# 990 Form Department of the

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

2021

Open to Public Inspection

OMB No. 1545-

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

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

endar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

C Name of organization

D Em

| reasui<br>nter <b>m</b> a      |                   | n <b>nenSter</b> tviese | <br> endar year, or tax year beginning                               | g 01-01-2021 , and ending 12-           | -31-2021            |                                      |                        |                |
|--------------------------------|-------------------|-------------------------|--|---|---------------------|--------------------------------------|------------------------|----------------|
|                                |                   | plicable:               | C Name of organization   | g 01-01-2021 , and ending 12-           | -51-2021            | D Employer                           | identificat            | ion number     |
|                                | dress c<br>me cha | _                       | PARTNERS FOR CANCER CARE AND PREVENTION INC                          |   |                     | 45-1605                              | 5551                   |                |
| Init                           | tial retu<br>al   | ırn                     | Doing business as  |   |                     |                                      |                        |                |
| returr                         | n/termin          | ated<br>return          | Number and street (or P.O. box if ma                                 | ail is not delivered to street address) | Room/suite          | E Telephone                          | number                 |                |
|                                |                   | n pending               | 10 EAST LEE STREET 1901  |   | ,                   | (443) 38                             | 36-2220                |                |
|                                |                   |                         | City or town, state or province, count BALTIMORE, MD 21202           | try, and ZIP or foreign postal code     |                     | <b>G</b> Gross recei                 | ints \$ 149.87         | 71             |
|                                |                   |                         | <b>F</b> Name and address of principal                               | al officer:                             | <b>H(a)</b> Is      | this a group retu                    |                        |                |
|                                |                   |                         | ARMANDO SARDI<br>10 EAST LEE STREET 1901                             |   |                     | bordinates?<br>e all subordinate     | es i                   | Yes No         |
| . T-:                          |                   |                         | BALTIMORE, MD 21202  |   | inc                 | luded?                               | ,                      | Yes No         |
|                                |                   |                         | ▼ 501(c)(3)  | sert no.) 4947(a)(1) or 52              | *                   | "No," attach a li<br>oup exemption r |                        | structions.    |
| ı w                            | ebsite            | e:▶ PF(                 | CCAP.ORG   |   |                     |                                      |                        |                |
| <b>(</b> Forn                  | n of org          | ganization              | Corporation Trust Association  | on Other 🕨                              | <b>L</b> Year of fo |                                      | <b>1</b> State of lead | gal domicile:  |
| Pa                             | rt I              | Sum                     | mary   |   |                     |                                      |                        |                |
|                                | <b>1</b> B        | riefly de               | scribe the organization's mission                                    |   |                     |                                      |                        |                |
| D.                             |                   |                         | EASE THE INDIVIDUAL AND C<br>ES WOMEN FACE DURING THE                |   | REAST AND CER       | RVICAL CANCE                         | R BY MIT               | IGATING THE    |
| anc                            | _                 |                         |  |   |                     |                                      |                        |                |
| Governance                     | _                 |                         |  |   |                     |                                      |                        |                |
|                                |                   |                         | is box I if the organization di                                      |   |                     | an 25% of its ne                     |                        |                |
| Activities &                   |                   |                         | of voting members of the governi<br>of independent voting members o  | • , , , ,                               |                     |                                      | 4                      | 8              |
| III e                          |                   |                         | or independent voting members o<br>mber of individuals employed in ( |   |                     |                                      | 5                      |                |
| e e                            |                   |                         | mber of volunteers (estimate if n                                    | ,                                       | •                   |                                      | 6                      | 12             |
| ğ                              |                   |                         | elated business revenue from Pa                                      | ,,                                      |                     |                                      | 7a                     | (              |
|                                |                   |                         | lated business taxable income fr                                     |   |                     |                                      | 7b                     |                |
|                                |                   |                         |  |   | 1                   | Prior Year                           |                        | rrent Year     |
| •                              | 8 (               | Contribu                | tions and grants (Part VIII, line 1                                  | h)                                      |                     | 65,95                                |                        | 97,97          |
| Revenue                        | 9                 | Program                 | service revenue (Part VIII, line 2)                                  | g)                                      |                     |                                      | 0                      | (              |
| ave                            | 10                | Investme                | ent income (Part VIII, column (A),                                   | , lines 3, 4, and 7d ) • • •            |                     | 49                                   | 0                      | 16             |
| ш.                             | 11 (              | Other re                | venue (Part VIII, column (A), line                                   | s 5, 6d, 8c, 9c, 10c, and 11e)          |                     | 30,07                                | 0                      | 32,15          |
|                                | 12                | Total rev               | enue—add lines 8 through 11 (m                                       | nust equal Part VIII, column (A),       | line 12)            | 96,51                                | 5                      | 130,29         |
|                                | 13 (              | Grants a                | nd similar amounts paid (Part IX,                                    | column (A), lines 1-3 )                 |                     | 24,00                                | 0                      | (              |
|                                | 14                | Benefits                | paid to or for members (Part IX, o                                   | column (A), line 4)                     |                     |                                      | 0                      | (              |
| 88                             | 15                | Salaries,               | other compensation, employee $\boldsymbol{I}$                        | benefits (Part IX, column (A), lir      | nes 5-10)           |                                      | 0                      | (              |
| Expenses                       |                   |                         | onal fundraising fees (Part IX, col                                  | * **                                    |                     |                                      | 0                      |                |
| χb                             |                   |                         | aising expenses (Part IX, column (D), I                              |   |                     |                                      |                        |                |
| ш                              |                   |                         | penses (Part IX, column (A), line                                    | · · · · · · · · · · · · · · · · · · ·   |                     | 87,85                                | 7                      | 76,94          |
|                                |                   |                         | penses. Add lines 13-17 (must e                                      |   | -                   | 111,85                               | +                      | 76,94          |
| S                              | 19                | Revenue                 | less expenses. Subtract line 18                                      | from line 12                            |                     | -15,34<br>nning of Current           |                        | 53,349         |
| Net Assets or<br>Fund Balances |                   |                         |  |   |                     | Year                                 |                        |                |
| Bal                            |                   |                         | sets (Part X, line 16)   |   |                     | 313,68                               | +                      | 367,069        |
| und                            |                   |                         | pilities (Part X, line 26)   |   |                     | 31                                   |                        | 34:            |
|                                |                   |                         | ts or fund balances. Subtract line                                   | e 21 from line 20                       | •                   | 313,37                               | 7                      | 366,720        |
|                                | rt II<br>r nena   |                         | <b>ature Block</b><br>perjury, I declare that I have exa             | amined this return, including acc       | rompanying sched    | lules and statem                     | nents, and             | to the hest of |
| ny kr                          | nowled            | dge and                 | pelief, it is true, correct, and com                                 |   |                     |                                      | •                      |                |
| orepa                          | rer na            |                         | nowledge.  |   | :                   | 2022-09-15                           |                        |                |
| Sign                           |                   | Signat                  | ure of officer   |   | ı                   | Date                                 |                        |                |
| Here                           |                   |                         | IDO SARDI PRESIDENT r print name and title                           |   |                     |                                      |                        |                |
|                                |                   | Type o                  |  |   |                     |                                      |                        |                |
|                                | _                 | Р                       | rint/Type preparer's name  | Preparer's signature                    | Date<br>2022-09-15  | Check if PTI                         | IN<br>0034757          |                |
| Paid                           |                   |                         | irm's name   | COLEMAN PA                              |                     | self-employed Firm's EIN 52-16       |                        |                |
| _                              | pare              | er _                    |  |   |                     | ⊃ L1N = J2-10                        | . 13 17 2              |                |
| Jse                            | Onl               | ly F                    | irm's address ▶ 201 WEST PADONIA RD                                  | SUITE 600                               | T                   | Phone no. (410) 56                   | 51-4411                |                |
|                                |                   |                         | TIMONIUM, MD 210932  | 2186                                    |                     |                                      |                        |                |
| √ay t                          | he IR             | S discus                | s this return with the preparer sh                                   | nown above? (see instructions)          |                     |                                      | . <b>V</b> Y           | es 🗌 No        |

Cat. No. 11282Y

Form **990** (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2021)                           |  |                       |  |  | Page <b>2</b>                  |
|------|--------------------------------------|--|-----------------------|--|--|--------------------------------|
| Pa   | rt III Statem                        | ent of Program S                           | ervice Accompl        | ishments   |  |                                |
|      | Check if                             | Schedule O contains a                      | response or note to   | any line in this Part II                         | 1  | 🗆                              |
| 1    | Briefly describe                     | the organization's mis                     | sion:                 |  |  | _                              |
|      |                                      | QUALITY MEDICAL CA<br>1MUNITY IN LATIN AI  |                       | /ING THE HEALTH, \                               | WELLNESS, NUTRITION AND  | EDUCATION OF THE               |
| 2    | the prior Form                       | 990 or 990-EZ?                             |                       | • .  | which were not listed on   | ∏Yes 🔽 No                      |
|      | •                                    | be these new services                      |                       |  |  |                                |
| 3    | _                                    | ation cease conducting,                    | =                     | =  | nducts, any program  | Yes V No                       |
|      | If "Yes," descri                     | be these changes on S                      | chedule O.            |  |  |                                |
| 4    | expenses. Secti                      |  | c)(4) organizations a | are required to report                           | ee largest program services, a<br>the amount of grants and alloc |                                |
| 4a   | (Code:<br>TO PROVIDE HIG<br>AMERICA. | ) (Expenses \$<br>H QUALITY MEDICAL CARE V | •                     | including grants of \$<br>EALTH, WELLNESS, NUTRI | 0 ) (Revenue \$<br>TION AND EDUCATION OF THE UNDER:              | )<br>SERVED COMMUNITY IN LATIN |
| 4b   | (Code:                               | ) (Expenses \$                             |                       | including grants of \$                           | ) (Revenue \$  | )                              |
|      |                                      |  |                       |  |  |                                |
|      | -                                    |  |                       |  |  |                                |
|      | -                                    |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
| 4c   | (Code:                               | ) (Expenses \$                             |                       | including grants of \$                           | ) (Revenue \$  | )                              |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      | -                                    |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
|      |                                      |  |                       |  |  |                                |
| 74   | Other program                        | n services (Describe in                    | Schedule O )          |  |  |                                |
| 4d   | (Expenses \$                         | ii services (Describe III                  | including grants o    | f\$  | ) (Revenue \$  | )                              |
| 4e   | • • •                                | service expenses                           | 66,381                | •  |  | ,                              |
|      |                                      | •  | ,                     |  |  | Form <b>990</b> (2021)         |

VIII, IX, or X, as applicable.

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17

| Forn | 1 990 (2021)   |   |     | Page <b>3</b> |  |  |  |  |
|------|--|---|-----|---------------|--|--|--|--|
| Pa   | Part IV Checklist of Required Schedules  |   |     |               |  |  |  |  |
|      |  |   | Yes | No            |  |  |  |  |
| 1    | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes |               |  |  |  |  |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 5   | 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    | <b>Section 501(c)(3) organizations.</b> 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? If "Yes," complete

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . 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 . . . . . . . . . . . . . . . . . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

12a Bid He of an extension of the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Nο

Nο

Nο

Nο

Nο

Νo

Νo

Νo

Nο

Nο

Νo

Νo

Νo

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Form **990** (2021)

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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20a

20b

21

Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

No

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Nο

Nο

Νo

Νo

Νo

Νo

Nο

Νo

Nο

Νo

No

Form 990 (2021) Page 4 **Checklist of Required Schedules** (continued)

Yes 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22

as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

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

哲道學語》的發現別是說過程的時間發表 智利制力 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?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . .

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 

23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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3

Λ

1a

1b

Yes

Form 990 (2021)

| 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  |            |  |    |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  | 2b         |  |    |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a         |  | Νo |
| b       | 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 financial account in a foreign country (such as a bank account, securities account, or other financial   | 4a         |  | No |
| b       | BCCOMMIT Denter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  |            |  |    |
| 5a      | WEARN e organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a         |  | Νο |
| 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?   | <b>5</b> c |  |    |
| 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).  |            |  |    |
|         | 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 |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b         |  |    |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c         |  | Νo |
| 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         |  |    |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f         |  |    |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as   | <b>7</b> g |  |    |
| h       | required?  | 79         |  |    |
|         | Form 1098-C?   |            |  |    |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> 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.  | _          |  |    |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |  |    |
| ь<br>10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:  | 9b         |  |    |
| a       | Initiation fees and capital contributions included on Part VIII, line 12   10a   |            |  |    |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club   |            |  |    |
| 11      | Section 501(c)(12) organizations. Enter:   |            |  |    |
| а       | 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.)  11b   |            |  |    |
| 12a     | 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.   |            |  |    |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |            |  |    |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a        |  |    |
|         | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |            |  |    |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |            |  |    |
| C       | Enter the amount of reserves on hand   |            |  |    |
|         | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a        |  | No |
| ь<br>15 | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$ . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 14b        |  |    |
|         | excess parachute payment(s) during the year?   | 15         |  | No |
| 16      | IS "thesphysexitationstructionational files Fiturio 4720bjSchedutleeNsection 4968 excise tax on net investment income?   | 16         |  | No |
| 17      | If "Yes," complete Form 4720, Schedule O. Section $501(c)(21)$ organizations. Did the trust, any disqualified person, or mine operator 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         |  |    |

Nο

Νo

Νo

Form 990 (2021)

15a

15b

16a

16b

Yes

| 0 (2021)   | Pag |
|--|-----|
| Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line | 25  |
| 8a 8b or 10b below describe the circumstances, processes, or changes in Schedule O. See instructions                         |     |

| Par | TVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 thi  | _      | •                     | spons | e to line | S |
|-----|---|--------|-----------------------|-------|-----------|---|
|     | 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu.<br>Check if Schedule O contains a response or note to any line in this Part VI   | e 0. S | ee instructions.      |       |           |   |
| Se  | ction A. Governing Body and Management  |        |                       |       |           |   |
|     |   |        |                       |       | Yes       | N |
| 1a  | Enter the number of voting members of the governing body at the end of the tax  | 1a     | 8                     |       |           |   |
|     | $Y^{e}$ filter 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     | 8                     |       |           |   |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a bu  | siness | relationship with any | 2     |           | N |

|   | 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 |  | 8 |   |   |    |
| 2 | 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 |   | Νo |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co   | ,  |  |   | 3 | · | Νo |

|   | or similar committee, explain in Schedule O.  |        |                    |   |      |
|---|---|--------|--------------------|---|------|
| b | Enter the number of voting members included in line 1a, above, who are independent  | 1b     | 8                  | 8 |      |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?                             |        | • •                | 2 | No   |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | ,      |                    | 3 | Νo   |
| 4 | Did the organization make any significant changes to its governing documents since  | the p  | orior Form 990 was | 4 | Νo   |
| 5 | 600 field the organization become aware during the year of a significant diversion of the $600$   | organi | zation's assets? . | 5 | Νo   |
| - | Did the aggregation have members or stackholders?   |        |                    | - | NI o |

| -  | independent   | 1b     | 8                     | 3    |    |
|----|---|--------|-----------------------|------|----|
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?                            |        |                       | 2    | Νo |
| 3  | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co |        |                       | 3    | Νo |
| 4  | Did the organization make any significant changes to its governing documents since  | the p  | rior Form 990 was     | 4    | Νo |
| 5  | Bladthe organization become aware during the year of a significant diversion of the o   | organi | zation's assets? .    | 5    | Νo |
| 6  | Did the organization have members or stockholders?  |        |                       | 6    | Νo |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?   |        |                       | 7a   | No |
| b  | Are any governance decisions of the organization reserved to (or subject to approva   | ıl by) | members, stockholders | . 7b | Νo |

| 2  | other officer, director, trustee, or key employee?  | 2  |     | Νo |
|----|---|----|-----|----|
| 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  |     | Νo |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was   | 4  |     | Νo |
| 5  | 600 fled the organization become aware during the year of a significant diversion of the organization's assets? .   | 5  |     | Νo |
| 6  | Did the organization have members or stockholders?  | 6  |     | Νo |
| 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 |     | Νo |
| 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 |     | Νo |
| 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 |    |
| _  |   |    |     |    |

| Ωa | Did the organization have local chapters, branches, or affiliates?   | 10a  |        | Nο  |
|----|--|------|--------|-----|
|    |  |      | Yes    | No  |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R   | even | ue Cod | e.) |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9    |        | Νo  |
| b  | Each committee with authority to act on behalf of the governing body?  | 8b   | Yes    |     |
| а  | The governing body?  | 8a   | Yes    |     |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |      |        |     |
| 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   |        | Νo  |
| 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   |        | Νo  |
| 6  | Did the organization have members or stockholders?   | 6    |        | Νo  |
| 5  | $\frac{\text{filled}}{\text{the}}$ organization become aware during the year of a significant diversion of the organization's assets? .  | 5    |        | Νo  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was  | 4    |        | Νo  |
| 3  | supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3    |        | Νo  |

| 5   | bid the organization become aware during the year of a significant diversion of the organization's assets? .   | 5     |        | IN O |
|-----|--|-------|--------|------|
| 6   | Did the organization have members or stockholders?   | 6     |        | Νo   |
| 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    |        | Νo   |
| 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    |        | Νο   |
| 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? If "Yes," provide the names and addresses in Schedule O               | 9     |        | Νo   |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | eveni | ле Cod | e.)  |
|     |  |       | Yes    | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a   |        | Νo   |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b   |        |      |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing  |       |        |      |

| 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                |        | Νo  |
| 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? If "Yes," provide the names and addresses in Schedule O  | 9                 |        | Νo  |
| Se                        | ection B. Policies (This Section B requests information about policies not required by the Internal R   | evenu             | ıe Cod | e.) |
|                           |   |                   | Yes    | No  |
|                           |   |                   |        |     |
| 10a                       | Did the organization have local chapters, branches, or affiliates?  | 10a               |        | Νo  |
|                           | Did the organization have local chapters, branches, or affiliates?  | 10a<br>10b        |        | No  |
| b                         | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,  |                   | Yes    | No  |
| b<br>11a                  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing           | 10b               | Yes    | No  |
| b<br>11a<br>b             | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 10b               | Yes    | N o |
| b<br>11a<br>b<br>12a      | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 10b               | Yes    |     |
| b<br>11a<br>b<br>12a<br>b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b<br>11a<br>12a | Yes    |     |

Did the organization have a written document retention and destruction policy? .

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

**b** Other officers or key employees of the organization . . . . .

Section C. Disclosure

18

apply.

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ARMANDO SARDI PRESIDENT 10 EAST LEE STREET APT 1901 BALTIMORE, MD 21202 (443) 386-2220

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . .

| 5   | $60^{\circ}$ organization become aware during the year of a significant diversion of the organization's assets? .  | 5    |        | Νo  |
|-----|--|------|--------|-----|
| 6   | Did the organization have members or stockholders?   | 6    |        | Νo  |
| 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? If "Yes," provide the names and addresses in Schedule O               | 9    |        | Νo  |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | even | ue Cod | e.) |
|     |  |      | Yes    | No  |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a  |        | Νo  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b  |        |     |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a  | Yes    |     |
|     |  |      |        |     |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |      |        |     |
|     |  | 12a  |        | No  |

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

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

organization and any related organizations.

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

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

| (A)<br>Name and title             | (B) Average hours per week (list any hours for    | more<br>pers                      | than<br>on is         | one<br>bot | not<br>box<br>h ar | chec<br>x, unle<br>n offic<br>rustee | ess<br>er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|-----------------------------------|---|-----------------------------------|-----------------------|------------|--------------------|--------------------------------------|-----------|---|--|---|
|                                   | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional Trustee | Officer    | Key employee       | Highest compensated employee         | Former    | (W-2/1099-<br>MISC/1099-<br>NEC)                  | (W-2/1099-<br>MISC/1099-<br>NEC)                       | organization<br>and related<br>organizations        |
| (1) DAVID ABRAMSON DIRECTOR       | 1.00  | Х                                 |                       |            |                    |                                      |           | 0   | 0  | 0   |
| (2) HENRY VALERI DIRECTOR         | 1.00  | Х                                 |                       |            |                    |                                      |           | 0   | 0  | 0   |
| (3) LEONARD CONDON DIRECTOR       | 1.00  | Х                                 |                       |            |                    |                                      |           | 0   | 0  | 0   |
| (4) TERESA P DIAZ-MONTES DIRECTOR | 1.00  | х                                 |                       |            |                    |                                      |           | 0   | 0  | 0   |
| (5) GARY YOUNG DIRECTOR           | 1.00  | Х                                 |                       |            |                    |                                      |           | 0   | 0  | 0   |
| (6) ELIZABETH KAYLOR TREASURER    | 1.00  | Х                                 |                       | X          |                    |                                      |           | 0   | 0  | 0   |
| (7) ARMANDO SARDI<br>PRESIDENT    | 4.00  |                                   |                       | х          |                    |                                      |           | 0   | 0  | 0   |
| (8) JOHN SINGER SECRETARY         | 2.00  |                                   |                       | х          |                    |                                      |           | 0   | 0  | 0   |
|                                   |   |                                   |                       |            |                    |                                      |           |   |  |   |
|                                   |   |                                   |                       |            |                    |                                      |           |   |  |   |
|                                   |   |                                   |                       |            |                    |                                      |           |   |  |   |
|                                   |   |                                   |                       |            |                    |                                      |           |   |  |   |
|                                   |   |                                   |                       |            |                    |                                      |           |   |  |   |
|                                   |   |                                   |                       |            |                    |                                      |           |   |  | Form <b>990</b> (2021)                              |

|     | <b>(A)</b><br>Name and title   | (B) Average hours per week (list any hours for    | more<br>pers                   | than<br>on is         | one<br>botl | not<br>box<br>h ar | box, unless compensation compensation amo<br>an officer from the from related cor<br>r/trustee) organization (W- organizations |            |                  | (F) Estimated amount of other compensation from the |                                  |   |                                |    |
|-----|--|---|--------------------------------|-----------------------|-------------|--------------------|--|------------|------------------|---|----------------------------------|---|--------------------------------|----|
|     |  | related<br>organizations<br>below dotted<br>line) | Individual trustee or director | Institutional Trustee | Officer     | Key employee       | Highest compensated<br>employee  | Former     | MISC             | .099-<br>/1099-<br>EC)                              | (W-2/1099-<br>MISC/1099-<br>NEC) |   | organizat<br>relat<br>organiza | ed |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
| -   |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     | 0.1.7.1.1  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
| c · | Sub-Total  |   |                                | ·                     |             |                    | •  |            |                  | 0   |                                  | 0 |                                | (  |
| 2   | Total (add lines 1b and 1c)  Total number of individuals (includi \$100,000 of reportable compensat  |   | ed to th                       |                       |             | d al               | pove)  | who        | received         | d more tha  | n                                |   |                                |    |
|     | The state of the s | ion from the or                                   | 941112461                      | 011 =                 |             |                    |  |            |                  |   |                                  |   | Yes                            | No |
| 3   | Did the organization list any <b>forme</b> on line 1a? <i>If "Yes," complete Sched</i>   |   |                                | ,                     | ,           | y en               | nploye<br>• •  | e, o<br>•  | r highes         | t compens   | ated employee                    | 3 |                                | No |
| 4   | For any individual listed on line 1a, organization and related organizat individual  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
| 5   | Did any person listed on line 1a rec   | eeive or accrue                                   | <br>compen                     | •<br>satio            | n fr        | •<br>om            | • •<br>any ur  | •<br>nrela | • •<br>ated orga | • •<br>anization o                                  | r individual for                 | 4 |                                | No |
|     | services rendered to the organizat   | ion? <i>If "Yes," con</i>                         |                                |                       |             |                    |  |            |                  |   |                                  | 5 |                                | Νo |
| 1   | cction B. Independent Contr<br>Complete this table for your five h<br>compensation from the organization   | ighest compens                                    |                                |                       |             |                    |  |            |                  |   |                                  |   | tax vear                       |    |
|     |  | (A)<br>and business addre                         |                                |                       |             |                    | ,  |            |                  |   | (B) ription of services          |   | (C<br>Comper                   | )  |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     |  |   |                                |                       |             |                    |  |            |                  |   |                                  |   |                                |    |
|     | Total number of independent contrac<br>\$100,000 of compensation from the  |   |                                | limite                | ed to       | o th               | ose lis  | ted        | above) v         | vho receiv  | ed more than                     |   |                                |    |

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

|                         | t VIII Statement   | t of Revenue            |                  |          |  |                          |          |                        | rage <b>3</b>                   |
|-------------------------|--|-------------------------|------------------|----------|--|--------------------------|----------|------------------------|---------------------------------|
|                         | Check if Scho  | edule O contains a res  | sponse or note   | e to a   | (A) Total revenue  | rt VIII (B) Related exem |          | (C) Unrelated business | (D) Revenue excluded from       |
|                         |  |                         |                  |          |  | function                 | n        | revenue                | tax under sections<br>512 - 514 |
| Contr                   | ributions, Gifts, Grant                                    | s, and OtherAmt Simi    | lar Amounts 1    | la F     | ederated campaig   |                          | 1a       |                        | 312 314                         |
|                         |  |                         |                  |          | 1embership dues  |                          | 1b       | _                      |                                 |
|                         |  |                         |                  |          | undraising events  |                          | 1c       |                        |                                 |
|                         |  |                         |                  |          | elated organization in the contract of the con |                          | 1d<br>1e |                        |                                 |
|                         |  |                         |                  | f A      | II other contributions, and similar amounts no   | gifts, grants,           |          |                        |                                 |
|                         |  |                         |                  | a N      | bove<br>oncash contributions i   |                          | 1f       | 97,975                 |                                 |
|                         |  |                         |                  | - li     | nes 1a - 1f:\$   |                          | 1g       |                        |                                 |
|                         |  |                         | Business Co      |          | otal. Add lines 1a   | -11                      |          |                        | 97,975                          |
|                         | 2a   |                         |                  |          |  |                          |          |                        |                                 |
| nue                     |  |                         | _                |          |  |                          |          |                        |                                 |
| e ve                    | b  |                         |                  |          |  |                          |          |                        |                                 |
| ce                      | c  |                         |                  |          |  |                          |          |                        |                                 |
| Servi                   |  |                         |                  |          |  |                          |          |                        |                                 |
| am S                    | d  |                         | _                |          |  |                          |          |                        |                                 |
| Program Service Revenue | е  |                         |                  |          |  |                          |          |                        |                                 |
| Δ.                      | <b>f</b> All other progran                                 | n service revenue.      |                  |          |  |                          |          |                        |                                 |
|                         | 9 Total. Add lines   | 2a-2f                   |                  |          |  |                          |          |                        |                                 |
|                         | <b>3</b> Investment incom other                            | ne (including dividends | s, interest, and | d        | 16   | 51                       |          |                        | 161                             |
|                         |  | stment of tax-exempt    | bond proceed     | ls 🕨     | :  |                          |          |                        |                                 |
|                         | <b>5</b> Royalties   |                         |                  | ۰        |  |                          |          |                        |                                 |
|                         |  | (i) Real                | (ii) Persor      | nal      | _  |                          |          |                        |                                 |
|                         | <b>6a</b> Gross rents                                      | 6a                      |                  |          | _  |                          |          |                        |                                 |
|                         | <b>b</b> Less: rental expenses                             | 6b                      |                  |          |  |                          |          |                        |                                 |
|                         | c Rental income or   | 6c                      |                  |          |  |                          |          |                        |                                 |
|                         |  | ne or (loss)            |                  |          |  |                          |          |                        |                                 |
|                         |  | (i) Securities          | (ii) Othe        | er▶      |  |                          |          |                        |                                 |
|                         | <b>7a</b> Gross amount from sales of                       | 7a                      |                  |          |  |                          |          |                        |                                 |
|                         | assets other than inventory                                |                         |                  |          |  |                          |          |                        |                                 |
|                         | <b>b</b> Less: cost or other basis and                     | 7b                      |                  |          |  |                          |          |                        |                                 |
|                         | sales expenses   |                         |                  |          | _  |                          |          |                        |                                 |
|                         | c Gain or (loss)   | 7c                      |                  |          |  |                          |          |                        |                                 |
|                         | <b>d</b> Net gain or (loss <b>8a</b> Gross income from for | -                       |                  | ٠        |  |                          |          |                        |                                 |
| m                       | (not including \$ contributions reporte                    | of                      |                  |          |  |                          |          |                        |                                 |
| nue                     | See Part IV, line 18                                       | -                       | 5                | 1,735    |  |                          |          |                        |                                 |
| Sev                     | <b>b</b> Less: direct exp                                  | <u> </u>                |                  | 9,581    |  |                          |          |                        | 22.454                          |
| Other Revenue           | c Net income or (lo  | oss) from fundraising   | events           | •        | 32,15  | J <del>·1</del>          |          |                        | 32,154                          |
| O<br>th                 | <b>9a</b> Gross income fro                                 | am anmina               |                  |          |  |                          |          |                        |                                 |
|                         | activities.  | 9a                      |                  |          |  |                          |          |                        |                                 |
|                         | See Part IV, line<br>b Less: direct exp                    |                         |                  |          |  |                          |          |                        |                                 |
|                         | c Net Income or (10  | oss) from gaming acti   | vities           | •        |  |                          |          |                        |                                 |
|                         | <b>10a</b> Gross sales of in returns and allow             |                         |                  |          |  |                          |          |                        |                                 |
|                         | <b>b</b> Less: cost of goo                                 | 100                     |                  |          | 4  |                          |          |                        |                                 |
|                         |  | oss) from sales of inve | entory           |          |  |                          |          |                        |                                 |
|                         | M1==-10  | ous Doverno             | Puni             | <b>▶</b> |  |                          |          |                        |                                 |
|                         | 11a  | ous Revenue             | Business C       | oue      |  |                          |          |                        |                                 |
|                         |  |                         |                  |          |  |                          |          |                        |                                 |
|                         | b  |                         |                  |          |  |                          |          |                        |                                 |
|                         |  |                         |                  |          |  |                          |          |                        |                                 |
|                         | С  |                         |                  |          |  |                          |          |                        |                                 |
|                         | d All ath  | 2                       |                  |          |  | -                        |          |                        |                                 |
|                         | d All other revenue e Total. Add lines                     | e<br>11a-11d            | <u> </u>         | •        |  |                          |          |                        |                                 |
|                         |  | ee instructions         |                  |          |  |                          |          |                        |                                 |
|                         | 1  |                         |                  | -        | 130,29   | <del>3</del> 0           | (        | <u> </u>               | 0 32,315                        |

|     | art IX Statement of Functional Expenses   |                       |                             |                                 | Page 10                 |
|-----|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| 1 6 | Section 501(c)(3) and 501(c)(4) organizations mu  | st complete all colur | mns. All other organ        | nizations must comp             | olete column (A).       |
|     | Check if Schedule O contains a response or note to  |                       |                             | •                               | · · · · □               |
| Do  | not include amounts reported on lines 6b,   | T                     | (B)                         | (C)                             | (D)                     |
|     | 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>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  |                       |                             |                                 |                         |
| 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  |                       |                             |                                 |                         |
|     | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                             |                                 |                         |
| ۵   | Other employee benefits   | Í                     | I                           | I                               |                         |
|     | Payroll taxes   |                       |                             |                                 |                         |
|     | Fees for services (non-employees):  |                       |                             |                                 |                         |
|     | Management  | 48,751                | 41,438                      | 3,413                           | 3,900                   |
|     | Legal   | 3,719                 | 3,533                       | 186                             |                         |
|     |   | 4,351                 | 4,133                       | 218                             |                         |
|     | Accounting  | 1,551                 | 1,133                       | 210                             |                         |
|     | Professional fundraising services. See Part IV, line 17   |                       |                             |                                 |                         |
|     | i di  |                       |                             |                                 |                         |
|     | Investment management fees  |                       |                             |                                 |                         |
| g   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)  |                       |                             |                                 |                         |
| 12  | Advertising and promotion   |                       |                             |                                 |                         |
| 13  | Office expenses   | 8,021                 | 7,620                       | 401                             | _                       |
| 14  | Information technology  | 7,260                 | 6,897                       | 363                             |                         |
| 15  | Royalties   |                       |                             |                                 |                         |
| 16  | Occupancy   |                       |                             |                                 |                         |
| 17  | Travel  |                       |                             |                                 |                         |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                       |                             |                                 |                         |
| 19  | Conferences, conventions, and meetings  |                       |                             |                                 |                         |
| 20  | Interest  |                       |                             |                                 |                         |
| 21  | Payments to affiliates  |                       |                             |                                 |                         |
| 22  | Depreciation, depletion, and amortization   |                       |                             |                                 |                         |
| 23  | Insurance   | 2,484                 | 2,360                       | 124                             |                         |
| 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.)                   |                       |                             |                                 |                         |
|     | PUBLICATION EXPENSE   | 1,955                 |                             |                                 | 1,955                   |
|     |   |                       |                             |                                 |                         |
|     | b STATE REGISTRATION  | 400                   | 400                         |                                 |                         |
|     | c   |                       |                             |                                 |                         |
|     | d   |                       |                             |                                 |                         |
|     | e All other expenses  |                       |                             |                                 |                         |
|     | Total functional expenses. Add lines 1 through 24e  | 76,941                | 66,381                      | 4,705                           | 5,855                   |
| 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). |                       |                             |                                 |                         |

| Forn          | 1 990  | 0 (2021)  |                                       |                          |             | Page <b>11</b>         |
|---------------|--|---|---------------------------------------|--------------------------|-------------|------------------------|
| Pa            | art X  | Balance Sheet   |                                       |                          |             | _                      |
|               |  | Check if Schedule O contains a response or i  | note to any line in this Part IX $$ . |                          |             | 🗆                      |
|               |  |   |                                       | (A)<br>Beginning of year |             | (B)<br>End of year     |
|               | 1  | Cash-non-interest-bearing   |                                       | 313,687                  | 1           | 367,069                |
|               | 2  | Savings and temporary cash investments  |                                       |                          | 2           |                        |
|               | 3  | Pledges and grants receivable, net  |                                       |                          | 3           |                        |
|               | 4  | Accounts receivable, net  |                                       | 4                        |             |                        |
|               | <ul> <li>Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons</li> <li>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</li> </ul> |   |                                       | 5                        |             |                        |
|               |  |   | <u> </u>                              |                          | 6           |                        |
| sts           | 7  | Notes and loans receivable, net   |                                       |                          | 7           |                        |
| Assets        |  | 8 Inventories for sale or use   |                                       |                          | 8           |                        |
| Ä             | 9  | Prepaid expenses and deferred charges .   |                                       |                          | 9           |                        |
|               | 10a  | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10a                                   |                          |             |                        |
|               | b  | Less: accumulated depreciation  | 10b                                   |                          | <b>10</b> c |                        |
|               | 11   | Investments—publicly traded securities .  |                                       |                          | 11          |                        |
|               | 12   | Investments—other securities. See Part IV, li   | ne 11                                 |                          | 12          |                        |
|               | 13   | Investments—program-related. See Part IV, I   | ne 11                                 |                          | 13          |                        |
|               | 14   | Intangible assets   |                                       |                          | 14          |                        |
|               | 15   | Other assets. See Part IV, line 11  |                                       |                          | 15          |                        |
|               | 16   | Total assets: Add lines 1 through 15 (must e  | qual line 33)                         | 313,687                  | 16          | 367,069                |
|               | 17   | Accounts payable and accrued expenses .   |                                       | 310                      | 17          | 343                    |
|               | 18   | Grants payable  |                                       |                          | 18          |                        |
|               | 19   | Deferred revenue  |                                       |                          | 19          |                        |
|               | 20   | Tax-exempt bond liabilities   |                                       |                          | 20          |                        |
| S             | 21   | Escrow or custodial account liability. Complet  | e Part IV of Schedule D               |                          | 21          |                        |
| Liabilities   | 22   | Loans and other payables to any current or for<br>key employee, creator or founder, substantial<br>controlled entity or family member of any of t | contributor, or 35%                   |                          | 22          |                        |
| Ë             | 23   | Secured mortgages and notes payable to unre   | · —                                   |                          | 23          |                        |
|               | 24   | Unsecured notes and loans payable to unrelate   | · —                                   |                          | 24          |                        |
|               | 25   | Other liabilities (including federal income tax, parties, and other liabilities not included on li Complete Part X of Schedule D                  | payables to related third             |                          | 25          |                        |
|               | 26   | <b>Total liabilities.</b> Add lines 17 through 25 .   |                                       | 310                      | 26          | 343                    |
| es            |  | Organizations that follow FASB ASC 958, che   | ck here 🕨 🔽 and complete              |                          |             |                        |
| Fund Balances | 27   | <b>lines 27, 28, 32, and 33.</b> Net assets without donor restrictions  |                                       | 313,377                  | 27          | 366,726                |
| d Ba          | 28   | Net assets with donor restrictions  |                                       |                          | 28          |                        |
| 'n            |  | Organizations that do not follow FASB ASC 9   | 58, check here ▶ ☐ and                |                          |             |                        |
| o             | 29   | complete lines 29 through 33. Capital stock or trust principal, or current fun  |                                       |                          | 29          |                        |
| ets           | 30   | Paid-in or capital surplus, or land, building or  |                                       |                          | 30          |                        |
| Assets        | 31   | Retained earnings, endowment, accumulated i   | · · ·                                 |                          | 31          |                        |
|               | 32   | Total net assets or fund balances   | - Tanas Tanas                         | 313,377                  | 32          | 366,726                |
| Net           | 33   | Total liabilities and het assets/fund balances  |                                       | 313,687                  | 33          | 367,069                |
|               |  | · · · · · · · · · · · · · · · · · · ·   |                                       | 2.2,001                  |             | Form <b>990</b> (2021) |

| Form 990 (2021)               |                               |                |
|-------------------------------|-------------------------------|----------------|
| Additional Data               |                               | Return to Form |
|                               | Coftware ID:                  |                |
|                               | Software ID:                  |                |
|                               | Software Version:             |                |
| Form 990, Special Condition D | escription:                   |                |
|                               | Special Condition Description |                |

### (Form 990)

SCHEDULE A

OMB No. 1545-0047

Name of the organization PARTNERS FOR CANCER CARE AND PREVENTION INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

**Employer identification number** 45-1605551

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

(iii) Type of

organization

(described on lines

1- 10 above (see instructions))

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

**Public Charity Status and Public Support** 

Department of the Treasury Internal Revenue Service

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% 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

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally

Yes

Cat. No. 11285F

(iv) Is the organization

listed in your governing

document?

No

(v) Amount of

monetary support

(see instructions)

(vi) Amount of

other support (see

instructions)

Schedule A (Form 990) 2021

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

Inspection

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

hospital's name, city, and state:

170(b)(1)(A)(iv). (Complete Part II.)

described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

organization. You must complete Part IV, Sections A and B.

must complete Part IV, Sections A and C.

For Paperwork Reduction Act Notice, see the Instructions for

(i) Name of supported

organization

Form 990 or 990-EZ.

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

(see instructions). You must complete Part IV, Sections A and D, and Part V.

integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s).

(ii) EIN

Schedule A (Form 990) 2021 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . The value of services or facilities furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 7 Amounts from line 4. . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital

### assets (Explain in Part VI.). . Total support. Add lines 7 through

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)

Section C. Computation of Public Support Percentage

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  $\ldots\ldots\ldots\ldots\ldots\ldots$ 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

ization,

Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . . . . .

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . .

14

15

| )(3<br><b>⊳</b> [ | ) | 10 |
|-------------------|---|----|
|                   |   |    |

| organ | i |
|-------|---|

Schedule A (Form 990) 2021

| Sche    | dule A (Form 990) 2021   |                  |                   |                  |                   |                  | Page 3           |
|---------|--|------------------|-------------------|------------------|-------------------|------------------|------------------|
| P       | Support Schedule f   | or Organiza      | tions Descr       | ibed in Section  | on 509(a)(2)      |                  |                  |
|         | (Complete only if you  |                  |                   |                  |                   |                  | alify under Part |
| Se      | II. If the organization ection A. Public Support                   | i ialis to quali | ry under the i    | lests listed bei | ow, piease com    | ipiete Part II.) |                  |
|         | ndar year  | ( ) 0047         | 422242            | ( ) 2 2 4 2      | (1) 2022          | ( ) 2021         | (6) =            |
|         | iscal year beginning in)   | (a) 2017         | <b>(b)</b> 2018   | (c) 2019         | (d) 2020          | (e) 2021         | (f) Total        |
| 1       | Gifts, grants, contributions, and                                  |                  |                   |                  |                   |                  |                  |
|         | membership fees received. (Do not                                  |                  |                   |                  |                   |                  |                  |
| _       | include any "unusual grants.") . Gross receipts from admissions,   |                  |                   |                  |                   |                  |                  |
| 2       | merchandise sold or services                                       |                  |                   |                  |                   |                  |                  |
|         | performed, or facilities furnished in                              |                  |                   |                  |                   |                  |                  |
|         | any activity that is related to the                                |                  |                   |                  |                   |                  |                  |
|         | organization's tax-exempt purpose                                  |                  |                   |                  |                   |                  |                  |
| 3       | Gross receipts from activities that                                |                  |                   |                  |                   |                  |                  |
|         | are not an unrelated trade or business under section 513           |                  |                   |                  |                   |                  |                  |
|         |  |                  |                   |                  |                   |                  |                  |
| 4       | Tax revenues levied for the  |                  |                   |                  |                   |                  |                  |
|         | organization's benefit and either                                  |                  |                   |                  |                   |                  |                  |
|         | paid to or expended on its behalf                                  |                  |                   |                  |                   |                  |                  |
| 5       | The value of services or facilities                                |                  | +                 |                  | +                 |                  |                  |
| 3       | furnished by a governmental unit to                                |                  |                   |                  |                   |                  |                  |
|         | the organization without charge                                    |                  |                   |                  |                   |                  |                  |
| 6       | <b>Total.</b> Add lines 1 through 5                                |                  |                   |                  |                   |                  |                  |
| 7a      | Amounts included on lines 1, 2,                                    |                  |                   |                  |                   |                  |                  |
|         | and 3 received from disqualified                                   |                  |                   |                  |                   |                  |                  |
| h       | persons Amounts included on lines 2 and 3                          |                  |                   |                  |                   |                  |                  |
| b       | received from other than   |                  |                   |                  |                   |                  |                  |
|         | disqualified persons that exceed                                   |                  |                   |                  |                   |                  |                  |
|         | the greater of \$5,000 or 1% of the                                |                  |                   |                  |                   |                  |                  |
|         | amount on line 13 for the year.                                    |                  |                   |                  |                   |                  |                  |
|         | Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c       |                  |                   |                  |                   |                  |                  |
| ٥       | from line 6.)  |                  |                   |                  |                   |                  |                  |
| Se      | ection B. Total Support  |                  | •                 | <u>'</u>         |                   | <b>-</b>         |                  |
|         | ndar year  | (-) 2017         | (h) 2010          | (-) 2010         | (4) 2020          | (-) 2021         | (6) Takal        |
|         | iscal year beginning in) 🕨   | (a) 2017         | <b>(b)</b> 2018   | (c) 2019         | (d) 2020          | (e) 2021         | (f) Total        |
| 9       | Amounts from line 6  |                  |                   |                  |                   |                  |                  |
| 10a     | Gross income from interest,  |                  |                   |                  |                   |                  |                  |
|         | dividends, payments received on                                    |                  |                   |                  |                   |                  |                  |
|         | securities loans, rents, royalties and income from similar sources |                  |                   |                  |                   |                  |                  |
|         |  |                  |                   |                  |                   |                  |                  |
| b       | Unrelated business taxable income                                  |                  |                   |                  |                   |                  |                  |
|         | (less section 511 taxes) from                                      |                  |                   |                  |                   |                  |                  |
|         | businesses acquired after June 30,                                 |                  |                   |                  |                   |                  |                  |
| _       | 1975.<br>Add lines 10a and 10b.                                    |                  |                   |                  |                   |                  |                  |
| с<br>11 | Net income from unrelated  |                  |                   |                  |                   |                  |                  |
|         | business activities not included on                                |                  |                   |                  |                   |                  |                  |
|         | line 10b, whether or not the                                       |                  |                   |                  |                   |                  |                  |
|         | business is regularly carried on.                                  |                  |                   |                  |                   |                  |                  |
| 12      | -  |                  |                   |                  |                   |                  |                  |
|         | or loss from the sale of capital assets (Explain in Part VI.)      | 1                |                   |                  |                   |                  |                  |
| 13      | <b>Total support.</b> (Add lines 9, 10c,                           |                  |                   |                  |                   |                  |                  |
|         | 11, and 12.)   |                  |                   |                  |                   |                  |                  |
| 14      | First 5 years. If the Form 990 is for                              |                  |                   |                  |                   |                  |                  |
|         | check this box and <b>stop here</b>                                |                  |                   | · · · · · · · ·  | · · · · · · · · · |                  | ▶□               |
| Se      | ection C. Computation of Pub                                       |                  |                   |                  |                   |                  |                  |
| 15      | Public support percentage for 2021 (                               | (line 8, column  | (f) divided by li | ne 13, column (f | ))                | · · 15           |                  |

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . . 16

Section D. Computation of Investment Income Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . . Investment income percentage from **2020** Schedule A, Part III, line 17 . . . . . . . . . . . .

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . .

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

17

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

| checked     | box 12b, of Part I, co |
|-------------|------------------------|
| checked box | 12d, of Part I, cor    |

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,     |   |  |
|---|--|---|--|
|   | describe the designation. If historic and continuing relationship, explain.  | 1 |  |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization |   |  |
|   | was described in section 509(a)(1) or (2).   | 2 |  |

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

**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

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

Supporting Organizations (continued)

Page **5** 

| 11 | Has the organization accepted a gift or contribution from any of the following persons?   |                         |       |    |  |  |
|----|---|-------------------------|-------|----|--|--|
| а  | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and below, the governing body of a supported organization?   | 11c                     |       |    |  |  |
|    | . A family manufact for a superior described on 11- about 2   |                         | +     |    |  |  |
| b  | ,   | detail in 11b           |       |    |  |  |
| С  | : A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide of Part VI.   | jetali in 110           |       |    |  |  |
| S  | Section 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 year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlle organization's activities. If the organization had more than one supported organization, describe how the powers to and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrif any, applied to such powers during the tax year.  | tax<br>d the<br>appoint |       |    |  |  |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization  | on(s)                   |       |    |  |  |
|    | that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the support organization.   |                         |       |    |  |  |
| S  | Section C. Type II Supporting Organizations   |                         |       |    |  |  |
|    |   |                         | Yes   | No |  |  |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or   |                         |       |    |  |  |
|    | trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the suppor   | ted 1                   |       |    |  |  |
| _  | Section 20. All Type III Supporting Organizations   | teu                     |       |    |  |  |
|    | bection D. Air Type III Supporting Organizations  |                         | Yes   | No |  |  |
| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prio year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t  | he                      |       |    |  |  |
| _  | organization's governing documents in effect on the date of notification, to the extent not previously provided?  |                         |       |    |  |  |
| 2  | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the  |                         |       |    |  |  |
|    | organization maintained a close and continuous working relationship with the supported organization(s).   |                         |       |    |  |  |
| 3  | By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income  | e or                    |       |    |  |  |
|    | assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organization and the second organization are second organization. | izations 3              |       |    |  |  |
|    | Section E. Type III Functionally-Integrated Supporting Organizations  |                         |       |    |  |  |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year   | (see instructi          | ons): |    |  |  |
|    | The organization satisfied the Activities Test. Complete line 2 below.  |                         |       |    |  |  |
|    | <b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |                         |       |    |  |  |
|    | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.   | nt entity (see          |       |    |  |  |
| 2  | Activities Test. Answer lines 2a and 2b below.  |                         | Ves   | No |  |  |

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

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

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

constituted substantially all of its activities.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

organization's involvement.

2a

2b

За

3b Schedule A (Form 990) 2021

Page **6** 

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year Section B - Minimum Asset Amount (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for 1 short tax year or assets held for part of year): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

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

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

3

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

6 7 8 Current Year 1 2

3 4

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) Schedule A (Form 990) 2021

5

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

c Remainder, Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in  ${\it Part~VI}$ 

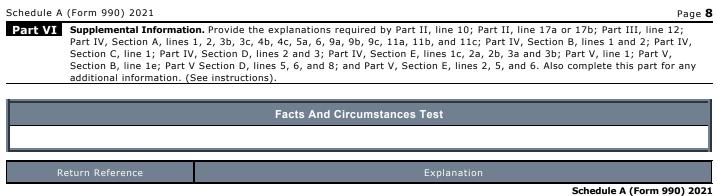
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines

See instructions.

a Excess from 2017. . . . . **b** Excess from 2018. . . . c Excess from 2019. . . **d** Excess from 2020. . . . . e Excess from 2021. . . . .

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) (2021)



SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2021

Open to Public

OMB No. 1545-0047

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

Inspection
Employer identification number

|         | RTNERS FOR CANCER CA<br>EVENTION INC   | RE AND                                     |                          |   |                                      |               | 45-160555  | 51  |
|---------|--|--|--------------------------|---|--------------------------------------|---------------|--|---|
| Pa      |  | ctivities. Comple<br>ers are not requir    |                          | _   | zation answered "Yes<br>this part.   | s" on Form    | 990, Part I  | V, line 17.   |
| 1       | Indicate whether the orga  | anization raised fun                       | ds throug                | h any of  | the following activities.            | Check all th  | nat apply.   |   |
| а       | Mail solicitations   |  |                          |   | e Solicitation of n                  | on-governn    | nent grants  |   |
| b       | ☐ Internet and email so  | licitations                                |                          |   | <b>f</b> Solicitation of g           | overnment     | grants   |   |
| С       | Phone solicitations g Special fundraising ever   |  |                          |   |                                      | sing events   |  |   |
| d       | ☐ In-person solicitation   | IS   |                          |   |                                      |               |  |   |
| 2a<br>b | Did the organization have<br>or key employees listed i<br>services?<br>If Yes, list the 10 highe<br>to be compensated at lea | n Form 990, Part V<br>est paid individuals | ĬI) or ent<br>or entitie | tity in cor<br>s (fundra                        | nnection with professior             | ıal fundraisi | ing Y  | es No   |
| (       | (i) Name and address of<br>individual<br>or entity (fundraiser)  | (ii) Activity                              | fundrai<br>custo<br>cont | Did<br>ser have<br>ody or<br>rol of<br>outions? | (iv) Gross receipts<br>from activity | (or ret       | unt paid to<br>cained by)<br>er listed in<br>bl. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
| 1       |  |  | Yes                      | No  |                                      |               |  |   |
| 2       |  |  |                          |   |                                      |               |  |   |
| 3       |  |  |                          |   |                                      |               |  |   |
| 4       |  |  |                          |   |                                      |               |  |   |
| 5       |  |  |                          |   |                                      |               |  |   |
| 6       |  |  |                          |   |                                      |               |  |   |
| 7       |  |  |                          |   |                                      |               |  |   |
| 8       |  |  |                          |   |                                      |               |  |   |
| 9       |  |  |                          |   |                                      |               |  |   |
| 10      |  |  |                          |   |                                      |               |  |   |
| Tot     | al   |  |                          | . ▶   |                                      |               |  |   |
| 3       | List all states in which the registration or licensing.  | organization is regi                       | stered or                | licensed  | to solicit contributions             | or has beer   | n notified it is                                     | exempt from   |

|                 | edule G (Form 990) 2021   |                             |                            |                          | Page 2                                    |  |  |  |
|-----------------|---|-----------------------------|----------------------------|--------------------------|---|--|--|--|
| Pa              | rt II Fundraising Events. Com<br>more than \$15,000 of fundr        |                             |                            |                          |   |  |  |  |
|                 | events with gross receipts g  |                             | tions and gross incom      | ie dii Fdiiii 990-EZ, ii | iles I aliu ob. List                      |  |  |  |
|                 | events with gross receipts g  | (a)Event #1                 | <b>(b)</b> Event #2        | (c)Other events          | (d) Total events<br>(add col. (a) through |  |  |  |
|                 |   | GOLF TOURNAMENT             |                            |                          | col. <b>(c)</b> )                         |  |  |  |
|                 |   | (event type)                | (event type)               | (total number)           |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
| e               |   |                             |                            |                          |   |  |  |  |
| Revenue         |   |                             |                            |                          |   |  |  |  |
| ve              |   |                             |                            |                          |   |  |  |  |
| Re              |   |                             |                            |                          |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 | 1 Gross receipts  | 51,735                      |                            |                          | 51,735                                    |  |  |  |
|                 | ·   |                             |                            |                          |   |  |  |  |
|                 | 2 Less: Contributions   |                             |                            |                          |   |  |  |  |
|                 | Gross income (line 1 minus line 2)                                  | 51,735                      |                            |                          | 51,735                                    |  |  |  |
|                 | ,   | 31,733                      |                            |                          | 31,733                                    |  |  |  |
|                 | 4 Cash prizes   |                             |                            |                          |   |  |  |  |
| **              | 5 Noncash prizes  |                             |                            |                          |   |  |  |  |
| Ses             | 6 Rent/facility costs   | 16,380                      |                            |                          | 16,380                                    |  |  |  |
| en              | ,   | 10,500                      |                            |                          | 10,500                                    |  |  |  |
| X               | <b>7</b> Food and beverages   |                             |                            |                          |   |  |  |  |
| せ               | 8 Entertainment   |                             |                            |                          |   |  |  |  |
| Direct Expenses | 9 Other direct expenses   | 3,201                       |                            |                          | 3,201                                     |  |  |  |
| -               | 10 Direct expense summary. Add lines                                | 4 through 9 in column (d    | )                          |                          | 19,581                                    |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 | 11 Net income summary. Subtract line 1                              |                             |                            |                          | 32,154                                    |  |  |  |
| Pal             | <b>t III Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, li |                             | "Yes" on Form 990, P       | art IV, line 19, or rep  | oorted more than                          |  |  |  |
|                 | φ19,000 on Form 930 E2, in  | nic ou.                     |                            |                          |   |  |  |  |
| Revenue         |   | (a) Bingo                   | (b) Pull tabs/Instant      | (c) Other gaming         | (d) Total gaming (add                     |  |  |  |
| Vel             |   |                             | bingo/progressive<br>bingo |                          | col.(a) through col.(c))                  |  |  |  |
| Re              |   |                             | iny.v                      |                          |   |  |  |  |
|                 | 1 Gross revenue   | 1                           | 1                          | i                        | i   |  |  |  |
| es              | Contraction   |                             |                            |                          |   |  |  |  |
| en en           | 2 Cash prizes   |                             |                            |                          |   |  |  |  |
| X               | 3 Noncash prizes  |                             |                            |                          |   |  |  |  |
| m               |   |                             |                            |                          |   |  |  |  |
| Direct Expense  | 4 Rent/facility costs   |                             |                            |                          |   |  |  |  |
| ā               | 5 Other direct expenses   |                             |                            |                          |   |  |  |  |
|                 | 5 other direct expenses   |                             | Yes %                      | Yes %                    |   |  |  |  |
|                 |   | Yes%_                       |                            |                          |   |  |  |  |
|                 | <b>6</b> Volunteer labor  | No                          | □ No                       | □ No                     |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d)       |                             |                            |                          |   |  |  |  |
|                 | 8 Net gaming income summary. Subtra                                 | act line 7 from line 1 col  | umn (d)                    |                          |   |  |  |  |
|                 | A Net gammy meome summary. Subtre                                   | ice line / from line 1, con | umm (u):                   |                          |   |  |  |  |
| 9               | Enter the state(s) in which the organiz                             |                             |                            |                          |   |  |  |  |
| а               | Is the organization licensed to conduct                             | ☐Yes ☐ No                   |                            |                          |   |  |  |  |
| b               | If "No," explain:   |                             |                            |                          |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |
| 10a             | Were any of the organization's gaming                               |                             |                            |                          | Yes No                                    |  |  |  |
| b               | If "Yes," explain:  |                             |                            |                          | -   |  |  |  |
|                 |   |                             |                            |                          | ĺ   |  |  |  |
|                 |   |                             |                            |                          |   |  |  |  |

| Sche | edule G (Form 990) 2021  |                              |   |          | Page 3               |
|------|--|------------------------------|---|----------|----------------------|
| 11   | Does the organization conduct ga                                   | ming activities with nonmen  | nbers?  |          | Yes No               |
| 12   |  |                              | or a member of a partnership or other entity    |          | Yes No               |
| 13   | Indicate the percentage of gamin                                   | g activity conducted in:     |   |          |                      |
| а    | The organization's facility .                                      |                              |   | 13a      | %                    |
| b    | An outside facility  |                              |   | 13b      | %                    |
| 14   | Enter the name and address of th                                   | e person who prepares the o  | organization's gaming/special events books a    | and rec  | cords:               |
|      | Name -   |                              |   |          |                      |
|      | Address  |                              |   |          |                      |
| 15a  | _  |                              | whom the organization receives gaming           |          | Yes No               |
| b    | If "Yes," enter the amount of gam amount of gaming revenue retains |                              | organization  \$ andand                         | d the    |                      |
| C    | If "Yes," enter name and address                                   | . ,                          |   |          |                      |
|      | Name Name  |                              |   |          |                      |
|      | Address  |                              |   |          |                      |
|      |  |                              |   |          |                      |
|      |  |                              |   |          |                      |
| 16   | Gaming manager information:  |                              |   |          |                      |
|      | Name Name  |                              |   |          |                      |
|      | Gaming manager compensation  | * \$                         |   |          |                      |
|      | Description of services provided                                   |                              |   |          |                      |
|      | bescription of services provided                                   |                              |   |          |                      |
|      | Director/officer   | Employee                     | ☐ Independent contractor                        |          |                      |
| 17   | Mandatory distributions:   |                              |   |          |                      |
| а    | •  | r state law to make charitab | le distributions from the gaming proceeds to    |          |                      |
|      | retain the state gaming license?                                   |                              |   |          | ☐Yes ☐No             |
| b    |  | •                            | tributed to other exempt organizations or sp    | ent      |                      |
| Par  | in the organization's own exempt rt IV Supplemental Inform         |                              | r * \$ anations required by Part I, line 2b, co | Jumn     | c (iii) and (v): and |
| Fal  | Part III, lines 9, 9b, 10  |                              | , as applicable. Also provide any additi        |          |                      |
|      | instructions.<br>Return Reference                                  |                              | Explanation                                     |          |                      |
| Α.   | dditional Data   |                              | Sched   | ule G (F | Form 990) 2021       |
| AC   | untional Data  |                              |   |          | Return to Form       |
|      |  | Softwar                      | re ID:  |          |                      |

**Software Version:** 

### SCHEDULE O (Form 990)

Department of the Treasury

#### 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.

2021 Open to Public Inspection

OMB No. 1545-0047

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

Internal Revenue Service Return **Explanation** 

Name of the organization **Employer identification number** PARTNERS FOR CANCER CARE AND PREVENTION INC 45-1605551 Reference

FORM 990. FORM 990 IS REVIEWED BY THE PRINCIPAL AND SIGNING OFFICER. PART VI,

SECTION B. LINF 11B

FORM 990.

PART VI. SECTION C,

FORM 990. THE BOARD MEMBERS APPROVE EXECUTIVE DIRECTORS FEE PART VI. SECTION B. LINF 15A

DOCUMENTS MADE AVAILABLE UPON REQUEST.