briefly describe the organization's mission or most significant activities: CANCER COMMONS BRINGS TOGETHER A TEAM OF EXPERTS, WHO COMBINE COMPASSION WITH SCIENTIFIC KNOWLEDGE TO HELP PATIENTS UNDERSTAND THEIR DISEASE AND ACCESS THERE REST TREATMENT OPTIONS, EACH PATIENT IS CONNECTED TO A TEAM, CONSISTING OF NURSE NAVICATORS, PHD SCIENTISTS, PHYSICIANS, AND NATIONAL EXPERTS, WHO, REVIEW THE PATIENTS MEDICAL HISTORY, RESPACEA ADDITIONAL TESTING THAT COULD IMPACT THE PATIENTS TREATMENT PLAIL DENTIFY CLINICAL TRIAL DPTIONS AVAILABLE FOR THE PATIENT, INVESTIGATE ACCESS TO NEW OFF-LABEL TREATMENTS, AS WELL AS OBTAIN KY INSIGHTS FROM CANCER EXPERTS THROUGH VIRTUAL TUNKOR BOARDS. CANCER COMMONS GOAL IS TO EQUIP PATIENTS WITH THE KNOWLEDGE THEY NEED TO BE ABLE TO CHOOSE THEIR BEST PLAN OF ACTION AT NO COST TO THE PATIENT. 2 Check this box	J W	ebsite: WW	VW.CANCERCOMMONS.ORG	(5)	Group exemption	Hullibei									
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1 Briefly describe the organization's mission or most significant activities:	K Forn	n of organization:	: Corporation U Trust U Association U Other												
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8 Contributions and grants (Part VIII, line 1h)		b Net unrei	lated business taxable lilcome from Form 990-1, Part 1, lille 11 .			76									
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16)		•													
20 Total assets (Part X, line 16)	≽ e			-											
20 Total assets (Part X, line 16)	in C														
21 Total liabilities (Part X, line 26)	sse 3ala	20 Total asse	ets (Part X, line 16)		832,	832,926 408,611									
- A E 1 1 1 1 1 1 1 1 1	et A	21 Total liab	ilities (Part X, line 26)		62,	326	57,012								

Zű	22 Net as	sets or fund balances. Subtract li	ne 21 from line 20		770,10	351,599	
		gnature Block					
know	r penalties o ledge and be nowledge.	If perjury, I declare that I have exelief, it is true, correct, and comp	ramined this return, including acco lete. Declaration of preparer (othe	ompanying schedule r than officer) is bas	s and statements, sed on all informat	and to the best of my tion of which preparer has	
	TK.				2024 05 00		
c:	Sigi	nature of officer			2024-05-09 Date		
Sign Here		M TENENDALIM PRECIDENT CHAYBAA	N. AND DYDECTOR				
	37 (1	M TENENBAUM PRESIDENT, CHAIRMA e or print name and title	N, AND DIRECTOR				
	y	Print/Type preparer's name	Preparer's signature	Date	P	TIN	
Paid	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2024-05-09		00011797	
	parer	Firm's name BPM LLP		l	Firm's EIN 81-4	234542	
	Only						
	· · · · · ·	Firm's address 4200 BOHANNON I	DRIVE SUITE 250		Phone no. (650) 8	55-6800	
		MENLO PARK, CA	940251021				
May t	he IRS discu	uss this return with the preparer s	shown above? See Instructions.			✓ Yes □ No	
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat.	No. 11282Y	Form 990 (2022	
			——————————————————————————————————————				
_	()						
	990 (2022)					Page 2	
Pai	t III Sta	tement of Program Servic	e Accomplishments				
			nse or note to any line in this Part	:III	<u></u>	<u> </u>	
1	,	cribe the organization's mission:					
		NS BRINGS TOGETHER A TEAM O EIR DISEASE AND ACCESS THEIF	F EXPERTS, WHO COMBINE COMP R BEST TREATMENT OPTIONS	ASSION WITH SCIE	NTIFIC KNOWLED	GE TO HELP PATIENTS	
ONDE		EIN DIGENGE AND ACCESS THEIR	C DEST THE THE ST TISKS.				
2	Did the ora	anization undertake any significa	nt program services during the ye	ar which were not li	sted on		
		orm 990 or 990-EZ?				🗆 Yes 🔽 No	
	-	escribe these new services on Sch				_ 1c3 _ No	
3	•		ake significant changes in how it o	conducts, any progra	am		
	_		•			🗌 Yes 🔽 No	
	If "Yes," de	escribe these changes on Schedul	e O.				
4	Describe th	ne organization's program service	accomplishments for each of its th	hree largest progran	n services, as mea	sured by expenses.	
			ns are required to report the amount	unt of grants and al	locations to others	, the total expenses,	
	and revenu	ie, if any, for each program service	e reported.				
4a	(Code:) (Expenses \$	1,260,398 including grants of s	\$) (Revenue \$	58,820)	
	SEE SCHEDU						
4b	(Code:) (Expenses \$	including grants of s	\$) (Revenue \$)	
	-						
4c	(Code:) (Expenses \$	including grants of s	\$) (Revenue \$)	

4d	Other program services (Describe in Schedule O.)										
	(Expenses \$	including grants of \$) (Revenue \$)							
4e	Total program service expenses▶	1,260,398									

4e Total program service expenses ▶

Form **990** (2022)

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Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

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	990 (2022)			Page 4
Pai	tiv Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	165	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **S	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response or note to any line in this Part V	•	 Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		Yes	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2022
	D . F			
	Page 5			
orm	990 (2022)			Page !
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	т а		NO
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm 99	0 (2022)
	Page 6			
Form	990 (2022)			Dago 6
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resr	onse to	Page 6
ı aı	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		.03	-110
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		P1 -
	Did the averagination have lead shoutons have the same of the same	10	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
11a	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12	V- ·	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	

	If "Yes" to line 15a or 15b, describe the p	rocess on Sche	dule O	. See instruction	ns.						
16a	Did the organization invest in, contribute taxable entity during the year?	assets to, or pa	rticipa • •	te in a joint ve	ntuı •	re or	simil •	ar a •	rrangement with a	. 16a	No
b	If "Yes," did the organization follow a writ in joint venture arrangements under appli status with respect to such arrangements	icable federal ta	ax law,	and take step	s to						
Se	ction C. Disclosure									-02	
17	List the states with which a copy of this Fo	orm 990 is requ	ired to	o be filed▶	C A						
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe	ection. Indicate	how y	ou made these	ava	ilab	le. Ch	eck	all that apply.	cion	
19 20	Describe in Schedule O whether (and if so policy, and financial statements available State the name, address, and telephone r	to the public du	ıring t	ne tax year.		-			•		
	MARTHA DEHNOW 2625 MIDDLEFIELD	ROAD SUITE 10	04 F	PALO ALTO, CA	943	06 (650) !	530-	3636	Fo	orm 990 (202
				Page 7 —							
Form	990 (2022)										Page
Par	Compensation of Officers, I and Independent Contractor	-	ıstee	s, Key Emp	loye	ees,	, Hig	hes	t Compensated	Employee	5,
	Check if Schedule O contains a res	•	_							<u> </u>	🗸
	ction A. Officers, Directors, Trusto complete this table for all persons required t						•				ization's tay
year.	·							•		_	iizatioii 5 tax
of cor	List all of the organization's current officen npensation. Enter -0- in columns (D), (E), ist all of the organization's current key en	and (F) if no co	mpen	sation was paid	d.				,, ,	f amount	
• L who r	ist the organization's five current highest received reportable compensation (box 5 of rganization and any related organizations.	compensated e	mploy	ees (other thai	n an	offi	cer, di	rect	or, trustee or key en		\$100,000 fro
• L	ist all of the organization's former officers				sate	ed ei	mploy	ees	who received more	than \$100,00	0
	portable compensation from the organization	•									
	ist all of the organization's former directo iization, more than \$10,000 of reportable o									tee of the	
See t	he instructions for the order in which to list	t the persons al	oove.								
	Check this box if neither the organization ne	or any related o	rganiz	ation compens	sate	d an	y curr	ent	officer, director, or t	rustee.	
	(A) Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not che box, unless per ficer and a direction	neck ersor ector	n is I r/tru	both a stee)	n	compensation con from the from	(E) Reportable Impensation Impensation Impensations	(F) Estimated amount of other compensatio
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- (V	W-2/1099- ISC/1099- NEC)	from the organization and related organization
	ul Billings D member	1.00	Х						0	0	
(2) GI	ADYS MONROY	1.00	.,								
BOAR	D MEMBER	•	Х							0	
	URENCE MARTON D MEMBER	2.00	х						0	0	
	RN NORVIEL	1.00	х						0	0	
) STAREN D MEMBER	1.00	х						0	0	
(6) JA	Y M TENENBAUM	20.00									
. ,			Х		Х				0	0	

1.00

/7) DA\/ID DATA

BOARD MEMBER (THRU 12/22)		Х			0	0	0
(8) MASAKO DUBOIS SECRETARY	40.00		x		102,000	0	7,782
(9) SHELLEY FRISBIE CFO	40.00		х		180,000	0	0
(10) REBECCA DRISCOLL CEO	40.00		x		100,000	0	6,993
(11) KAUMUDI BHAWE SCIENTIST	40.00			Х	140,500	0	25,398
(12) DEBORAH CHRISTENSEN PATIENT NAVIGATOR	40.00			Х	136,250	0	18,570
(13) EMILYA SHTIVELMAN SENIOR SCIENTIST	25.00			Х	154,938	0	332

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Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list	Position box,	(C) on (do not chec unless person i and a directo	s bo	th a	n offic	one er	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	any hours for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W- 2/1099- MISC/1099-NEC)	organizations (W-2/1099- MISC/1099-NEC)	from the organization and related organizations
1b Sub-Total	 ts to Part VII. S	ection	 A			*	: -			

2	Total number of individuals (including but no		sted above) who red	ceived mo	re than \$1	00,000			
	of reportable compensation from the organi		-		•				
								Yes	
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>			ighest con	npensated	employee on			
4	For any individual listed on line 1a, is the su				cation from	• •	3		
7	organization and related organizations grea					ii tile			
	individual						4	Yes	
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye	·	•	_			1_		
S	ection B. Independent Contractors	es, complete selleut	are 3 for Sacri persor			• • •	5		
1	Complete this table for your five highest cor						ompens	ation	
	from the organization. Report compensation (A		ear ending with or w	ithin the o	rganizatio	n's tax year. (B)		(0	.)
	Name and bus					ription of services	3	Comper	ารล
	SHELLARD GROUP				CFO AND CO	OO SERVICES			18
	HOWARD AVE 944 INGAME, CA 94010								
EMIL	YA SHTIVELMAN				SCIENTIFIC	CONSULTING			10
	FILBERT STREET FRANCISCO, CA 94133								
	,								
							+		
	Total number of independent contractors (incl	uding but not limited	d to those listed abo	ve) who r	eceived mo	ore than \$100,0	000 of		
- (compensation from the organization 🕨 2							Form 99	n
								101111 99	U
			Page 9						
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	n 990 (2022)		Page 9						ı
	Statement of Revenue	nonce ou note to an		1					ı
		ponse or note to an			 B)	(c)		 (D	
	Statement of Revenue	ponse or note to an	y line in this Part VII	(I Relat	B) ced or	(C) Unrelated		Rever) าน
	Statement of Revenue	ponse or note to any	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C)		Rever excluded x under) d fi
Pá	Statement of Revenue Check if Schedule O contains a res	ponse or note to an	y line in this Part VII	(I Relat exe fund	B) ed or mpt	(C) Unrelated business		Rever excluded) d fi
Pa	Statement of Revenue Check if Schedule O contains a res Federated campaigns 1a tributions.	ponse or note to an	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C) Unrelated business		Rever excluded x under) d fi
Pa	Statement of Revenue Check if Schedule O contains a res Federated campaigns 1a tributions.	ponse or note to any	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C) Unrelated business		Rever excluded x under) d fi
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Cont Sifts and Othe Simi Arfio	Federated campaigns 1a tributions, Membership dues 1b erAmt ibributions events 1c 66,409	ponse or note to an	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C) Unrelated business		Rever excluded x under) d fi
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Cont Sifts and Othe Simi Arfio	Federated campaigns 1a tributions, Grants, Membership dues 1b erAmt liber Liber as a service of the contains a res 166,409 Related organizations 1	ponse or note to an	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C) Unrelated business		Rever excluded x under) hue d fr
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Cont Sifts and Othe Simi Arfio d	Federated campaigns 1a tributions, Membership dues 1b erAmt lar Light Government grants (contributions) Government grants (contributions) All other contributions, gifts, grants,	ponse or note to an	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C) Unrelated business		Rever excluded x under) d fi
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Cont Sifes and Othe Simi Arfio d	Federated campaigns 1a tributions, Grants Membership dues 1b erAmt Har Har Har Har Har Har Har Har	ponse or note to any 1,170,687 Business Code	y line in this Part VII	(I Relat exe fund	B) ted or impt ction	(C) Unrelated business		Rever excluded x under) nud fi
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Control Sifes and Other Similar Arrivo d	Federated campaigns 1a tributions, Grants Membership dues 1b erAmt Har	. 1,170,687	y line in this Part VII (A) Total revenue	(I Relat exe fund reve	ed or impt ction enue	(C) Unrelated business		Rever excluded x under) d fi
Control Sifts and Other Similar Arhoo d	Federated campaigns 1a tributions, Grants Membership dues 1b erAmt Har	• 1,170,687 Business Code	y line in this Part VII (A) Total revenue	(I Relat exe fund reve	ed or impt ction enue	(C) Unrelated business		Rever excluded x under) nu d f

Serv								
S I								
Program								
		ervice revenue		50.00				
		-2f		58,82 erest, and other	11			
		· · · ·		erest, and other	24			24
4 Income from			-	•				
5 Royalties .	· · ·	(i) R		(ii) Personal	1			
	I _I	(1) K	eai	(II) Personal	1			
6a Gross rent	ts	6a			_			
b Less: rent expenses		6b						
c Rental inco		6c			<u> </u>			
d Net renta	ıl income d	or (loss)						
		(i) Secu	urities	(ii) Other	4			
7a Gross amou from sales of assets other than inventor	of r	7a	102,715					
Less: cost of other basis sales expending different forms of the cost of the c	and	7b	100,035					
Gain or (los	s)	7c	2,680					
d Net gain	L				2,680			2,680
a Gross incom		draising events		-				
(not includir contribution	s reported o							
See Part IV	/, line 18 .		8a	0)			
		es	8b	67,867				
c Net incom	e or (loss)	from fundrai	sing even	ts >	-67,867			-67,867
9a Gross incor See Part IV	me from ga /, line 19	aming activities	5. 9a					
b Less: direc	ct expense	es	9b					
c Net incom	e or (loss)	from gaming	activities	· · · •				
10a Gross sale returns an	es of inven	tory, less	10a					
b Less: cost	of goods	sold	10b		1			
c Net incom	e or (loss)	from sales o	f inventor	y >	_		·	
				Business Code		1		
11a								
ь								
Other Revenue Miso	cAmt							
d All other r	evenue .							
e Total. Add	d lines 11a	a-11d	'-					
12 Total rev	enue. See	instructions						
					1,164,344	58,820	0	-65,163 Form 990 (2022)

	Check if Schedule O contains a response or note to an	y line in this Part IX		<u>.</u>	🗸
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		•
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	354,396	265,517	44,719	44,160
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	686,133	609,821	29,244	47,068
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	101,106	79,263	9,293	12,550
10	Payroll taxes	65,812	57,343	2,871	5,598
11	Fees for services (non-employees):				
ā	a Management				
ŀ	Legal	1,912		1,912	
(Accounting	80,010	16,334	44,785	18,891
(d Lobbying				
•	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	240,289	218,003	15,050	7,236
12	Advertising and promotion				
13	Office expenses	22,788	1,055	9,963	11,770
14	Information technology				
15	Royalties				
	Occupancy				
	Travel	12,071	2,093	6,471	3,507
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
	Conferences, conventions, and meetings				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	14,856	6,193	8,663	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a MKT AND BUS DEV	4,890	4,676		214
	b FACILITIES & EQUIPMENT1	2,351	100	2,251	
	c OTHER COSTS	-3,769		-3,769	
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,582,845	1,260,398	171,453	150,994
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2022)

01111 550 (2	2022)		Page 11
Part X	Balance Sheet		

		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			419,572	1	134,178
	2	Savings and temporary cash investments .		_		2	
	3	Pledges and grants receivable, net			400,000	3	255,352
	4	Accounts receivable, net				4	
ts	5	Loans and other receivables from any current of trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disquali	tantial ese pen	contributor, or 35%		5	
	6	section 4958(f)(1)), and persons described in se				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Asi	9	Prepaid expenses and deferred charges			11,354	9	17,081
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,828			
	b	Less: accumulated depreciation	10b	6,828	0	10 c	0
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities. See Part IV, line	11 .		2,000	12	2,000
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	832,926	16	408,611
	17	Accounts payable and accrued expenses		62,826	17	57,012	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, d	or 35% controlled entity		22	
ï	23	Secured mortgages and notes payable to unrela	ited thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· ·		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,		25	
	26	Total liabilities. Add lines 17 through 25 .			62,826	26	57,012
Assets or Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere 🕨 🗸 and	590,204	27	329,703
Ba	28	Net assets with donor restrictions			179,896	28	21,896
pun		Organizations that do not follow FASB ASC	958, c	heck here and	17 0,000	20	21,000
or F	29	complete lines 29 through 33. Capital stock or trust principal, or current funds			29		
Sts	30	Paid-in or capital surplus, or land, building or ed	nt fund		30		
SSE	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
	32	Total net assets or fund balances			770,100	32	351,599
Net	33	Total liabilities and net assets/fund balances .		📙	832,926	33	408,611

Form **990** (2022)

——— Page 12 ——

	Check it ocheque o contains a response of note to any line in this car. A			<u> </u>)
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,164,344
_	· · · · · · · · · · · · · · · · · · ·	2			
2	Total expenses (must equal Part IX, column (A), line 25)	3			,582,845 -418,501
	Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			770,100
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			0
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			351,599
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate beconsolidated basis, or both:	oasis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ļ	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	dule O.		ļ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni	iform]	
	Guidance, 2 C.F.R. Part 200, Subpart F?		3a		No
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 in Schedule O and describe any steps taken to undergo such audits.	red	3b		
			F	orm 99	0 (2022)
_					
	990 (2022)		_)
AC	lditional Data		Retur	n to Fo	rm

Software ID:

Department of the Treasury

Internal Revenue Service

ObjectId: 202421319349302562 - Submission: 2024-05-10

TIN: 45-3266802

OMB No. 1545-0047

2022

(Form 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a sec

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	R COM	MONS					Employer identific	ation number				
Do-	+ T	Passan for Dublic	Charity Stat	us (All organization	c muct comple	to thic part \ C	45-3266802					
Par The o		Reason for Public ation is not a private four					see instructions.					
1		A church, convention of	churches, or as	ssociation of churches	described in sec t	tion 170(b)(1)	(A)(i).					
2		A school described in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)						
3		A hospital or a cooperati	ive hospital ser	vice organization descr	ribed in section	170(b)(1)(A)(iii).					
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section 1	170(b)(1)(A)(iii). E	nter the hospital's				
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or op	erated by a gov	ernmental unit descril	oed in section				
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	n 170(b)(1)(A	a)(v).					
7	~	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust descri	ribed in sectio	n 170(b)(1)(A)(vi).	(Complete Part I	[.)						
9		An agricultural research non-land grant college of						ege or university or a				
10		An organization that normally receives: (1) more than $33_{1/3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than $33_{1/3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 , 1975. See section 509(a)(2). (Complete Part III.)										
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	ee section 509	(a)(4).					
12		An organization organize more publicly supported on lines 12a through 12	organizations (described in section 5	09(a)(1) or sec	tion 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box				
а		Type I. A supporting or organization(s) the pow-	ganization oper er to regularly a	rated, supervised, or coappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by					
b		Type II. A supporting o management of the sup must complete Part IV	rganization sup porting organiz	pervised or controlled in ation vested in the sam								
С		Type III functionally supported organization(integrated. A	supporting organization				ted with, its				
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	fy a distribution i							
е		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type III	functionally				
f	Enter	the number of supported	lorganizations				<u> </u>					
g		de the following informati										
	(1) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
Total												
For P	aperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 11285	F	Schedule	A (Form 990) 2022				
				Pag	ge 2 ———							
		(Form 990) 2022						Page 2				
Pai	t II	Support Schedule	e for Organiz	zations Described	in Sections 1	70(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.

	r fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1,802,396	2,103,518	1,733,265	1,629,264	1,170,687	8,439,130
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,802,396	2,103,518	1,733,265	1,629,264	1,170,687	8,439,130
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						3,339,589
	supported organization) included on line 1 that exceeds 2% of the						3,339,369
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						5,099,541
_	Section B. Total Support						<u> </u>
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(o 7	r fiscal year beginning in) Amounts from line 4	1,802,396	2,103,518	` `	` `	1,170,687	8,439,130
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and				361	23	384
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital	2,500	868	6,329	322		10,019
11	assets (Explain in Part VI.) Total support. Add lines 7 through						0.440.500
	10	oto (coo instructi	ons)			1481	8,449,533
12 13	First 5 years. If the Form 990 is for t	•	,			n 501(c)(3) organ	84,553
-5	this box and stop here	-			•	. , , ,	ization, check
-	Section C. Computation of Public						
14	Public support percentage for 2022 (lin	ne 6, column (f) d	livided by line 11,	column (f))		14	60.350 %
15	Public support percentage for 2021 Sc					15	54.830 %
16	33 1/3% support test—2022. If the						_
ŀ	and stop here. The organization quali 33 1/3% support test—2021. If the	ifies as a publicly e organization did	supported organiz not check a box o	ation In line 13 or 16a, a	and line 15 is 33 1/	3% or more, chec	.. ▶ ☑ k this
-	box and stop here. The organization						- 0
17	a 10%-facts-and-circumstances test and if the organization meets the "fact						
	meets the "facts-and-circumstances" t		•	-		_	_
b	10%-facts-and-circumstances tes	st-2021. If the o	organization did no	t check a box on I	ine 13, 16a, 16b, o	or 17a, and line 15	5 is 10% or
	more, and if the organization meets t				-		_
18	meets the "facts-and-circumstances" Private foundation. If the organizati	test. The organization did not check a	ation qualifies as a a box on line 13, 1	i publicly supporte .6a, 16b, 17a, or 1	d organization . . .7b, check this box	and see	🟲 🔾
	instructions						▶□
						Schedule A (I	Form 990) 2022
			Page 3				
. .	11.4 (5						
	edule A (Form 990) 2022	0!!	D	- C	(-)(2)		Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	er Part II. If
	the organization fails						
<u>C3</u>	Section A. Public Support lendar year	1	1	1	1		
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.`") .				 		
2	Gross receipts from admissions, merchandise sold or services				1		
	performed, or facilities furnished in				1		
	any activity that is related to the organization's tax-exempt purpose						
3		e			1		
	under section 513				1		
4	Tax revenues levied for the	,]	1				1

	organizacion s penent and etcher paid				1				
5	to or expended on its behalf The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
L	3 received from disqualified persons Amounts included on lines 2 and 3								
D	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support		1			1			
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
-	fiscal year beginning in)	(a) 2018	(b) 2019	(C) 2020	(d) 2021	(e) 2022	(1)	iotai	
9 10a	Amounts from line 6 Gross income from interest,				+				
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
-	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.			1		1	+		
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first second thir	d fourth or fifth	tax vear as a secti	on 501(c)(3) or	raniza	tion ch	neck
14	this box and stop here	=			•		_		_
Se	ection C. Computation of Public						• •		
15	Public support percentage for 2022 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15			
16	Public support percentage from 2021 S	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage						
Se 17	Investment income percentage for 20	ment Income 22 (line 10c, colu	Percentage mn (f) divided by	line 13, column	(f))	17			
17 18	Investment income percentage for 20 . Investment income percentage from 2	22 (line 10c, colu 021 Schedule A,	mn (f) divided by Part III, line 17 .			18			
17 18	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the	22 (line 10c, colu 021 Schedule A, organization did r	mn (f) divided by Part III, line 17 . not check the box	on line 14, and l	ine 15 is more than	18 n 33 1/3%, and li		_	
17 18	Investment income percentage for 20 . Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	22 (line 10c, colu 021 Schedule A, organization did r I stop here. The	mn (f) divided by Part III, line 17 . not check the box organization qual	on line 14, and lifies as a publicly	ine 15 is more than supported organiz	18 ation	1	ightharpoons	10:-
17 18	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	22 (line 10c, colu 021 Schedule A, organization did r d stop here. The e organization did	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box	on line 14, and lifies as a publicly on line 14 or line	ine 15 is more than supported organiz 19a, and line 16 is	18 n 33 1/3%, and li ation	 /3% a ı	nd line	18 is
17 18 19a b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar	nd line	18 is
17 18	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar 	nd line	
17 18 19a b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar 	nd line	
17 18 19a b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here.	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14,	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar 	nd line	
17 18 19a b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here.	mn (f) divided by Part III, line 17. not check the box organization qual not check a box of the organization o	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar 	nd line	
17 18 19a b	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	22 (line 10c, colu 021 Schedule A, organization did r i stop here. The e organization did and stop here.	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14,	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar 	nd line	2022
17 18 19a b 20	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	22 (line 10c, colu 1021 Schedule A, organization did r I stop here. The e organization did and stop here. on did not check a	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box of the organization a box on line 14,	on line 14, and l ifies as a publicly on line 14 or line qualifies as a pub	ine 15 is more than supported organiz 19a, and line 16 is licly supported org	18 ation	 /3% ar 	nd line	
17 18 19a b 20	Investment income percentage for 20. Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2022 **Example 10. **Example 20. **Exam	22 (line 10c, colu 1021 Schedule A, organization did r d stop here. The e organization did and stop here. on did not check a	mn (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization of a box on line 14,	on line 14, and I ifies as a publicly on line 14 or line qualifies as a pub 19a, or 19b, chec	ine 15 is more than supported organiz 19a, and line 16 is slicly supported organizek this box and see	18 ation more than 33 1 anization instructions Schedule A	 /3% ar (Forn	nd line	2022 lage 4
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	II res, explain in Part VI what controls the organization put in place to ensure such use.	3с	l	l
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
c	supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections	7.0		
·	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	FL		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other			
	than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	Эа		
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	90		
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	IVa		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	ո 990)	2022
	Page 5			
Sche	dule A (Form 990) 2022		F	Page 5
Par	Supporting Organizations (continued)		ı	ı
	Han the considering accepted a sign of an explicit plan from any CH CH is		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
а	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
Se	<u>VI.</u> ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
	ection D. All Type III Supporting Organizations		,		<u> </u>		
	ection D. An Type III Supporting Organizations				Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?	ng the the or	prior tax year, (ii) a copy of the				
_				1	<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported	No," e	xplain in Part VI how the				
_		_	. ,	2	<u> </u>		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported the	tion's i	ncome or assets at all times	3			
Se	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):			
ā	The organization satisfied the Activities Test. Complete line 2 below.						
ŀ	The organization is the parent of each of its supported organizations. Complete	line :	3 below.				
•	The organization supported a governmental entity. Describe in Part VI how yo	u supp	oorted a government entity (se	e instru	ctions)		
2	2 Activities Test. Answer lines 2a and 2b below.						
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted						
	substantially all of its activities.						
ı	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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the						
	organization's involvement.						
3							
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.							
ŀ	 Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? If "Yes," describe in Part VI. the role played by the organizations? 			<u> </u>	<u> </u>		
			Schedule A	3b	2 000)	2022	
			Scriedule I	4 (1011)	1 990)	2022	
	Page 6 ————						
Sche	dule A (Form 990) 2022				F	age 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations			_	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 (explain in Part	<i>VI</i>). Se	e		
	instructions. All other Type III non-functionally integrated supporting organization	tions i	i i	_			
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	r	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions) 7							
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8							
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
- 7	Average monthly value of securities	1a					
	b Average monthly cash balances 1b						
	Fair market value of other non-exempt-use assets	1c					
	I Total (add lines 1a, 1b, and 1c)	1d					

e Discount claimed for blockage or other factors

	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
3	Subtract line 2 from line 1d		3			
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			
5	Net value of non-exempt-use assets (subtract line 4 fi	rom line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	ne 8 Column A)	1			
	Enter 85% of line 1		2			
	Minimum asset amount for prior year (from Section B	line 8 Column A)	3			
4	Enter greater of line 2 or line 3	, inic o, column A)	4			
	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, u temporary reduction (see instructions)	inless subject to emergency	6			
7	Check here if the current year is the organization instructions)	on's first as a non-functionally-	integrat	I ed Type III supp	orting	organization (see
	ec. decidency				Sc	hedule A (Form 990) 2022
		Page 7				
Sched	dule A (Form 990) 2022					Page 7
	rt V Type III Non-Functionally Integrated	1 509(a)(3) Supporting (Organ	izations (con	tinued	
	tion D - Distributions	a bos (a)(b) supporting	o i ga i i	izacions (**		Current Year
300	distributions			1		current rear
1	Amounts paid to supported organizations to accomplish	exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organiz	ations, in	2	
3	Administrative expenses paid to accomplish exempt pu	rposes of supported organization	ons		3	
4	Amounts paid to acquire exempt-use assets				4	
					_	
	Qualified set-aside amounts (prior IRS approval require	a - provide details in Part VI)			5	
6	Other distributions (describe in Part VI). See instruction	ns			6	
7 1	Total annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to what details in Part VI). See instructions	nich the organization is respons	sive (<i>pr</i> o	ovide	8	
9	Distributable amount for 2022 from Section C, line 6				9	
	·					
10	ine 8 amount divided by Line 9 amount	<u> </u>		/ ::>	10	(:::)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Und	(ii) derdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
	Distributable amount for 2022 from Section C, line 6					
(Inderdistributions, if any, for years prior to 2022 reasonable cause required explain in Part VI). See instructions.					
	excess distributions carryover, if any, to 2022:					
	From 2017					
<u>b</u>	From 2018					
_	From 2019					
	From 2020					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see					
	instructions)					
	emainder. Subtract lines 3g, 3h, and 3i from line 3f. stributions for 2022 from Section D, line 7:					
. 51	\$ 101 2022 Holli Occident B, Illic 7.					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount			<u></u>		

	I	1	1
c Remainder. Subtract lines 4a and 4b from	n line 4.		
5 Remaining underdistributions for years pr 2022, if any. Subtract lines 3g and 4a from If the amount is greater than zero, <i>explained</i> See instructions.	m line 2.		
6 Remaining underdistributions for 2022. Solines 3h and 4b from line 1. If the amounthan zero, explain in Part VI . See instru	nt is greater		
7 Excess distributions carryover to 202 3j and 4c.	3. Add lines		
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			Schedule A (Form 990) (2022)
Section A, lines 1, 2, 3b, 3c, 4b, Part IV, Section D, lines 2 and 3	4c, 5a, 6, 9a, 9b, 9c, 11a, 1; Part IV, Section E, lines 1c,	1b, and 11c; Part IV, Section B, 2a, 2b, 3a and 3b; Part V, line 1	Page 8 ne 17a or 17b; Part III, line 12; Part IV, lines 1 and 2; Part IV, Section C, line 1; ; Part V, Section B, line 1e; Part V or any additional information. (See
	Facts And Circ	umstances Test	
Return Reference		Explanation	
Retain Reference		Expandion	Schedule A (Form 990) 2022
Additional Data			Return to Form

efile Public Visual Render ObjectId: 202421319349302562 - Submission: 2024-05-10 TIN: 45-3266802 OMB No. 1545-0047 Schedule B Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for the latest information. Internal Revenue Service Name of the organization **Employer identification number** CANCER COMMONS 45-3266802 Organization type (check one): Filers of: Section: Form 990 or 990-EZ □ 501(c)() (enter number) organization 527 political organization 501(c)(3) exempt private foundation Form 990-PF ↓ 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 other 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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwoi	rk Reducti	on Act Notice,	see the	Instructions
or Form 990,	990-EZ, o	r 990-PF.		

Cat. No. 30613X

Schedule B (Form 990) (2022)

Page 2

Schedule B (Form 990) (2022)

Page 2

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	,	THE THIRD TED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3		
	Form 990) (2022)		Page 3
Name of orga CANCER COM		Employer identification	on number
		45-3266802	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	(4)
No. from Part I	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

				,		
-					\$	
(a)	(b)				(c)	(d)
No. from	Description of noncash	property give	n		r estimate)	Date received
Part I		1 11 17 17 1		(See in	structions)	
	-					
-					\$	
(a)	(b)				(c)	(d)
No. from	Description of noncash	property give	n		r estimate)	Date received
Part I	· ·			(See in	structions)	
	-				Φ.	
•					\$_	-
					, ,	
(a)	(b)			EMV//a	(c)	(d)
No. from Part I	Description of noncash	property give	n		r estimate)	Date received
Faiti				(366 11	istructions)	
	-				\$	
•					Φ_	
				1	(-)	
(a) No. from	(b)			EMV (o	(c) r estimate)	(d)
Part I	Description of noncash	property give	n		structions)	Date received
				(000	ou deliene)	
					\$	
•				-		
			<u> </u>	1	(0)	
(a) No. from	(b)			EMV (o	(c) r estimate)	(d)
Part I	Description of noncash	property give	n		structions)	Date received
				(000	ou deliene)	
					\$	
•						
						0 1 1 1 7 (5 000) (0000)
						Schedule B (Form 990) (2022)
		P	age 4			
Schodulo	B (Form 990) (2022)					Page 4
	rganization			1	Emmlesses ident	
CANCER C					Employer ident	tification number
0, 02 0	oo				45-3266802	
Part III	Exclusively religious, charitable, etc., cor	tributions to or	ganizations descri	ibed in sect	tion 501(c)(7), (8), or (10) that total more
	than \$1,000 for the year from any one con	tributor. Compl	ete columns (a) th	rough (e) a	nd the following	line entry. For
	organizations completing Part III, enter th	e total of exclus	s <i>ively</i> religious, ch	naritable, et	c., contributions	s of \$1,000 or less for the
	year. (Enter this information once. See in		\$			
	Use duplicate copies of Part III if additional s	pace is needed.				
(a)				1		
No. from	(b) Purpose of gift	1	(c) Use of gift		(d) Descrip	tion of how gift is held
Part I	(0): 4: pood 0: 9::0	,	(c) ccc c. g		(0,) 2000p	
-						
) Transfer of gift			
	Transferee's name, address, and			Relationshir	of transferor to	transferee
	Transfered o flame, address, and	Transieree's riame, address, and ZIF 4				
(a)	(In) Process of 1986		(-) - - -		(d) Danasia	4:£ :
No. from Part I	(b) Purpose of gift	1	(c) Use of gift		(a) Descrip	tion of how gift is held
i aiti		1				
	<u> </u>	<u> </u>				
-						
	_ ,) Transfer of gift	5 1 11 11		
	Transferee's name, address, and	ZIP 4	F	kelationship	of transferor to	transferee
			l ———			
(a)		<u> </u>				

No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
· <u> </u>	Transferee's name, address, and 2		e) Transfer of gift Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held	
. =	Transferee's name, address, and 2		e) Transfer of gift Relationshi	p of transferor to transferee	
		<u> </u>		Schedule B (Form 990) (2022)	

Additional Data

Return to Form

ObjectId: 202421319349302562 - Submission: 2024-05-10

TIN: 45-3266802

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	I me of the organization NCER COMMONS	Employer identification number
CAI	VELIC COMMONS	45-3266802
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	or Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	n historically important land area
	Protection of natural habitat Preservation of a	certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo	orm of a conservation
_	easement on the last day of the tax year.	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year	the organization during the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse \$\$\$\$	ervation easements during the year
8	Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section and section $170(h)(4)(B)(ii)$?	170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experiments balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.	
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research in furtipart XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furtifollowing amounts relating to these items:	
((i) Revenue included on Form 990, Part VIII, line 1	▶\$
	ii)Assets included in Form 990, Part X	
2 (If the organization received or held works of art, historical treasures, or other similar assets for fine	
	following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1	
а	Revenue included on Form 550, Fait VIII, line 1	

Schedule D (Form 990) 2022 Page **2**

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tr	easures,	or Other	Similar As	sets (conti	nued)
3		the organization's acquire (check all that apply):		n, and other	records,	check a	any of t	he followir	ng that are a	significant u	se of its coll	ection
а		Public exhibition				d		Loan or ex	change pro	grams		
b		Scholarly research				е		Other				
C		Preservation for future	e generations									
4	Provide Part >	de a description of the o	organization's col	lections and	explain h	ow the	y furth	er the orga	anization's e	xempt purpos	se in	
5		g the year, did the orga s to be sold to raise fur									☐ Yes	□ No
Pa	rt IV	Escrow and Custo Complete if the org line 21.			' on Forr	n 990,	Part I	V, line 9,	or reporte	d an amour	nt on Form	990, Part X,
1a	Is the	e organization an agent ded on Form 990, Part)	, trustee, custodi X?	an or other i	ntermedi	ary for	contrib · · ·	utions or o	other assets	not 	☐ Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII	and comple	te the foll	lowina	table:			Ar	nount	
c		ining balance		•		_			1c			
d	_	ions during the year .							1d			
e		butions during the year							1e			
f		ig balance							1f			
									<u> </u>			
2a		ne organization include									_	∪ No
b		s," explain the arrange		. Check here	if the ex	planatio	on has	been provi	ided in Part	XIII	U	
Pa	rt V	Endowment Fund Complete if the org		vered "Vec"	' on Forn	n aan	Dart I	V line 10	1			
		complete ii the org	gariization ansv	(a) Curren			rior year		vo years back	(d) Three yea	rs back (e) f	our years back
1a	Beginn	ing of year balance .										·
b	Contrib	outions										,
С	Net inv	vestment earnings, gain	ns, and losses									
d	Grants	or scholarships										
е		expenditures for facilitie	es									
f	Admini	strative expenses .										
g	End of	year balance										
2		de the estimated percei	-	ent year end	balance ((line 1g	, colun	nn (a)) hel	d as:			
а	Board	d designated or quasi-e	ndowment 🕨									
b	Perm	anent endowment 🕨										
c	Term	endowment 🕨										
За	Are th	percentages on lines 2a, here endowment funds		•		on that	are he	ld and adr	ministered fo	or the		
	_	nization by: nrelated organizations									2=(:)	Yes No
	. ,	Related organizations			• • •		•		•		3a(i) 3a(ii)	
b		s" on 3a(ii), are the rel			eauired o	n Sche	dule R?				3b	
4		ribe in Part XIII the inte	-		•							<u> </u>
Pa	rt VI	Land, Buildings,	and Equipme	nt.								
		Complete if the org										
	Descri	ption of property	(a) Cost or oth (investme		(b) Cost of	or other	basis (ot	ther) (c)	Accumulated	depreciation	(d) Bo	ok value
1a	Land											
b	Buildin	gs										
С	Leaseh	old improvements					(5,828		6,828		0
		nent										
	_	lines 1a through 1e. (C	Column (d) must e	equal Form 9	990, Part .	X, colui	mn (B),	line 10(c)).)	>		0

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990	Part IV	line 11h See For	-m 990 Part Y	line 12
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of val t or end-of-year m	uation:
(1) Financial derivatives	Value	•		
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	٠			
Complete if the organization answered 'Yes' on Form 990	, Part IV,			
(a) Description of investment		(b) Book value	(c) Metho Cost or end-o	od of valuation: f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX Other Assets.	٠			
Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, I	ine 11d. See For	m 990, Part X,	line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (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,		ine 11e or 11f.S	ee Form 990, Pa	art X, line 25. (b) Book value
1. (a) Description of IIabi (1) Federal income taxes	псу			(b) Book value

-, · ·	adrai interne tante		
			_
			
			
	(Column (b) must equal Form 000, Part V, cel (P) line 2F.)		
	(Column (b) must equal Form 990, Part X, col.(B) line 25.) Folity for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial sta	etements that	reports the
Jann	zation's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has		(Form 990) 2022
		Schedule D	(FOI III 990) 2022
	Page 4		
	Tage 4		
ned	ule D (Form 990) 2022		Page 4
ar	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
1	Net unrealized gains (losses) on investments 2a	_	
	Donated services and use of facilities 2b	_	
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIII.) 2d		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
1	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
•	Other (Describe in Part XIII.) 4b	1	
2	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	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.		
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
1	Donated services and use of facilities 2a		
•	Prior year adjustments		
;	Other losses	1	
i	Other (Describe in Part XIII.) 2d		
•	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
1	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.) 4b	╡	
	Add lines 4a and 4b	4c	
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information	1 - 1	
ar			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par	t V. line 4 · Par	t X. line 2: Part XI
rov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line 4; Par	t X, line 2; Part XI,

_ . . _

Additional Data Return to Form

ObjectId: 202421319349302562 - Submission: 2024-05-10

TIN: 45-3266802 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

2022

mal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection			
Name of the organization CANCER COMMONS Employer identi							entification number	
						45-3266802		
	ng Activities. Com EZ filers are not red			answered "Yes" on Fo	orm 990,	Part IV, line 1	17.	
				ollowing activities. Check	all that ar	nnly		
a Mail solicitations		runus tinough an	y or the le	Solicitation of non				
b Internet and em			f	Solicitation of gov	_	3		
				_	_	iants		
c Phone solicitation d In-person solicities			g	Special fundraising	g events			
		al agreement with	any indiv	ridual (including officers,	directors	trustees		
				n with professional fundi		vices?	es 🗆 No	
	highest paid individua at least \$5,000 by the		draisers)	pursuant to agreements	under whi	ch the fundraise	er is	
(i) Name and address of	individual (ii) Act	tivity (:::) Did	(iv) Gross receipts	(v) Am	ount paid to	(vi) Amount paid to	
or entity (fundrais		fundrai	ser have	from activity	(or re	tained by)	(or retained by)	
		cont	ody or trol of		fundraiser listed in col. (i)		organization	
		contrib Yes	No					
							_	
otal			. ▶					
3 List all states in which licensing.	the organization is r	egistered or licen	sed to soli	cit contributions or has b	een notifi	ed it is exempt	from registration or	
						=======================================		
or Paperwork Reduction	Act Notice, see the Inst	tructions for Form	990 or 990	D-EZ. Cat. No.	50083H	S	chedule G (Form 990) 202	
			—— Рас	ge 2 ————				
				J				

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		EVENT #1 (event type)	(event type)	(total number)	col. (c))
		(event type)	(event type)	(total namber)	
е					
Revenue					
Rev					
	1 Gross receipts	66,409			66,409
	2 Less: Contributions3 Gross income (line 1 minus	66,409			66,409
	line 2)		1		<u> </u>
	4 Cash prizes				
es	5 Noncash prizes				
ens	6 Rent/facility costs	34,098			34,098
쬬	7 Food and beverages				_
Direct Expenses	8 Entertainment				
ā	9 Other direct expenses	33,769			33,769
	10 Direct expense summary. Add lines 4 t11 Net income summary. Subtract line 10				67,867
Par	t III Gaming. Complete if the orga		es" on Form 990, Part I	V, line 19, or reported	-67,867 more than \$15,000
	on Form 990-EZ, line 6a.		, 	· · · ·	· ·
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
eve			5ge, p. eg. ess.ve 5ge		(4) 4 649.1 65(4)
	1 Gross revenue				
enses	2 Cash prizes				
Expe	3 Noncash prizes				
t E	4 Rent/facility costs				
Direct					
	5 Other direct expenses	☐ Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		<u> </u>
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct go If "No," explain:				∪ Yes ∪ No
-					
10a	Were any of the organization's gaming lic				
b	If "Yes," explain:				——————————————————————————————————————

Software ID:

Return to Form

Software Version

Additional Data

ObjectId: 202421319349302562 - Submission: 2024-05-10

TIN: 45-3266802 OMB No. 1545-0047

Schedule J

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization CANCER COMMONS 45-3266802 Part I **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study **V** Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a Receive a severance payment or change-of-control payment? . . . No 4b No Participate in, or receive payment from, an equity-based compensation arrangement? 4c Nο If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? No h Any related organization? . . . 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: 6a No Any related organization? 6b No If "Yes," on line 6a or 6b, describe in Part III. 7 Yes Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was 8 No "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Page 2 -

Schedule J (Form 990) 2022 Page 2

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 are not 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			of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 SHELLEY FRISBIE CFO	(i) (ii)	180,000	0	0	0	0	180,000	0
2 KAUMUDI BHAWE SCIENTIST	(i) (ii)	140,000	500	0	0	25,398 0	165,898	0
3 EMILYA SHTIVELMAN SENIOR SCIENTIST	(i) (ii)	152,938 0	2,000	0	0	332	155,270	0
4 DEBORAH CHRISTENSEN PATIENT NAVIGATOR	(i) (ii)	133,750	2,500	0	0	18,570	154,820	0

Schedule J (Form 990) 2022									
PART I, LINE 7	BONUSES ARE APPROVED BY MANAG	EME	NI AND THE BOAR	D OF DIRECTORS.	•				000) 2022
	Return Reference Explanation								
	rovide 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 III Supplemental Information									
Schedule J (Form 990) 2022									Page 3
							•	Schedule J (F	orm 990) 2022
			İ	İ	I	İ	I	I	1

Additional Data Return to Form

ObjectId: 202421319349302562 - Submission: 2024-05-10

TIN: 45-3266802

OMB No. 1545-0047

Open to Public

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

SCHEDULE M

(Form 990)

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Inspection **Employer identification number**

CANC	ER COMMONS				45-3266	5802			
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de Incash contribu	etermir		.s
	Art—Works of art								
	Art—Historical treasures .								
3 4	Art—Fractional interests Books and publications								
	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	1	100,035	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								
	Collectibles								
	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22 23	Historical artifacts Scientific specimens								
	Archeological artifacts								
24	VIDEO	Х	1	4,700	FM\/				
25	PRODUCTION Other ▶ ()	^	1	-1,700					
26	Other ► (AIRFARE)	Х	1	308	FMV				
27	Other ▶ (SUPPLIES)	Х	1		FMV				
28	Other ► ()								
29	Number of Forms 8283 received by t				26				
	for which the organization completed	Form 8283	3, Part IV, Donee Acknowledg	gement	29				
						<u>-</u>		Yes	No
30a	During the year, did the organization hold for at least three years from th								
	purposes for the entire holding period	od?					20		
	76 lb (D					30a		No
ь 31	If "Yes," describe the arrangement in Does the organization have a gift ac		olicy that requires the review	v of any nonstandard contrib	outions?		31		No
	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?						32a		
b	If "Yes," describe in Part II.	- •	· · · · · · ·		•	-			No
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.									
For P	aperwork Reduction Act Notice, see the	Instruction	s for Form 990.	Cat. No. 51227J		Schedule M	(Form	990) (2022)

Schedule M (Form 990) (2022)

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.

complete this part for an	y daditional information:
Return Reference	Explanation
PART I COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

Schedule M (Form 990) (2022)

Additional Data Return to Form

ObjectId: 202421319349302562 - Submission: 2024-05-10

TIN: 45-3266802

SCHEDULE O Sunnlemental Infor

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

▶ Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CANCER COMMONS

Department of the Treasury

Internal Revenue Service

(Form 990)

Employer identification number

CHICER COMMON		45-3266802			
Return Reference	Explanation				
FORM 990, PART III, LINE 4A:	CANCER COMMONS BRINGS TOGETHER A TEAM OF PATIENT NAVIGATORS, PHD S NATIONAL EXPERTS, WHO COMBINE COMPASSION WITH DEEP SCIENTIFIC KNOW UNDERSTAND THEIR DISEASE AND ACCESS THEIR BEST TREATMENT OPTIONS. C ASSISTS PATIENTS, PARTICULARLY THOSE WITH METASTASIS AND LATE-STAGE D INCLUDING, BUT NOT LIMITED TO, BRAIN, PANCREATIC, COLORECTAL, ESOPHAGE PROSTATE CANCERS. ACCOMPLISHMENTS INCLUDE: FURTHER ENHANCEMENT OF INCLUDING HELP WITH REGISTRATION, IDENTIFYING PATIENT NEEDS INCLUDING ASSISTING PATIENTS AND CAREGIVERS IN COLLECTING MEDICAL RECORDS. CON BOARD ("VTB") FOR PANCREATIC AND BRAIN PATIENTS. A VTB IS A NETWORK OF E SCIENTISTS WHO REVIEW INDIVIDUAL CANCER PATIENTS' CASES AND PROVIDE INTO THE PATIENTS TO SHARE WITH THEIR ONCOLOGISTS AND MEDICAL FINAL TWO QUARTERLY WEBINARS OF THE PAT LOONEY EDUCATIONAL SERIES F POSTING AND PUBLISHING OF EDUCATIONAL ARTICLES - TO INFORM PATIENTS OF THE FIELD OF PRECISION ONCOLOGY AND INFORMATION PERTINENT TO THE CAID EXPANDED THE LEARNING HEALTH SYSTEM BRAIN PILOT INTO AN ACTIVE BRAIN SYSTEM. THIS INITIATIVE WILL BE REPLICATED IN PANCREATIC AND OTHER CANCER PROVIDE A CONTINUUM OF CARE AND SERVICES BEYOND THOSE CUSTOMARILY COMMONS PLUS IS A SUBSCRIPTION PROGRAM THAT PROVIDES MONTHLY OR QUARTENTS OF ASSISTANCE PROVIDES A SUBSCRIPTION PROGRAM THAT PROVIDES MONTHLY OR QUARTENTS WITH TREATMENT, AND HELP PATIENTS PLAN AHEAD. CLINICAL ASSISTANCE PROVIDES NAVIGATION, MANAGEMENT OF THE TRIAL/TREATMENT OF CORDINATION WITH TRIAL SITE(S), AND ASSISTANCE WITH THE APPLICATION PROGRAM THAT PROVIDES MONTHLY OR PATIENTS (CAREGIVER PRIORITIES AND GOALS. PARTNERSHIP WITH XCURES - CANCINVITED TO ENROLL IN XCELSIOR, A PATIENT - CENTRIC PLATFORM TRIAL FOR PRICOMMONS IS PARTICIPATING IN WITH TECHNOLOGY PARTNER XCURES. OTHER HAS PARTNERSHIPS WITH OTHER ORGANIZATIONS AND INSTITUTIONS WHO SHAICENTIC PHILOSOPHY. THESE ORGANIZATIONS REFER PATIENTS WITH CHALLEN SERVICES TO CANCER COMMONS' PATIENTS. THE MOST ACTIVE PARTNERS DURI PANCREATIC CANCER COTION NETWORK (PANCAN) AND THE MUSELLA FOUNDAT INFORMATION. BOTH	LEDGE TO HELP PATIENTS ANCER TYPE - CANCER COMMONS ISEASE, WITH ANY CANCER TYPE, EAL, OVARIAN, BREAST, LUNG, AND OF NAVIGATION SERVICES, GOALS OF TREATMENT, AND NINUATION OF THE VIRTUAL TUMOR EXPERT ONCOLOGISTS AND CLINICAL DETAILED TREATMENT OPTIONS AL TEAMS. CONTINUATION OF THE OR CLIENT EMPOWERMENT AND OF THE LATEST ADVANCEMENTS IN NCER IMPACTED COMMUNITY. CANCER LEARNING HEALTH ERS DURING FY24. FEE FOR OGRAMS THIS FISCAL YEAR TO PROVIDED AT NO CHARGE. CANCER JARTERLY OUTREACH TO QUESTIONS/CONCERNS, DISCUSS TRIALS AND EXPANDED ACCESS OPTIONS LIST, COMMUNICATION AND ROCESS, ALL BASED ON COCESS, ALL BASED ON COCESS, ALL BASED ON CER COMMONS PATIENTS ARE ECISION ONCOLOGY, THAT CANCER VARTNERSHIPS - CANCER COMMONS RE THE CANCER COMMONS PATIENT- GING CASES OR OFFER THEIR NG FISCAL YEAR 2023 ARE THE ION FOR BRAIN TUMOR RESEARCH &			
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS GIVEN TO THE GOVERNING BODY BEFORE THE RETURN IS FILED. THEY REVIEW AND CAN REQUEST CHANGES AT THIS TIME.				
FORM 990, PART VI, SECTION B, LINE 12C	THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AN INTEREST POLICY ANNUALLY.	ID SIGN THE WRITTEN CONFLICT OF			
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS PERFORMS ALL INTERVIEWS SPECIFIC TO TOP KEY FFORWARDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.	POSITIONS WHICH IS THEN			
FORM 990, PART VI, SECTION C, LINE 19	MADE AVAILABLE UPON REQUEST.				
FORM 990, PART VII, SECTION B, LINE 1:	EMILYA SHTIVELMAN'S COMPENSATION REPORTED ON PART VII, SECTION B IS INVVII, SECTION A.	CLUDED IN THE AMOUNTS ON PART			
FORM 990, PART IX, LINE 11G	OTHER CONSULTING COSTS: PROGRAM SERVICE EXPENSES 218,003. MANAGEMI 15,050. FUNDRAISING EXPENSES 7,236. TOTAL EXPENSES 240,289.	ENT AND GENERAL EXPENSES			

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

Cat. No. 51056K

Schedule O (Form 990) 2022

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Additional Pata Return to Form