Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

JMB No. 1545-0047	
2022	
LULL	
Open to Public	
Inspection	

ΑI	or the	e 2022 calendar year, or tax year beginning an	d ending		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	e Doing business as		13-29389	64
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	2000 MECHCHECHED AMENITE	103	914-777-	
	termin ated			G Gross receipts \$	2,152,087.
	Amen			H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: TANIA WEISS		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	7	list. See instructions
	Websi	THE CANCED CURR OF THE ALL OF C	.,	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		1 State of legal domicile: NY
	art I	Summary	L 1041	oriorination, =p : o	Ciato or logal dollilollo, = 1 =
		Briefly describe the organization's mission or most significant activities: TO	ENHANCI	THE OUALIT	Y OF LIFE
Activities & Governance	Ι'	OF THOSE IN SOUTHERN WESTCHESTER DEALING	G WTTH	CANCER CHALL	LENGES.
nar	2	Check this box if the organization discontinued its operations or disp			
ver	1	- · · · · · · · · · · · · · · · · · · ·		1 1	15
ဗ္ဗ	1				15
∞		Number of independent voting members of the governing body (Part VI, line 1b			16
ţį		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			100
Ęï		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year
		0 17 5 1 1 1 (5 1) (11)		1,672,779.	1,469,360.
Revenue		Contributions and grants (Part VIII, line 1h)		1,072,779.	1,409,300.
	1	Program service revenue (Part VIII, line 2g)		72,997.	97,743.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			208,235.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,628.	
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,751,404.	1,775,338.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		62,000.	104,638.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	792,313.	995,864.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
χ̈	b	Total fundraising expenses (Part IX, column (D), line 25)		004 105	020 510
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		204,107.	230,512.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,058,420.	1,331,014.
	19	Revenue less expenses. Subtract line 18 from line 12		692,984.	444,324.
s or			B	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		2,646,458.	2,948,254.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		56,876.	181,982.
		Net assets or fund balances. Subtract line 21 from line 20		2,589,582.	2,766,272.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	
		Observations of afficient		D-t-	
Sig	n	Signature of officer		Date	
Hei	e	TANIA WEISS, EXECUTIVE DIRECTOR			
		Type or print name and title		D	- I - STIN
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Pai	d	BRIAN WIENER		self-employe	
	parer	Firm's name TOBIN & COMPANY, CPA'S		Firm's EIN 1	3-3632313
Use	Only	Firm's address 2500 WESTCHESTER AVENUE			
		PURCHASE, NY 10577		Phone no. 91	48332200
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: CANCER SUPPORT TEAM IS A UNIQUE, NON-PROFIT HOME CARE ORGANIZAT	TON
	THAT PROVIDES PROFESSIONAL NURSING, SOCIAL WORK AND OTHER SUPPO	
	SERVICES, FREE OF CHARGE, TO CANCER PATIENTS AND THEIR FAMILIES	
	IN SOUTHERN WESTCHESTER COUNTY, NEW YORK.	
_	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes LA_No
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes LA_No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiences are considered by experiences.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 954,139 • including grants of \$ 104,638 •) (Revenue \$)
	PROVIDE HOME PROFESSIONAL NURSING AND SUPPORT SERVICES TO CANCE	<u> R</u>
	PATIENTS AT NO COST REGARDLESS OF INSURANCE COVERAGE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4-		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 954,139.	
		Form 990 (2022)

Form 990 (2022) CANCER SUPPORT TEAM, INC 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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
·	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ا ہے ا		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
04 -	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	LI		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Α.
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,7
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
38	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?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

022) CANCER SUPPORT TEAM, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 166 to the calendary year ending with or within the year covered by the return 19 bit fall teast one is reported on line 2a, did the organization file all required federal employment tax returns? 3					Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X X b If "Yes," has it filed a Form 990 T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3c In "Yes," has it filed a Form 990 T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3c In "Yes," a file of a Form 990 T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3c In "Yes," a first the name of the foreign country (such as a bank account, securities account, or fore financial accounts)? 3c In "Yes," order the name of the foreign country (such as a bank account, securities account, or fore financial accounts (FBAR). 3c In "Yes," order the name of the foreign country (such as a bank account, securities account, or fore financial Accounts (FBAR). 3c In "Yes," of the thing the party notify the organization than the was or is a party to a prohibited tax sheller transaction at any time during the tax year? 3c In "Yes," of the Sa or Sb, did the organization file Form 888.77 3c In "Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity and the organization file Form 888.77 3c In "Yes," of the prepartation include with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c In "Yes," of the organization include with every solicitation and party for goods and services provided? 3c In the segmination received apprent in excess of \$57 made party as a contribution and party for goods and services provided? 3c In the segmination received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3c In the organization received as contribution of cases, organization selection for the value of the goods or services provided? 3c In the organization selection and party to the selection of the organization file Form 8898 as required? 3d If "Yes," in the organization selection for the selec	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it fied a Form 8007 for this year? If Yes' to line 3b, provide an explanation on Schedule O 3b If Yes, 'entire 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 glucius as a bank account, securities account, or other financial accounts? 5a If Yes, 'entire the name of the roting incountry 5a Was the organization for fingin requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's I come to a vice by the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's include the organization in commandary greater than \$100,000, and did the organization solid any contributions that were not tax deductibles of exhibitations? 5c If Yes's, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of exhibitations of the property of the property of the property of the organization shall were yet and the organization shall represent it access of \$57 made party as a combination and party for goods and services provided? 5c Did the organization seek, exchange, or otherwise dispose of tangible personal property for which it was required to the ferm 828? 5c Did the organization seek, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 5c Did the organization received a portification foreign and provided property of the organization file in Form 1098-C? 5d Did the organization received any funds, directly or indirectly, or a personal benefit contract? 5d Did the organization received any funds,		filed for the calendar year ending with or within the year covered by this return	2a 16			
b If Yes, "has it filled a Form 990-T for this year? If Yeb' 1 billing 30, provide an explanation on Schedule O 48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 50 If Yes," enter the name of the foreign country 51 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 52 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 53 Was the organization at the very cognization file Form 888617 54 Did any excapitation 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? 55 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 56 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 56 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 57 Organizations that may receive deductible contributions under section 170(c). 58 If Yes, "did the organization notify the donor of the value of the goods or services provided?" 59 If Yes, "did the organization notify the donor of the value of the goods or services provided to the payor? 70 If Yes, "did the organization notify the donor of the value of the goods or services provided to the payor? 71 If Yes, "did the organization order or the value of the goods or services provided to the payor? 72 If Yes, "did the organization order or the value of the goods or services provided to the payor or the good of the good o	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х	
4a Alary time during the calendary 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 accounts? b If Yes, * enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization to party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes * to line Sar of Sb, did the organization file From 88867. 5b If Yes, * did the organization in the organization file From 88867. 5c If Yes * to line Sar of Sb, did the organization in the organization and scharitable contributions? 5c Id the organization shelt may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of Sr5 made sparty as a contribution and party for goods and services provided? 7 The If Yes, * include the number of Forms 8882 filed during the year 10 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 11 The organization receive any funds, directly or indirectly, on a personal benefit contract? 12 The Organization receive any funds, directly or indirectly, on a personal benefit contract? 13 The St of the organization receive any funds, directly organization funds to a donor advised fund maintained by the sponsoring organizations make any				3a		X
francial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b Was the organization a party to a princible data shelter transaction at any time during the tax year? 5b Did any travelable party northy the organization file Form 88881? 6 If 'Yes' to line Sa or Sb, did the organization file Form 88881? 6 If 'Yes' to line Sa or Sb, did the organization file Form 88881? 6 Does the organization include with every solicitation an express statement that such contributions or gifts any contributions that were not tax deductible as charitable contributions? 6 If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contribution and party for goods and services provided to the payor? 7 To Did the organization neoty the donor of the value of the goods or services provided? 7 To Did the organization neoty the donor of the value of the goods or services provided? 7 To Uniform State 2 To Did the organization for services and party search of the services provided to the payor? 7 To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Did the organization, during the year, pay premiums, directly or indirectly, to an personal benefit contract? 7 To Did the organization neceived a contribution of cards, botta, simplenes, or other vehicles, did the organization file a form 1088-07 and 11 the organization has a contribution of cards, botta, simplenes, or other vehicles, did the organization file a form 1088-07 and 11 the organizatio				3b		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization to the organization the foreign form 8506 Tax 6c If "Yes" to line 5a or 5b, did the organization file from 8506 Tax 6c If "Yes" to line 5a or 5b, did the organization file from 8506 Tax 6c Obos the organization have annual gross receipts that an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c). 6c If If "Yes," include the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If "Yes," include the organization notity the donor of the value of the goods or services provided? 7 To If	4a					
See instructions for filing requirements for FinCEN Form 11.4, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did New Foreign and Comparization for the See Total See Tot		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities			
				17		
		If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77
	taxable entity during the year?	16a		X
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?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records TANIA WEISS - 914-777-2777			
	2900 WESTCHESTER AVENUE STE 103, PURCHASE, NY 10577			
	2000 HEDICHEDIEK KARMON DIN ION, IOKCHADE, MI IONI			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	<u> </u>	orga	aniza			mpe	nsat	· ·		
(A)	(B))) Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc.				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	ınal tr		loyee	o mb		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(1) TANIA WILK WEISS	line) 40.00	Ĕ	ŝi.	₹	- Se	E Ţ	호			
EXECUTIVE DIRECTOR	40.00	1		x				150,100.	0.	1,439.
(2) ELISH MCGRATH	40.00			1				130,100.	•	1,455.
EMPLOYEE	1000	1				x		117,284.	0.	1,117.
(3) RUPERT WALTERS	1.00					 				_,,
TREASURER		x		x				0.	0.	0.
(4) LISA EDMISTON	1.00									
CHAIR		Х		х				0.	0.	0.
(5) RUTHANN BRAZILL	1.00									
DIRECTOR		X						0.	0.	0.
(6) CARLA VOLPE PORTER	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SEVERINE BLOND	1.00									
DIRECTOR		Х						0.	0.	0.
(8) FRANK WEBERS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) MARK RICE	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(10) PAMELA TILLINGHAST DUBITSKY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(11) BONNIE GOULD	1.00	١,,		,,						0
CHAIR	1 00	Х		Х				0.	0.	0.
(12) CHRISTOPHER M. SEDIQZAD	1.00	X						0.	0.	0.
OIRECTOR (13) BETTY KELLY	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) DANIEL BERNSTEIN	1.00	<u> </u>						0.	· ·	0.
SECRETARY	1.00	X		х				0.	0.	0.
(15) MARIKAY CAPASSO	1.00	123		1				· ·	•	
DIRECTOR	1	x						0.	0.	0.
(16) DANIEL SMITH	1.00	T								
DIRECTOR		x						0.	0.	0.
(17) MARLISSA WESTERFIELD	1.00									
DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru (A)	(B)	<u> </u>		(C				(D)	(E)			(F)	
Name and title	Average			Posi	ition			Reportable	Reportable	į	l F	timate	ed
Traine and the	hours per					than		compensation	compensation			nount	
	week	-	cer an	d a di	irecto	or/trus	tee)	from	from related	b		other	
	(list any	director						the	organization			pensa	
	hours for	or dir	يو			ated		organization	(W-2/1099-MI			om th	
	related organizations	ustee	truste		Ф	suadi		(W-2/1099-MISC/	1099-NEC))	_	anizat	
	below	ual tr	tional		ploye	st con	L	1099-NEC)				d relat anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Oigi	ai iizati	0110
(18) NAPHTALI JOSEPH	1.00	Ι-	_		<u>×</u>	1	_						
DIRECTOR		Х						0.		0.			0.
		1											
		1											
		4											
						_							
		┨											
		1											
1b Subtotal								267,384.		0.		2,5	
c Total from continuation sheets to Part V								0.		0.		2,5	0.
d Total (add lines 1b and 1c)								267,384.				∠,ɔ	30.
2 Total number of individuals (including but compensation from the organization	not limited to tr	iose	IISTE	ed ar	oove	e) wi	no re	eceived more than \$100	,000 of reportab	ие			2
compensation from the organization												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	cey e	empl	oye	e, o	hio	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual	,	,	•	,	ŕ	Ŭ		•		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or	•				•			ed organization or indivi	dual for services	3			
rendered to the organization? If "Yes," cor	nplete Schedui	e J f	or su	ıch p	oers	son .					5		X
Section B. Independent Contractors		al a .a .			4.		4		\$100,000 of oor		-4:		
1 Complete this table for your five highest of the organization. Report compensation for	=	-								npens	alion	TOITI	
(A)	ino calonidar y	ou i ·	orran	<u>.</u>	,,,,,,	<u> </u>		(B)	, 641.		((<u> </u>	
Name and busines	s address	NO	ONE	S				Description of s	ervices	C	ompe		n
2 Total number of independent contractors		ot li	mite	d to		se li: 0	stec	d above) who received m	ore than				
Φ400 000 f													
\$100,000 of compensation from the organ	ization										Form	<u>aan /</u>	2022)

Page 9

		Chack if Schodule O con	taine e reenenee	or note to any lin	oo in this Dort VIII			
		Check if Schedule O con	itali is a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè éxcluded
							business revenue	
<u> </u>								sections 512 - 514
nts	1 a	Federated campaigns	1a					
g al	b	Membership dues	1b					
ts,	С	Fundraising events	1c	155,899.				
ia i	d	Related organizations	1d					
ıs,	е	 Government grants (contribution) 	ıtions) 1e	17,423.				
흔	f	All other contributions, gifts, grain	nts, and					
ള		similar amounts not included abo	ove 1f 1,	296,038.				
g	g	Noncash contributions included in line	es 1a-1f 1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,469,360.			
				Business Code				
e l	2 a	1						
ه کِز	b							
Sul	С	:						
eve	d							
Program Service Revenue	е	•						
₫	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			63,288.			63,288.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a	а					
	b	Less: rental expenses 6	b					
	С	Rental income or (loss)	С					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7	a <mark>343,829.</mark>					
	b	Less: cost or other basis						
ne		and sales expenses 78	b 309,374. c 34,455.					
her Revenue	С	Gain or (loss) 70	34,455.					
Be		Net gain or (loss)			34,455.			34,455.
her	8 a	Gross income from fundraising e						
₹		including \$ 155,	899. of					
		contributions reported on line	e 1c). See					
		Part IV, line 18	8a	273,301.				
	b	Less: direct expenses		67,375.				
	С	Net income or (loss) from fun	idraising events	·····	205,926.			205,926.
	9 a	Gross income from gaming a	ıctivities. See					
		Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gar	ming activities					
	10 a	Gross sales of inventory, less	s returns					
		and allowances	10a	1				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sale	es of inventory					
S				Business Code				
Miscellaneous Revenue	11 a	OTHER			2,309.			2,309.
ane	b)						
Sell	С							
i <u>š</u> ⊟	d	All other revenue	.					
		Total. Add lines 11a-11d			2,309.			
	12	Total revenue. See instructions	<u>.</u>		1,775,338.	0.	0.	305,978.

Part IX | Statement of Functional Expenses

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

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	104 620	104 620		
_	individuals. See Part IV, line 22	104,638.	104,638.		
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,	151,540.	45,462.	45,462.	60,616
_	trustees, and key employees	131,340.	45,402.	45,402.	00,010
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	730,365.	584,532.	115,155.	30,678
7	Other salaries and wages	130,303.	304,332.	113,133.	30,070
8	Pension plan accruals and contributions (include	6,870.	4,412.	1,545.	012
•	section 401(k) and 403(b) employer contributions)	17,679.	13,361.	3,006.	913 1,312
9	Other employee benefits	89,410.	65,763.	15,450.	8,197
10	Payroll taxes	09,410•	05,705.	13,430.	0,131
11	Fees for services (nonemployees):				
	Management	5,543.		5,543.	
b	Legal	14,350.		14,350.	
C C	Accounting	14,550.		14,550.	
	Lobbying				
e	Investment management fees	13,059.		13,059.	
f	Other. (If line 11g amount exceeds 10% of line 25,	13,033.		13,033.	
g	column (A), amount, list line 11g expenses on Sch 0.)	16,749.			16,749
12	Advertising and promotion	10,715			10,715
13	Office expenses	32,485.	10,816.	16,053.	5,616
14	Information technology	13,190.	12,416.	774.	3,020
15	Royalties	20,200	22,1200	7.20	
16		86,582.	69,266.	17,316.	
17	Occupancy	00,0021	03/2001	27,0200	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			+	
21	Payments to affiliates			+	
22	Depreciation, depletion, and amortization	1,100.		1,100.	
23	Insurance	9,003.	9,003.		
24	Other expenses. Itemize expenses not covered	2,7223	2,222		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	COMMUNITY SERVICE	28,696.	28,696.		
b	PERSONNEL	5,774.	5,774.		
c	BANK & CREDIT CARD FEES	2,286.	,		2,286
d	DUES & SUSCRIPTIONS	1,695.		1,695.	, , , ,
e	All other expenses	,		,	
25	Total functional expenses. Add lines 1 through 24e	1,331,014.	954,139.	250,508.	126,367
26	Joint costs. Complete this line only if the organization		•	·	<u> </u>
	reported in column (B) joint costs from a combined				
	. , , ,				
	educational campaign and fundraising solicitation.	•			

Part >	X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			29,372.	1	20,989
2	2	Savings and temporary cash investments			1,163,425.	2	1,661,910
3	3	Pledges and grants receivable, net		3,944.	3	3,869	
4		Accounts receivable, net				4	
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
6	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
န္ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۶ ک	9	Prepaid expenses and deferred charges			4,766.	9	2,850
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,502.			
	b	Less: accumulated depreciation	10b	3,026.	3,577.	10c	2,476 1,084,266
11	1	Investments - publicly traded securities			1,426,166.	11	1,084,266
12	2	Investments - other securities. See Part IV, line			12		
13	3	Investments - program-related. See Part IV, line		13			
14	4	Intangible assets			14		
15	5	Other assets. See Part IV, line 11			15,208.	15	171,894
16	6	Total assets. Add lines 1 through 15 (must eq		ı	2,646,458.	16	2,948,254
17	7	Accounts payable and accrued expenses	33,026.	17	15,250		
18	8	Grants payable		18			
19	9	Deferred revenue			23,850.	19	
20	0	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ភ្ល 22	2	Loans and other payables to any current or for	mer offi	cer, director,			
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		22	
⊐ 23	3	Secured mortgages and notes payable to unre	lated th	ird parties		23	
24	4	Unsecured notes and loans payable to unrelat	ed third	parties		24	
25	5	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X			
		of Schedule D			0.	25	166,732
26	6	Total liabilities. Add lines 17 through 25			56,876.	26	181,982
,,		Organizations that follow FASB ASC 958, ch	eck he	e X			
<u>ĕ</u>		and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances 35 36 37 38 35 38 35 36 36 36 36 36 36 36 36 36 36 36 36 36	7	Net assets without donor restrictions			2,148,928.	27	2,424,229
<u>n</u> 28	8	Net assets with donor restrictions		<u></u>	440,654.	28	342,043
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here			
<u>-</u>		and complete lines 29 through 33.					
စ္က 29	9	Capital stock or trust principal, or current fund	s			29	
30	0	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		30	
g 31	1	Retained earnings, endowment, accumulated	ncome,	or other funds		31	
32	2	Total net assets or fund balances			2,589,582.	32	2,766,272
33		Total liabilities and net assets/fund balances		ı	2,646,458.	33	2,948,254

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		1,77		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,33	-	
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,58		
5	Net unrealized gains (losses) on investments	5	-26	7,6	<u>35.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,76	6,2	72.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CANCER SUPPORT TEAM, INC

Employer identification number

13-2938964 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1404643.	1313161.	895,078.	1672779.	1469360.	6755021.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4.40.46.40	1010161	005 050	4.650550	1160060	6555004
4	Total. Add lines 1 through 3	1404643.	1313161.	895,078.	1672779.	1469360.	6755021.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6555004
	Public support. Subtract line 5 from line 4.						6755021.
	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 895, 078.	(d) 2021	(e) 2022	(f) Total 6755021.
	Amounts from line 4	1404643.	1313161.	895,078.	1672779.	1469360.	6/55021.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	25 200	42 540	45 265	F2 40F	62 000	064 050
	and income from similar sources	37,328.	43,540.	47,367.	73,427.	63,288.	264,950.
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	0.51	60	2 140	145	2 200	6 507
	assets (Explain in Part VI.)	851.	62.	3,140.	145.	2,309.	6,507. 7026478.
11							/0264/8.
12	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
<u>~</u>	organization, check this box and stor						<u></u>
	etion C. Computation of Publ			I (f)			96.14 %
	Public support percentage for 2022 (14	70
	Public support percentage from 2021					15	,,,
102	33 1/3% support test - 2022. If the content have The experience qualifies	•		•		•	
	stop here. The organization qualifies						
L	33 1/3% support test - 2021. If the c	-					
47.	and stop here. The organization qual						
178	10% -facts-and-circumstances tes	ū					•
	and if the organization meets the fact			=		_	
1.	meets the facts-and-circumstances to	_	· · · · · · · · · · · · · · · · · · ·		-	17a and line 15 is	
0	10% -facts-and-circumstances tes	_					1070 UI
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ		-				
18	Private foundation. If the organization	iii did fiot check a	DUX UIT III 18 13, 16	a, 100, 1/a, 0f 1/k	o, check this box a		S

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support	, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•	•	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	. ,		` '		, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital			1			
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
-	check this box and stop here	•		,			,
Se	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	40		
	_		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	.54		
	10b		
ula	A (Forr	n 000	2022
a i e	7 (1 (1)	550	LUZZ

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
	the supported organization(s). tion D. All Type III Supporting Organizations	1		
3601	non b. All Type III Supporting Organizations		V	NI -
	Did the appropriation may ride to each of its appropriate appropriations, by the least day of the fifth mouth of the		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2022 CANCER SUPPORT TEAM, I	NC		13-2938964 Page 6
Pai		ng Orgar	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualify			in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E	<u>. </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	· ugu ·
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	LAGGGG 110111 2022				

Schedule A (Form 990) 2022

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CANCER SUPPORT TEAM, INC

Employer identification number 13-2938964

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morching conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

	t III Organizations Maintaining C	Collections of Ar		00011200 01	· Othor	Cimila	r A 222	to/		age Z
			-					LS (CONTII	iuea)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sig	gnificant i	use of its			
	collection items (check all that apply):									
а	Public exhibition	d		hange prograr	n					
b	Scholarly research	е	U Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						se in Par	t XIII.		
5	During the year, did the organization solicit o							7		,
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal		te if the organizatio	n answered "\	es" on F	orm 990	, Part IV,	line 9, oı	•	
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other ass	ets not ir	ncluded				
	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					_ 100		_ 110
	11 103, explain the arrangement in rait Air	and complete the fol	lowing table.					Amoun	t	
_	Beginning balance					1c				
	Additions during the year									
f	Distributions during the year					1f				
	Ending balance							Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.				-	yr		_ 1es		
Pai						 1				
ı u.	Endownient Fands. Somplete i	(a) Current year	(b) Prior year	(c) Two years			ears hack	(e) Four	vears	hack
4.	Regioning of year balance	1,426,166.	1,279,474.		,938.		53,197.	(0)1001	765,	
	Beginning of year balance	1,420,100.	1,279,474.	 	,000.		00,000.		705,	433.
	Contributions	170 0/1	150 220						22	726
	Net investment earnings, gains, and losses	-178,841.	159,329.	144	,715.	14	10,777.		-33,	720.
	Grants or scholarships									
е	Other expenditures for facilities	150 000							60	-10
	and programs	150,000.	40.625	10	170				68,	512.
f	Administrative expenses	13,059.	12,637.		,179.		7,036.			100
g	End of year balance	1,084,266.	1,426,166.		,474.	85	96,938.		663,	197.
2	Provide the estimated percentage of the curr			a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administer	ed for the	Э			1	
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or of	` '	or other		cumulated	d	(d) Boo	k value	е
		basis (investr	nent) basis	(other)	depr	eciation				
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment			5,502.		3,02	26.		2,4	76.
_	Othor									

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

2,476.

Part VII Investments - Other Securities.	ORT TEAM, INC	<u> </u>	-2938964 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)	(-,	(0,000000000000000000000000000000000000	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line	a 11d Con Form 000 Port V line 15	
	Description	FITU. See FOITH 990, Fait A, line 13.	(b) Book value
	Description		15,208.
· · · · · · · · · · · · · · · · · · ·			156,686.
			130,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	4=1		171 004
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		171,894.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			166 830
(2) OPERATING LEASE PAYABLE			166,732.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		166,732.

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

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With	ı Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,494,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-267,635.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-267,635.
3	Subtract line 2e from line 1			3	1,762,278.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,059.		
b	Other (Describe in Part XIII.)	4b	1.		
С	Add lines 4a and 4b			4c	13,060.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	1,775,338.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited financial statements			1	1,317,954.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,317,954.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,059.		
b	Other (Describe in Part XIII.)	4b	1.		
С	Add lines 4a and 4b			4c	13,060.
5	Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line	18)		5	1.331.014.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED CODIFICATION

TOPIC 740, ACCOUNTING FOR INCOME TAXES, FOR NONPUBLIC ORGANIZATIONS, WHICH

REQUIRES ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF

ANY UNCERTAINTY IN THEIR TAX POSITION, FOR TAX-EXEMPT ENTITIES, THEIR

TAX-EXEMPT STATUS ITSELF IS DEEEMED TO AN UNCERTAINTY IN THEIR TAX

POSITION, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX

EXEMPT STATUS. THE ORGANIZATION'S ACCOUNTING POLICY FOR EVALUATING

UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY ACCEPTED

ACCOUNTING PRINCIPLES. THE ORGANIZATION HAS NOT RECOGNCIZED ANY BENEFITS

FROM UNCERTAIN TAX POSITIONS DURING THE AUDIT PERIOD AND BELIEVES IT HAS

NO UNCERTAIN TAX POSTIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE

Part XIII Supplemental Information (continued)
TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR
DECREASE WITHIN TWELVE MONTHS OF THE STATEMENT OF FINANCIAL POSITION DATE.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
ROUNDING
PART XII, LINE 4B - OTHER ADJUSTMENTS:
ROUNDING
PART V LINE 4:
THE ORGANIZATION CREATED AN ENDOWMENT FUND TO PROVIDE SHUT-DOWN COSTS IF
EVER REQUIRED AND TO HOLD LARGE BEQUESTS AND FUNDS IN EXCESS OF THOSE
DETERMINED TO BE REQUIRED TO BE MAINTAINED IN THE ORGANIZATION'S GENERAL
OPERATING ACCOUNT.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 13-2938964 CANCER SUPPORT TEAM, INC

Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover sising of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gr				ots greater than \$5,000.
			1	(b) Event #2 HEALTH	(c) Other events NONE	(d) Total events (add col. (a) through
				AWARENESS LU		col. (c))
ē			(event type)	(event type)	(total number)	35 (5)/
Revenue	1	Gross receipts	350,952.	78,248.		429,200.
	2	Less: Contributions	118,103.	37,796.		155,899.
	3	Gross income (line 1 minus line 2)	232,849.	40,452.		273,301.
	4	Cash prizes				
S	5	Noncash prizes	3,379.	600.		3,979.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	19,870.	8,466.		28,336.
	8	Entertainment	5,000.			5,000.
	9	Other direct expenses	21,916.	8,144.		30,060.
	10		h 9 in column (d)			67,375.
		Net income summary. Subtract line 10 from li	ine 3, column (d)			205,926.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	a Dullanta formation		l
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ве		Cross revenue				
	<u> </u>	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	_	Net continue in a continue of the second	There is the state of the state			
_	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
		ter the state(s) in which the organization condu	_	atata a O		Yes No
		the organization licensed to conduct gaming a No," explain:				Yes No
		, эхрын <u> </u>				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No
b	If "	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 CANCER SUPPORT TEAM, INC	13-2938964 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	
Little the name and address of the person who prepares the organization's gaming/special events book	as and records.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re	venue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
Autress	
16 Gaming manager information:	
Name	
Coming manager comparation	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	to
	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
105, 106, 10, and 115, as approache. Also provide any additional illimitation. God instructions.	

Schedule G	i (Form 990)	CANCER	SUPPORT	TEAM,	INC	13-2938964 Page 4
Part IV	(Form 990) Supplemental Info	rmation (cont	inued)			•
		•	,			
-						
-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CANCER SU	JPPORT TEA	M, INC					13-29389	64
Part I General Information on Grants a	and Assistance							
Does the organization maintain records								
criteria used to award the grants or ass	istance?						Yes X	. No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	d States.				
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part I	V, line 21, for any	
recipient that received more than		· · · · · · · · · · · · · · · · · · ·			(f) Mathead of			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		1 table						

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT ASSISTANCE	220	104,638.	0.		
		,			
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
SCH. I, PART I, LINE 2					
THE PATIENT'S AND FAMILY'S FINANC	CIAL SITUA	TION AND "	PATIENT AN	D FAMILY	
FUND APPLICATION" WILL BE REVIEWE	ED BY, AT	MINIMUM, T	WO OF THE	FOLLWING	
STAFF MEMBERS: EXECUTIVE DIRECTOR	R OF PATIE	NT SERVICE	S, AND MAN	AGER OF	
FINANCE AND OPERATIONS, TO ASSESS	ELIGIBIL	ITY FOR FI	NANCIAL AS	SISTANCE.	
REQUESTS FOR FINANCIAL ASSISTANCE	E MUST ALS	O BE APPRO	VED BY TWO	OF THE	
FOLLOWING STAFF MEMBERS: EXECUTIV	E DIRECTO	R, DIRECTO	R OF PATIE	NT	
SERVICES AND MANAGER OF FINANCE A	AND OPERAT	IONS.			

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CANCER SUPPORT TEAM, INC

 $Employer\ identification\ number\\13-2938964$

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

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) TANIA WILK WEISS	(i)	150,100.		0.	1,439.	0.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

CANCER SUPPORT TEAM, INC

Employer identification number 13-2938964

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE MANAGER WITH ITS INDEPENDENT AUDITOR. IT IS THEN REVIEWED BY THE BOARD FINANCE COMMITTEE.

THE BOARD REVIEWS AND APPROVES THE AUDITED FINANCIAL STATEMENTS.

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

ANNUAL CONFLICT OF INTEREST QUESTIONAIRE TO BE SIGNED BY EACH DIRECTOR,
PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS TO
AFFIRM THAT SUCH PERSON 1. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST
POLICY 2. HAS READ AND UNDERSTAND THE POLICY 3. HAS AGREED TO COMPLY WITH
THE POLICY 4. UNDERSTANDS THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND
THAT IN ORDER TO MAINTAIN ITS TAX EXEMPT STATUS, IT MUST ENGAGE PRIMARILY
IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE CHARITABLE TAX EXEMPT PURPOSES,
AND MUST NOT PARTAKE IN ANY ACTIVITIES THAT WOULD RESULT IN PRIVATE
INUREMENT.

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

SALARIES AND ANNNUAL INCREASES ARE REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF DIRECTORS.

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

CST MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING 1.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization CANCER SUPPORT TEAM, INC	Employer identification number 13-2938964
PART XII LINE 2	
THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	PHONE SYSTEM	03/02/20	SL	5.00		16	5,502.				5,502.	1,926.		1,100.	3,026.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						5,502.				5,502.	1,926.		1,100.	3,026.
	* GRAND TOTAL 990 PAGE 10 DEPR						5,502.				5,502.	1,926.		1,100.	3,026.
	4.01.00														

CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:	New Filing OAm	endment	Filing Year: 202	22	_
General Informa	tion				
		Support Team Inc.	Updated Nam	ie:	N/A
NY Registration Num	ber: 03-34-44		Registration C		DUAL
Organization Type:	Corporation	n	EIN:		132938964
Current Fiscal Year Er	nd: <u>12/31</u>		Updated Fisca	l Year End:	N/A
Organization Email:	CST@CANC	ERSUPPORTTEAM.COM	Organization's	S Phone:	9147772777
Tax Exempt Status:	501(c)(3)		Website:		WWW.CANCERSUPPORTTEAM.CC
Organization Addres	s				
Mailing A	Address	Principal Ac	ddress		NY State Address
2900 Westchest Purchase NY 10577 UNITED STATE		2900 Westcheste Purchase NY 10577 UNITED STATES		NA 	
Primary Contact Info First Name: Monica Phone: 914777		Last Name: Mull	lan ullan@cancersuţ		Manager of Finance and Operations
Organization Type Type of IRS documen	t filed with IRS: <u>Il</u>	RS990 Orga	nization Type: <u>F</u>	Public	
Third Party Prep	arer Informatio	n			
First Name: Brian		Last Name: Wie	ner	Title: _	
Firm Name: Tobin a	and Company CPA	Phone: <u>914</u>	4338151	Email:	brian@tobin-cpa.com
Third Party Address					
	chester Avenue st 1	l17			
City: Purchase		State:	NY NY		
Zip: 10577		Country:	United States		

Registration Category
 Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited to, maintaining an office, having employees or staff, or running a program. Yes ONo
 Does the organization have assets in New York State? ● Yes O No
3. Is the organization incorporated or formed in New York State? ● Yes ○ No
4. Does the organization solicit, or plan to solicit, or receive \$25,000 or more annually in total contributions from
New York State residents, foundations, corporations, or government agencies, etc.? • Yes O No
5. Does the organization use a professional fundraiser or fundraising counsel?
O Yes ● No
Based on your responses to the above questions, this organization's registration category remains as DUAL
Public Charity
1. Did the organization solicit or receive contributions during the fiscal year in New York State?
3. Choose the total contributions in New York State this fiscal year: \$1,000,000-\$4,999,999
Annual Exemptions
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? Yes No N/A Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes No N/A
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? O Yes O No N/A Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? Yes No N/A Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes No N/A Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? Yes No N/A Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes No N/A Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? Yes No Based on your responses to annual exemption questions, this organization is required to file under DUAL during this
 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? Yes No N/A Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes No N/A Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? Yes No Based on your responses to annual exemption questions, this organization is required to file under DUAL during this
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 Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year? Yes No N/A Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? Yes No N/A Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? Yes No Based on your responses to annual exemption questions, this organization is required to file under DUAL during this

Name of Firm: N/A

Contract Start: N/A

Amount Paid: N/A

Mailing Address: N/A

Type: N/A

Financial Information				
Type of IRS document filed with IRS	IRS990	Organization's total revenu	e: <u>1,775,338</u>	
Organization's total contributions:	1,469,360	Organization's total assets:	N/A	
Organization's net assets:	2,766,272	Organization's total revenu	ie N/A	
Organization's total liabilities:	N/A	and contributions:Organization's total assets,	/ N/A	
Organization's total income:	N/A	worth:		
For this filing year, does your organi	zation plan to complet	e any of the following with the N	ew York State Charities Bureau	
□Closing □Withdrawing	☐ Dissolving	☑ None		
s this your final filing with New Yor		ONo N/A		
Filing Information Did your organization use a professi ○Yes ○No	onal fundraiser or fund	Iraising counsel for fundraising a	ctivity in New York State?	
General Informa	tion	Description of Services	Description of Compensation	
Name of Firm: N/A		N/A	I/A	
Type: N/A Reg	Number: <u>N/A</u>	-		
Contract Start: N/A Cont	ract End: N/A	-		
Amount Paid: N/A	Phone : N/A	-		
Mailing Address: N/A				
Name of Firm: N/A		- N/A N/A	I/A	
Type: N/A Registr	ation ID: <u>N/A</u>	_		
Contract Start: N/A Contr	act End: <u>N/A</u>			
Amount Paid: N/A	Phone : N/A	_		
Mailing Address: N/A				

N/A

Registration ID: N/A

Contract End: N/A

Phone : N/A

N/A

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount
New York State Department of Health	\$17,423.00
N/A	N/A

Documents

Attached organization's required documen	Attached	organization'	s required	documents
--	----------	---------------	------------	-----------

- ☑ IRS document
- ☑ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email
Executive Director	Tania	Wilk Weiss	tweiss@cancersupportteam.org
Director of Finance	Monica	Mullen	mmullan@cancersupportteam.org

Signature of Executive Director Tania Wilk Wiss	Date:	11/10/2023
Signature of Director of Finance Monica Mullen 1EDE44410E224440	Date:	11/10/2023