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CLIENT'S COPY

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** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and anding



Department of the Treasury Internal Revenue Service For the 2002 colonder year, or tax year beginning

Т

АГ		and a sear of tax year beginning and	enuing	_						
B a	Check if pplicabl	e: C Name of organization		D Employer identifie	cation number					
	Addre chang	SE CANCER WELLNESS CENTER								
Name change Doing business as 36-3604463										
	Initial return	r								
	Final return	215 REVERE DRIVE		847-509-	9595					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,729,141.					
	Amen	NORTHBROOK, IL 00002		H(a) Is this a group re	eturn					
	Applic dition	^{a-} F Name and address of principal officer: MS • NANCY BULZONI		for subordinates	? Yes X No					
	pendi	⁹ SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No					
11	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) () (insert no.) 🛄 4947(a)(1) c	or 📃 527	lf "No," attach a	list. See instructions					
	Vebsi			H(c) Group exemption						
ΚF	orm of	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1988 N	State of legal domicile: IL					
Pa	art I	Summary								
e	1	Briefly describe the organization's mission or most significant activities: $rac{ ext{THE}}{ ext{c}}$ (CANCER	WELLNESS C	ENTER ,					
Activities & Governance		THROUGH PSYCHOSOCIAL SUPPORT AND EDUCATION	ON, SE	EKS TO EMPO	WER THOSE					
sr n (2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as						
0 Vě	3	Number of voting members of the governing body (Part VI, line 1a)		3	20					
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)			20					
es		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			27					
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	50					
lcti		Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
Ð	8	Contributions and grants (Part VIII, line 1h)		1,680,640.	2,326,060.					
Revenue	9	Program service revenue (Part VIII, line 2g)		9,446.	10,240.					
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107,364.	102,350.					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-66,708.	-129,905.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,730,742.	2,308,745.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		1,271,154.	1,579,575.					
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.					
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 467,8	76.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		417,738.	466,583.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,688,892.	2,046,158.					
	19	Revenue less expenses. Subtract line 18 from line 12		41,850.	262,587.					
s or Ices			Be	ginning of Current Year	End of Year					
Assets (Balanc	20	Total assets (Part X, line 16)		3,999,967.	4,542,980.					
	21	Total liabilities (Part X, line 26)		121,638.	201,736.					
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		3,878,329.	4,341,244.					
		Signature Block								
Und	or none	tion of parium. I dealars that I have avamined this return, including accompanying achedular	o and atatam	anto and to the heat of m	knowledge and belief it is					

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

Sign	Signature of officer			Date						
-	MS. NANCY BULZONI, EXECUI	TIVE DIRECTOR								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	MARCY STEINDLER			if self-employed P00573131						
Preparer	Firm's name MANN. WEITZ & ASS	SOCIATES L.L.C.		Firm's EIN 36-3963131						
Use Only	Firm's address 570 LAKE COOK ROA	AD, SUITE 330								
	DEERFIELD, IL 60015 Phone no. (847) 267-3400									
May the I	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) CANCER WELLNESS CENTER	36-3604463	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission: THE CANCER WELLNESS CENTER, THROUGH PSYCHOSOCIAL	SUPPORT. EDUCATION	
	AND WELLNESS, SEEKS TO EMPOWER THOSE AFFECTED BY		THE
	QUALITY OF THEIR LIVES.		
2	Did the organization undertake any significant program services during the year which were not list		V
	prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any progra		XNo
5	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	n services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	ations to others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 480,309. including grants of \$ WELLNESS & EDUCATIONAL PROGRAMMING ENCOMPASSES A) (Revenue \$ VARTETY OF CLASSES	
	PRESENTATIONS TO HELP ADDRESS THE STRESS RELATED		
	WEEKLY CLASSES, SUCH AS YOGA, EXERCISE AND MINFUL		
	HELP COPE WITH THE PHYSIOLOGICAL IMPACT OF STRESS		
	WORKSHOPS ARE OFFERED ON A VARIETY OF TOPICS TO P	ROVIDE A RELIABLE	
	SOURCE OF CANCER-RELATED INFORMATION. DURING 2023		S
	WERE SERVED WITH 7,730 SERVICE UNITS (CLASSES/SES	SIONS/HOURS).	
4b	(Code:) (Expenses \$ 626,033. including grants of \$) (Revenue \$)
	COUNSELING SERVICES ARE AVAILABLE FROM THE CENTER		
	PROFESSIONALS, INCLUDING COUNSELORS, SOCIAL WORKE		
	THESE SERVICES PROVIDE A VENUE IN WHICH PEOPLE GA	-	
	EXPAND COPING STRATEGIES AND PROCESS THE IMPACT C ON THEIR LIVES. DURING 2023, 689 INDIVIDUALS WERE		15
	SERVICE UNITS.	BERVED WITH 5,000	
4.	(Code:) (Expenses \$ 258,747. including grants of \$		<u>`</u>
4c	(Code:) (Expenses \$ 258,747. including grants of \$ CANCER GROUPS AT THE CENTER ARE PROFESSIONALLY FA) (Revenue \$ CTLTTATED AND PROV	, <u> </u>
	AN ARENA TO RECEIVE PEER SUPPORT RELATED TO THE C		
	THROUGH THESE VIRTUAL GROUPS, INDIVIDUALS ARE ABL		
	EXPAND SOCIAL SUPPORT, ALLOWING THEM TO COPE WITH		
	BY A CANCER DIAGNOSIS. DURING 2023, 334 INDIVIDUA	LS WERE SERVED WIT	H
	3,205 SERVICE UNITS.		
4d	Other program services (Describe on Schedule O.)	10 040	
-	(Expenses \$ 4,490. including grants of \$) (Revenue \$ Total program service expenses 1,369,579.	10,240. ₎	
<u>4e</u>	Total program service expenses 1,369,579.	Eorm Q	90 (2023)
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 Form 990 (2023)
 CANCER
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 Part IV
 Checklist of Required Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 11	<u> </u>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		1-14		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	17
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X (2023)
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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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
b	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		<u></u>
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
	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?			x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 50			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Part VI Statements Regarding Other IRS Filings and Tax Compliance (contraced) Vec No 2a Enter the number of enployees reported on Form W3. Transmittal of Wage and Tax Statements. 2 2 X bit If a teast one is reported on Ine 2a, did the organization file al required fedral employment tax returns? 2a. X 3a. X bit Was, 'near filed a Form 90-T for this year or word by the bar provide an explanation on Schedule 0 3b. 3a. X bit Was, 'near filed a Form 90-T for this year of the organization have an interest in or a signature or other arbony over, a financial account (FaAn). 4a. X bit Was, 'near filed a Forgan contry. 5a. X 5b. X bit Was, 'near organization is for SiGE to ergen contry. 5a. X 5b. X bit Was, 'near organization is for SiGE to ergen contry. 5a. X 5b. X bit Was, 'nd the organization in for SiGE to SiGE to ergen contry. 5a. X 5b. X bit Was, 'nd the organization in for SiGE to	Form	990 (2023) CANCER WELLNESS CENTER	36-3604	463	P	age 5
2a Enter the number of employees reported on Form W-3. Transmitted of Wage and Tax Statements. 2a 27 b If at least one is reported on Ine 2a, did the organization file al required federal employment tax returns? 2b X b If the state one is reported on Ine 2a, did the organization file an interest h, or a signature or other alumbity over, a 3b X b If Yas, 'hast iffield a form 900. Ter this year, d'If the organization file an interest h, or a signature or other alumbity over, a 4a X b If Yas, 'hast the af foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yas, 'hast the organization has a bank account, securities account, or other financial accounts (FBAR). 5a X c If Yas, 'other the name of the foreign country (such as a bank account securities account, or other financial accounts (FBAR). 5a X c If Yas, 'other the name of the foreign country is a vanishing of the an onicital and an operation of the anomization nale organization nale and the organization nale and the organization nale and the organization nale and the organization file an organization file an organization and sector 170(c). 5a X b If Yas, 'other the organization nale and the value of the gocie services provided? 7b X b If Yas, 'other the organization nale and the value of the gocid or searvices provide? 7b X </th <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
International experts on the singer that on the solution of the second function of the second second function function of the second funct					Yes	No
b If a least one is responted on line 2a, dd the organization file al required reserve employment to returns? 2b X 3a Did the organization have unnetated business grows income of 51,000 or more during the year? 3a X 3b If "Yes," has it filed a Form 3901 To this year? 3a X 3b If "Yes," henter the name of the foreign country leads as a bina Account, security team base and the account, security and other functual accounts (FBAF). 3a X 3b Did any taxes of the organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5a X 3c Did any taxes of the organization that was or is a party to a prohibited tax sheller transaction? 5b C 3c Did any taxes of the organization that are normally genter than \$100,000, and did the organization nale may use or a party to a prohibited tax sheller transaction? 5b C 3c Dif "Ays" to line 3a.or 5b, did the organization that was or is a party to a prohibited tax sheller transaction? 5b C C 3c Dif "Ays" to line 0a, party to a prohibited tax sheller transaction? 5b C C C C C C C C C C C C C C C C C	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
a Did the organization have unrelated business gross income of \$1,000 or more during the year? as X b If Yes, 'has if field a Form 990 T for this year? If 'No' to line 30, provide an explanation of other automoty over, a francial account in a foreign country. as X b If Yes, 'inter the name of the foreign country. as bank account, as currents success, or a signature or other automoty over, a francial account of the foreign country. as X b If Yes, 'inter the name of the foreign country. as a party to a prohibit data scheme than signature or other automotical accounts (FBAR). Sa X b Did any taxable party notify the organization that was or is a party to a prohibited tax scheme than saccoon the accounts (FBAR). Sa X c Dids any taxable party notify the organization in foreign BBA if any taxable party notify the organization scheme account that was or is a party to a prohibited tax schemet that such contributions solits are contrabutions? Sa X d If Yes, 'idd the organization in chulds with every solicitation an express statement that such contributions or gitts were not as ducutible? Ta X d If Yes, 'idd the organization in chulds with every solicitation and party as a cintification aparty for poids and services provided to the part? Ta X d If Yes, 'idd the organization foreived aschift is made party as a cintification apar		filed for the calendar year ending with or within the year covered by this return	2a 27			
b 11*Yes, "has it liked a Form 9901 for this year? If VMP to ime 3b, provide an explemation on Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest n, or a signature or other nautority over, a financial account in a forsign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 With the organization that was or is a park to a prohibite tax sheft transaction at any time during the tax year? 5a 5 Was the organization tax and use or is a park to a prohibite tax sheft transaction at any time during the tax year? 5a 5 Was the organization have and used is a park to a prohibite tax sheft transaction at any time during the tax year? 5a 6 Does the organization have and used is a park to a prohibite tax sheft transaction at any time during the tax year? 5a 8 Did any taxation text and exclusible as charitable contributions? 5a X 6 Dif "Yes," that the organization tax the value of the goods and services provided to the pary? 7a X 9 Dif was the organization review adsochibition and exclusible parsonal property for which it was required? 7b X 10 Was the organization review ad park to the organization tax on that way receive deductible contributions and the account and park for goods and services provided to the pary? 7a X 10 Was fore	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial financial account; or other financial financi	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
Image: Interval Image: Image	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
b If Yes," enter the name of the foreign country See instructions for filing requirements for FinCeN From 114, Report of Foreign Bank and Financial Accounts (FBAR). See 5a Was the organization approximation that it was or is a party to a prohibited tax sheller transaction? See 6a Do be she organization have annual gross receipts that are normally greater than \$100,000, and did the organization is the even tax deductible from 8886 7. See 7b Do be she organization have annual gross receipts that are normally greater than \$100,000, and did the organization is that even to tax deductible contributions? See 7b Tyes," idd the organization include with every solicition an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). See 7c Organization receive a ground the event of the value of the goods or services growided? To X 7b Did the organization receive a growided by the donor of the value of the goods or services growided? To X 7c IX If Yes," indicate the number of Forms 8282 field during the year Izd Izd To X 7d Did the organization receive a contribution of quarks property, did the organization fie Form 8880 are required? Tr X 7d Did the organization receive a dowinburd or indicedity, to pay premums on a personal benefit contract?	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exceeses parachute payment(s) during the year? 16			10a			
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 0	17		tivities			
If "Yes," complete Form 6069.	••			17		
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Form **990** (2023)

Form 990 (2	2023)
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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					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			L				
	If there are material differences in voting rights among members of the governing body, or if the governing			L				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			l				
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			l				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l				
	officer, director, trustee, or key employee?	2		ļ				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l				
	of officers, directors, trustees, or key employees to a management company or other person?	3		ļ				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		ļ				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		ļ				
6	Did the organization have members or stockholders?							
7a	a 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						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			T				
	persons other than the governing body?	7b		l				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t				
	The governing body?	8a	Х	ĺ				
b	Each committee with authority to act on behalf of the governing body?	8b	Х	t				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t				
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		ļ				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	I				
0a	Did the organization have local chapters, branches, or affiliates?	10a		1				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t				
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		I				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	t				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		t				
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	l				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	ł				
		120	23	╉				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	I				
	on Schedule O how this was done	12c	X	╉				
13	Did the organization have a written whistleblower policy?	13	X	╀				
14	Did the organization have a written document retention and destruction policy?	14	~	╁				
15	Did the process for determining compensation of the following persons include a review and approval by independent			I				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l				
	The organization's CEO, Executive Director, or top management official	15a	Х	ļ				
b	Other officers or key employees of the organization	15b		ļ				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			I				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ļ				
	taxable entity during the year?	16a		ļ				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			I				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I				
	exempt status with respect to such arrangements?	16b						
ec	tion C. Disclosure							
7	List the states with which a copy of this Form 990 is required to be filed <u>IL</u>							
8	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) avai	la				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)							
0		dfina						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iirial	icidi					
~	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 NANCY BULZONI - 847-509-9595							
	215 REVERE DRIVE, NORTHBROOK, IL 60062							
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	3) (C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week	<u> </u>	officer and a director/trustee)		from	from related	other			
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee	In stitutional trustee	-	Key employee	est co oyee	er			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Former			0
(1) NANCY BULZONI	40.00									
EXECUTIVE DIRECTOR				X				165,375.	0.	6,615.
(2) MICHELLE MAER	40.00									
DIRECTOR OF DEVELOPMENT						X		119,904.	0.	0.
(3) ALLYSON MARKS GREENFIELD	0.19									
BOARD MEMBER		Х						0.	0.	0.
(4) ARLENE LEVIN	0.67									
TREASURER		Х		Х				0.	0.	0.
(5) ARTHUR MOLLENHAUER	0.87									
CO-CHAIR		Х		х				0.	0.	0.
(6) BRETT KRONER	0.19									
BOARD MEMBER		Х						0.	0.	0.
(7) SCOTT WINICOUR	1.06									_
CO-CHAIR		Х		Х				0.	0.	0.
(8) STEVE SCHWARTZ	0.56									
SECRETARY/BOARD MEMBER		Х		Х				0.	0.	0.
(9) SHELLEY CLARK	0.27									
BOARD MEMBER		X						0.	0.	0.
(10) JOSH ALING	0.08									
BOARD MEMBER		X						0.	0.	0.
(11) STEVEN H. LEWIS	0.67									
IMMEDIATE PAST CHAIRMAN	0.01	X		X				0.	0.	0.
(12) LISA ZIRIN	0.31									0
BOARD MEMBER	0.00	X						0.	0.	0.
(13) MARC Z. SAMOTNY	0.08							0		0
BOARD MEMBER	0 1 0	X						0.	0.	0.
(14) RHONDA SALINS	0.19	v						0.	0.	0
BOARD MEMBER	0.67	X						0.	0.	0.
(15) JUSTIN SHEPERD	0.07	x						0.	0.	0
BOARD MEMBER	0.08	<u>^</u>						0.	0.	0.
(16) DAVID FRANK	0.00	x						0.	0.	0
BOARD MEMBER	0.60	<u> </u> ▲						0.	0.	0.
(17) SUSAN BARR	0.00	x						0.	0.	0.
BOARD MEMBER								0.	0.	
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Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E)									(F)			
Name and title	Average				itior			Reportable	Reportable		Estimate	эd
	hours per		not ch , unles					compensation	compensation		amount	
	week		cer and					from	from related		other	
	(list any	ctor						the	organizations	c	ompensa	tion
	hours for	- dire				eq		organization	(W-2/1099-MISC/		from the	
	related	tee or	Istee			en sat		(W-2/1099-MISC/	1099-NEC)	0	organizat	ion
	organizations	trus	ial tru		yee	dmo		1099-NEC)		á	and relat	ed
	below	Individual trustee or director	Institutional trustee	er	Key employee	est ci loyee	ıer			0	rganizati	ons
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former					
(18) RACHEL FEIN	0.19											
BOARD MEMBER		X						0.	0	•		Ο.
(19) ED WHARTNABY	0.15											
BOARD MEMBER		x						0.	0			Ο.
(20) MATTHEW GABLE	0.29								•	-		
BOARD MEMBER		x						0.	0			0.
	0.02							0.	0	•		0.
(21) JONATHON BLUME	0.02								0			0
BOARD MEMBER	0.10	X						0.	0	•		0.
(22) LYNN CHESTLER	0.19								•			
BOARD MEMBER		Х						0.	0	•		0.
(23) TRACY KAZAN	0.58											
BOARD MEMBER		X						0.	0	•		Ο.
(24) ANDREA WALD	0.19											
BOARD MEMBER		x						0.	0			Ο.
(25) ELLEN RAZZOOG	0.02									-		
BOARD MEMBER		x		4				0.	0			0.
(26) GARY WEISS	0.38						-		0	•		
	0.30	x		x				ο.	0			0
SECRETARY		Δ		Λ								0.
1b Subtotal								285,279.	0		6,6	
c Total from continuation sheets to Part V	II, Section A							0.	0			0.
d Total (add lines 1b and 1c)			<u></u>					285,279.	0	•	6,6	15.
2 Total number of individuals (including but r	not limited to th	iose	liste	d al	bove	e) wł	no r	eceived more than \$100	,000 of reportable			
compensation from the organization												2
											Yes	No
3 Did the organization list any former officer,	director. trust	ee. ł	kev e	mpl	love	e. o	hic	phest compensated emp	lovee on			
line 1a? If "Yes," complete Schedule J for s								· · · ·		3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$15										4	X	
										4		
5 Did any person listed on line 1a receive or							elat	ted organization or indivi	dual for services	-		v
rendered to the organization? If "Yes," com	plete Schedul	eJf	or su	ich	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of comper	isatio	n from	
the organization. Report compensation for	the calendar y	ear	endir	ng v	vith	or w	ithir	n the organization's tax y	/ear.			
(A)								(B)			(C)	
Name and business	address	NC	ONE	1				Description of s	ervices	Com	pensatio	n
							\dashv					
							-					
2 Total number of independent contractors (including but n	iot lii	mited	d to	tho	se lis	stec	d above) who received m	ore than			
\$100,000 of compensation from the organ	zation				(0						

Form **990** (2023)

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			Check if Schedule O contains a r	esponse	or note to any lir	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
6 0				-					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		· · · · · · · · · · · · · · · ·	1a					
ũ Đ				1b	021 042				
r Aj			J	1c	831,843.				
ja Gi			· · · · · · · · · · · · · · · · · · ·	1d	6E 000				
Sin			3 (/ -	<u>1e</u>	65,000.				
er utio		T	All other contributions, gifts, grants, and	44	1 429 217				
Ē∃		~	···· •	1f	1,429,217. 12,130.				
no N du			Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	1g \$	12,150.	2,326,060.			
<u> </u>					Business Code	1,010,000			
a	2	2	OFFSITE SERVICES		624100	10,240.	10,240.		
Program Service Revenue	2	a b							
Ser		c							
E e		d							
2 B B B B B B B B B B B B B B B B B B B		e							
Pre			All other program service revenue						
			Total. Add lines 2a-2f			10,240.			
	3		Investment income (including divider						
					·	83,828.			83,828.
	4		Income from investment of tax-exemption						
	5		Royalties						
			(i)	Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		с	Rental income or (loss) 6c						
		d		<u></u>					
	7	а		curities	(ii) Other				
			assets other than inventory 7a 2,0	82,303.					
		b	Less: cost or other basis						
Other Revenue				63,781.					
eve				18,522.		10 500			10.500
r B			Net gain or (loss)			18,522.			18,522.
the	8	а	Gross income from fundraising events (no						
0			including \$ 831,843.						
			contributions reported on line 1c). Se		107 009				
		L	Part IV, line 18		197,098. 356,615.				
			Less: direct expenses		,	-159,517.			-159,517.
			Net income or (loss) from fundraising Gross income from gaming activities.			135,317.			100,017.
	3	a	Part IV, line 19		28,289.				
		þ	Less: direct expenses		0.				
			Net income or (loss) from gaming act	·····	-	28,289.			28,289.
			Gross sales of inventory, less returns			, -			
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
s					Business Code				
e sou	11	а	OTHER		900099	1,323.	1,323.		
an€		b							
Sevel 1		с							
Miscellaneous Revenue		d	All other revenue						
		е	Total. Add lines 11a-11d			1,323.			
	12		Total revenue. See instructions			2,308,745.	11,563.	0.	-28,878.
33200	9 12	-21-	-23						Form 990 (2023)

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2023.04020 CANCER WELLNESS CENTER

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Form 990 (2023) Part VIII

CANCER WELLNESS CENTER

Statement of Revenue

CANCER WELLNESS CENTER

ect	ion 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respons			(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,349.	87,675.	35,070.	52,60
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
•	Other salaries and wages	1,248,769.	869,582.	85,259.	293,92
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24,263.	18,097.	2,829.	3,33 4,91
9	Other employee benefits	19,762.	14,849.		4,91
)	Payroll taxes	111,432.	74,265.	9,752.	27,41
	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	24,015.		24,015.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	19,404.		19,404.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	117,608.	44,125.	4,358.	69,12
2	Advertising and promotion				
3	Office expenses	92,237.	30,233.	2,933.	59,07
ŀ	Information technology	121,063.	77,553.	9,825.	33,68
5	Royalties				
;	Occupancy	83,254.	74,160.	4,003.	5,09
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	29,638.	21,809.		7,82
)	Interest				
I	Payments to affiliates				
2	Depreciation, depletion, and amortization	47,179.	40,540.	3,095.	3,54
3	Insurance	23,277.	16,691.	4,314.	2,27
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER	7,893.		3,846.	4,04
b	ALLOCATED TO SPEC EVENT	-98,985.			-98,98
С					
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,046,158.	1,369,579.	208,703.	467,87
5	Joint costs. Complete this line only if the organization				

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Check here

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

10 2023.04020 CANCER WELLNESS CENTER Form **990** (2023)

CANCER WELLNESS CENTER Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			260,588.	1	266,735.
	2	Savings and temporary cash investments			100,675.	2	44,523.
	3	Pledges and grants receivable, net			34,500.	3	85,625.
	4	Accounts receivable, net			1,980.	4	4,525.
	5	Loans and other receivables from any current or				-	,
	_	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described				6	
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Å	9	B			43,214.	9	47,474.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,974,368.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,285,326.	668,254.	10c	689,042.
	11	Investments - publicly traded securities			2,327,132.	11	2,765,101.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			563,624.	15	639,955.
	16	Total assets. Add lines 1 through 15 (must equa	al line :	33)	3,999,967.	16	4,542,980.
	17	Accounts payable and accrued expenses	112,638.	17	194,236.		
	18	Grants payable		18			
	19	Deferred revenue			9,000.	19	7,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
oilit		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines				05	
	26	of Schedule D			121,638.	25 26	201,736.
	20	Organizations that follow FASB ASC 958, che			121/0001	20	20177300
ses		and complete lines 27, 28, 32, and 33.		• ==			
and	27	Net assets without donor restrictions			2,720,086.	27	2,708,703.
Ba	28	Net assets with donor restrictions	1,158,243.	28	2,708,703. 1,632,541.		
pur		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq	uipme	nt fund		30	
t A:	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			3,878,329.	32	4,341,244.
	33	Total liabilities and net assets/fund balances			3,999,967.	33	4,542,980.

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Form **990** (2023)

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

Form 990 (2023)

	1 990 (2023) CANCER WELLNESS CENTER	36-3	604463	Paç	ge 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
				_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,308			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,046			
3	Revenue less expenses. Subtract line 2 from line 1	3			87.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,878			
5	Net unrealized gains (losses) on investments	5	200),3	28.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4,341	.,2	44.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				х	
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b	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					
	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.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2023)

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Department of the Treasury

Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Name of the organization

Nam	ame of the organization Employer identification number								
			ER WELLNES						6-3604463
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete ti	nis part.) S	See instruction	ıs.	
The o	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	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	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		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). (C							
6		A federal, state, or local gov	-						
7	Χ	An organization that norma		ntial part of its support f	from a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co							
8		A community trust describe							
9		An agricultural research org	•					-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	t the colleg	e or
10		university:		the second (00) and the second					
10		An organization that norma							
		activities related to its exem							
		income and unrelated busin See section 509(a)(2). (Cor		(less section of rax) in		sses acqu		ganzation	alter Julie 30, 1973.
11		An organization organized a	•	ively to test for public sa	fety See	section 5()9(a)(<u>4</u>)		
12		An organization organized a						arry out the	e purposes of one or
		more publicly supported or							
		lines 12a through 12d that							
а		Type I. A supporting orga	•••			-		-	giving
		the supported organization							
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrat	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organ	zation(s)
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
_		functionally integrated, or	• •	• • •					
t		er the number of supported of vide the following information							
y		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir		support (see instructions)
				above (see instructions))	163				
Tota									

Schedule A (Form 990) 2023

CANCER WELLNESS CENTER

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				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1809629.	1491357.	2082851.	1680640.	2326060.	9390537.
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 \dots						
4	Total. Add lines 1 through 3	1809629.	1491357.	2082851.	1680640.	2326060.	9390537.
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)						556,018.
	Public support. Subtract line 5 from line 4.						8834519.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1809629.	1491357.	2082851.	1680640.	2326060.	9390537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		20,200		00 040	00 000	220 010
	and income from similar sources \dots	57,424.	39,369.	71,252.	88,043.	83,828.	339,916.
9	Net income from unrelated business						
	activities, whether or not the	70 100	44 955		C7 E11	1 2 1 1 1 0	241 700
	business is regularly carried on	-72,192.	-44,255.	-26,722.	-0/,511.	-131,118.	-341,798.
10	Other income. Do not include gain						
	or loss from the sale of capital		1 000	E 0 1	002	1 2 2 2	11 022
	assets (Explain in Part VI.)	6,507.	1,898.	501.	803.	1,323.	11,032. 9399687.
	Total support. Add lines 7 through 10						83,972.
	Gross receipts from related activities,			6			03,914.
13	First 5 years. If the Form 990 is for the				-		
Sec	organization, check this box and stor ction C. Computation of Publ						<u></u>
	Public support percentage for 2023 (column (f))		14	93.99 %
	Public support percentage from 2022					15	96.96 %
	33 1/3% support test - 2023. If the c						-
100	stop here. The organization qualifies						
h	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
							(Form 990) 2023

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CANCER WELLNESS CENTER

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 disgualified persons				V.		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		\bigcirc				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	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 Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organiz	ation,
0							
	ction C. Computation of Publi					1 1	
	Public support percentage for 2023 (li			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2023. If the						e 17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organizatio	n
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	
33202	23 12-21-23					Schedule	e A (Form 990) 2023
= = /	1077 707606 01071	2.04		15 CANCED WE		νωτο	04024 1
220	827 787606 04834	∠∪.	43.04040	CANCER WE	ппиерр СЕ	NTER	048341

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CANCER WELLNESS CENTER

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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.)

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Schedule A	(Form 990) 202	3 CANCER	WELLNESS	CENTER
Part IV	Supporting	Organizations (con	tinued)	

1

			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If</i> 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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
				1

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).

Section D	D. All	Type I	II Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the 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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a 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.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

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Yes No

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Sectio	on 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			
Sectio	on 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			
Sectio	on C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally	intogr	stad Ton a III surray sufficiency	/	

instructions).

Schedule A (Form 990) 2023

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on 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 purpos	ns 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 t	he organization is responsive	e	
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2023 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		10	
	,	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
	Remaining underdistributions for years prior to 2023, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, <i>explain in</i> Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2019			
	Excess from 2020			
	Excess from 2020			
	Excess from 2022			
	Excess from 2023			
-				

Schedule A (Form 990) 2023

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Schedule A (Form 990)	2023 CANCER	R WELLNESS	CENTER		36-3604463 _{Page}
Part IV, Se line 1; Par	t IV, Section D, lines 2 and 3 , lines 5, 6, and 8; and Part V	o, 4c, 5a, 6, 9a, 9b, ; Part IV, Section E,	9c, 11a, 11b, and 1 lines 1c, 2a, 2b, 3a,	1c; Part IV, Section B, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
			$\overline{\mathbf{O}}$		
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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

CANCER WELLNESS CENTER Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

36-3604463

CANCER WELLNESS CENTER

)	(b)	(c)	(d)
) D.	Name, address, and ZIP + 4	Total contributions	Type of contribut
1		\$500,000.	Person X Payroll
) 5.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
2		\$62,500.	Person X Payroll Noncash (Complete Part II for noncash contribution
) 5.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contribution
) 5.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>4</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
) 5.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
5		\$55,000.	Person X Payroll
) p.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll On October 1000 Payroll Payroll Part II for noncash contribution
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Schedule B (F	orm 990) (2023)
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Name of organization

Page **3**

Employer identification number

36-3604463

CANCER WELLNESS CENTER

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

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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Schedule	B (Form 990) (2023)		Page 4					
Name of o	rganization		Employer identification number					
CANCE	R WELLNESS CENTER		36-3604463					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious	a) through (e) and the following line entry. F , charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations					
(a) No.	Use duplicate copies of Part III if additiona	al space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee					
·								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee					
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SCHEDULE D

Department of the Treasury

(Form	990)
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Part I

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.



Employer identification number

Internal Revenue Service Name of the organization

CANCER	WELLNESS	CENTER

36-3604463 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ie 6.				
		(a) Donor advised funds	(b) Fund	Is and other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed func	ls		
	are the organization's property, subject to the organization's				Yes	N
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used o	nly		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferr	ing		
					Yes	N
_	rt II Conservation Easements. Complete if the org		Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organizati					
	Preservation of land for public use (for example, recrea				mportant land a	rea
	Protection of natural habitat	Preservation of	r a certifi	ed hist	toric structure	
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	ofacor		tion easement of Held at the End of	
_	day of the tax year.					
a ⊾				2a		
D			Г	2b 2c		
с С	Number of conservation easements on a certified historic str			20		
d	Number of conservation easements included on line 2c acqu			2d		
3	on a historic structure listed in the National Register				during the tax	
,	year	leased, extinguished, or terminated by the	eorgan	Zation	during the tax	
ŀ	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the per					
•	violations, and enforcement of the conservation easements i				Yes	
6	Staff and volunteer hours devoted to monitoring, inspecting,					
-				ii cucc		e yeu
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation eas	sement	ts during the yea	ar
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	N
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statem	ient an	nd	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents tha	at desc	cribes the	
	organization's accounting for conservation easements.					
a	rt III Organizations Maintaining Collections o		Other S	Simila	ar Assets.	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.				
la	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and bala	ance sł	neet works	
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in f	urtheran	ce of p	oublic	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ms.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance	sheet	works of	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance	of put	olic service,	
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$	i	
	(ii) Assets included in Form 990, Part X			\$	i	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, p	orovide	9	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:				
	Revenue included on Form 990, Part VIII, line 1				i	
b	Assets included in Form 990, Part X			\$		
ΙA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		S	Schedule D (For	m 990) 20
205	1 09-28-23					
_		25				
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Sche	dule D (Form 990) 2023 CANCER	WELLNESS CI	ENTER			36-36	04463	3 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sim	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e significa	nt use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organization's e	xempt pur	pose in Par	t XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?		<u> </u>	Yes		No
Par	t IV Escrow and Custodial Arran	gements Complet	e if the organizatio	n answered "Yes" o	on Form 99	90, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	t X, line 21.							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contributio	ns or other assets	not include	ed	_		_
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has beer	provided in Part X		<u></u>]
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance	1,501,579.	1,662,194.	1,568,062	1	,481,684.	1,	406,	515.
	Contributions	673,155.							
	Net investment earnings, gains, and losses	230,192.	-160,615.	. 94,132		86,378.		140,	514.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs							65,	345.
f	Administrative expenses								
	End of year balance	2,404,926.	1,501,579	1,662,194	. 1	,568,062.	1,	481,	684.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (
а	Board designated or quasi-endowment	69.0000	%						
	Permanent endowment 31.0000	%	7						
		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered fo	r the				
	organization by:	C C					Γ	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?								Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the						·		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		, Part IV, line 11a.	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot			Accumula		(d) Bool	k value	 ə
		basis (investm			depreciatio		(,		
1a	Land		,	1,040.	· · · · · · · · · · · · · · · · · · ·		273	1,04	40.
	Buildings			-	,144,	026.		$\frac{5}{5}, \frac{5}{5}$	
	Leasehold improvements		,	· -	. /				
	Equipment		14	3,117.	130,	680.	1:	2,4	37.
	Other			0,620.		620.		,	0.
	Add lines 1a through 1e. (Column (d) must e				1		689	9,0	
		urt	.,	· <u>1</u> =//		Schedule			
							- 1	/	

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Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN CH	ARITABLE REMA	AINDER TRUST	639,955.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			639,955.
Total. (Column (b) must equal Form 990, Part X, line 15, cc Part X Other Liabilities	и. (В))		039,955.
Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Soo Form 990 Part X line 25	
	011 F0111 990, Fait IV, IIIe	The of This See Forth 990, Part A, line 25	. (b) Book value
······································			
(1) Federal income taxes			
(2)			
(3)			
(4) (5)			
<u>(6)</u> (7)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol (B))		
 Liability for uncertain tax positions. In Part XIII, provide 			hat reports the
		ee erganzatori e intariola etatoriterte	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... 🗓

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023 CANCER WELLNESS CENTER	36-	3604463 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,605,654.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 200, 32		
b Donated services and use of facilities 2b 17,00	0.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d 98,98	5.	
e Add lines 2a through 2d	2e	316,313.
3 Subtract line 2e from line 1	3	2,289,341.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 19,40	4.	
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4c	19,404.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,308,745.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	per Retu	urn
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,142,739.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	_	
a Donated services and use of facilities 2a 17,00	0.	
b Prior year adjustments 2b	_	
c Other losses 2c	_	
d Other (Describe in Part XIII.) 2d 98,98	5.	
e Add lines 2a through 2d	2e	115,985.
3 Subtract line 2e from line 1	3	2,026,754.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 19,40	4.	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		19,404.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,046,158.
Part XIII Supplemental Information		

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

PART V, LINE 4:

THE PURPOSE OF THE FUND IS TO PROVIDE SUPPLEMENTAL OPERATIONAL INCOME.

FUNDS IN THE ACCOUNT IN EXCESS OF \$500,000 ARE AVAILABLE FOR USE IN

ACCORDANCE WITH THE APPROVED BOARD SPENDING POLICY, HOWEVER THERE WAS NO

DRAW ON THE AVAILABLE FUNDS IN 2023.

PART X, LINE 2:

THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN OR EXPECTED TO BE

TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY

THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE

SUSTAINED UPON EXAMINATION. AS OF DECEMBER 31, 2023, THE CENTER HAD NO

UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE 332054 09-28-23 Schedule D (Form 990) 2023 28

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CANCER WELLNESS CENTER

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Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXP ASSOCIATED WITH EVENTS INCLUDING IN FUNDRAISING ON

FINANCIAL STATEMENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXP ASSOCIATED WITH EVENTS INCLUDING IN FUNDRAISING ON

FINANCIAL STATEMENTS

98,985.

98,985.

Schedule D (Form 990) 2023

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SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	DMB No. 1545-0047		
(Form 990)	rm 990) 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.									
Department of the Treasury		Attach to Form 990						Open to Public		
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instru	ictions	and t	he latest informatio	n.	Employerida	Inspection Intification number		
Name of the organization		WELLNESS CENTER					36-3604			
	complete this part	 Complete if the organization answ t. 	ered "	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not		
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	ions email solicitations tations vlicitations on have a written c red in Form 990, P) highest paid indiv	f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclu profess	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes			
(i) Name and addres or entity (fund		(ii) Activity	or co	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
3 List all states in whi		n is registered or licensed to solicit			s or has been notified	d it is	exempt from r	egistration		
or licensing.										

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

Schedule G (Form 990) 2023

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CANCER WELLNESS CENTER

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			0	ots greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BENEFIT	GOLF	3	(add col. (a) through
Ð		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	483,472.	273,978.	271,491.	1,028,941.
	2 Less: Contributions	384,082.	189,978.	257,783.	831,843
	3 Gross income (line 1 minus line 2)	99,390.	84,000.	13,708.	197,098.
	4 Cash prizes				
s	5 Noncash prizes	49,140.			49,140.
Direct Expenses	6 Rent/facility costs	13,232.	90,003.	20,839.	124,074.
rect Ey	7 Food and beverages	34,620.		355.	34,975.
Ō	8 Entertainment	2,430.		1,000.	
	9 Other direct expenses	65,709.	37,941.	41,346.	
	10 Direct expense summary. Add lines 4 throug				356,615. -159,517.
Pa	In Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.		n 990, Part IV, line 19, or i		-159,517.
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1 Gross revenue			28,289.	28,289.

SS	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct E	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor		┘ Yes % ┘ No		Yes %	X	Yes% No			
	7 Direct expense summary. Add lines 2 through 5 in column (d)										
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)						:	28,2	289.		
9	En	ter the state(s) in which the organization condu	ucts	gaming activities: <u>I</u>	L						

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain:

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Schedule G (Form 990) 2023

_ No

Schedule G (Form 990) 2023	CANCER WELLNESS CENTER 3	6-3604463 Page 3
11 Does the organization conduct ga	aming activities with nonmembers?	X Yes No
	eficiary or trustee of a trust, or a member of a partnership or other entity formed	
		Yes 🛛 No
13 Indicate the percentage of gamin		1 1
14 Enter the name and address of th	e person who prepares the organization's gaming/special events books and records	
Name NANCY BULZO	NI	
Address 215 REVERE	DRIVE - NORTHBROOK, IL 60062	
15a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue? $_{\dots\dots\dots}$	Yes X No
b If "Yes," enter the amount of gam	ing revenue received by the organization \$ and the amou	nt
of gaming revenue retained by the		
c If "Yes," enter name and address		
Name		
Address		
16 Gaming manager information:		
Name GAIL FRADIN		
Gaming manager compensation	\$	
Description of services provided	MAINTAINED ALL TICKETS, PULLED WINNER	
Director/officer	X Employee Independent contractor	
17 Mandatory distributions:		
a Is the organization required under	r state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes X No
	required under state law to be distributed to other exempt organizations or spent in	the
organization's own exempt activit Part IV Supplemental Infor	ies during the tax year \$ 'mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Dart III, lines 0, 0h, 10h
	s applicable. Also provide any additional information. See instructions.	no Part III, lines 9, 90, 100,
332083 09-13-23		chedule G (Form 990) 2023
	32	-

	Schedule G (Form 990)
33	
2023.04020 CANCER WELLNESS CENTER	048341
	33 2023.04020 CANCER WELLNESS CENTER

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00)47
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		For certain Officers, Directors, Trustees, Key Employees, and Highest		2022		
			2023)	
Depa	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction	
Nan	ne of the organization		Employer id			mber
		CANCER WELLNESS CENTER	36-3	60446	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)			
b	,	on line 1a are checked, did the organization follow a written policy regarding payment or				
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la dia she calciele di se		-			
3		ny, of the following the organization used to establish the compensation of the organization?				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat				
	·	ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant				
	X Form 990 of o	ther organizations Approval by the board or compensation of	committee			
4	During the year did	I any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c		eive payment from an equity-based compensation arrangement?				X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
in too to any or miles the persons and provide the applicable amounts for each item in Fart III.						
	Only section 501(;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	The organization?			5a	Х	
b	Any related organiz	ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а	The organization?			6a	Х	
		ation?				X
		or 6b, describe in Part III.				
7	•	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
	not described on lin	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?		9		
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990) 2023

LHA 332111 11-06-23

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36-3604463

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred benefits		(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NANCY BULZONI	(i)	150,000.	15,375.	0.	6,615.	0.	171,990.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

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

PART I, LINE 3:

THE CENTER'S CHAIRMAN OF THE BOARD SET THE EXECUTIVE DIRECTOR'S 2022

COMPENSATION IN CONSULTATION WITH MEMBERS OF THE EXECUTIVE COMMITTEE. HE

REVIEWED MARKET DATA PROVIDED TO HIM BY HIS HUMAN RESOURCE MANAGER AS WELL

AS SALARY INFORMATION ON THE 990S OF COMPARABLE NONPROFITS.

PART I, LINE 5:

THE DEVELOPMENT DIRECTOR'S BONUS IS PARTLY BASED ON NET EARNINGS OF THE

FUNDRAISING EVENTS AND LEVEL OF CONTRIBUTION AND GRANT REVENUES.

PART I, LINE 6:

THE EXECUTIVE DIRECTOR'S BONUS IS PARTLY BASED ON THE ORGANIZATION'S NET

INCOME FROM OPERATIONS.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection Employer identification number

36-3604463

OMB No 1545-0047

CANCER WELLNESS CENTER

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

AFFECTED BY CANCER TO ENHANCE THE QUALITY OF THEIR LIVES.

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

THROUGH PARTNERSHIP PROGRAMMING, THE CENTER EXPANDS THE REACH AND

IMPACT OF OUR PROGRAMMING. THESE SERVICES INCLUDE COUNSELING AND

WELLNESS CLASSES, SUCH AS YOGA AND MINDFULNESS, THAT ARE PROVIDED IN

COLLABORATION WITH LOCAL HOSPITAL CANCER PROGRAMS. DURING 2023, 131

INDIVIDUALS WERE SERVED WITH 970 SERVICE HOURS.

EXPENSES \$ 4,490. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,240.

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

THE CANCER WELLNESS CENTER PROVIDES THE AUDIT COMMITTEE A COPY OF THE 990 TO REVIEW BEFORE FILING. THE AUDIT COMMITTEE REVIEWS THE RETURN FOR FILING AS PART OF ITS FINANCIAL RESPONSIBILITIES AS A COMMITTEE OF THE BOARD OF THE CANCER WELLNESS CENTER. BEFORE FILING THE TAX RETURNS, A COPY WILL BE SENT TO THE ENTIRE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE VOTES TO APPROVE THE 990 BEFORE FILING.

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

THE ORGANIZATION ANNUALLY HAS EACH BOARD MEMBER SIGN A CONFLICT OF INTEREST POLICY DISCLOSURE

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

THE CENTER'S CHAIRMAN OF THE BOARD SET THE EXECUTIVE DIRECTOR'S 2023

COMPENSATION IN CONSULTATION WITH MEMBERS OF THE EXECUTIVE COMMITTEE. HE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 I HA 332211 11-14-23 37

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2023.04020 CANCER WELLNESS CENTER

04834 1

Name of the organization CANCER WELLNESS CENTER	Employer identification numbe 36-3604463
REVIEWED MARKET DATA PROVIDED TO HIM BY HIS HUMAN RESOURC	E MANAGER AS WELL
AS SALARY INFORMATION ON THE 990S OF COMPARABLE NONPROFIT	S.
FORM 990, PART VI, SECTION C, LINE 19:	
THEY WILL BE MADE AVAILABLE UPON REQUEST AT THE ORGANIZAT	ION'S OFFICES
DURING BUSINESS HOURS. THE TAX RETURNS AND AUDITED FINAN	CIAL STATEMENTS

ARE AVAILABLE ON THE CENTER'S WEBSITE.

332212 11-14-23	Schedule O (Form 99 38) 0) 202:
L0550827 787606 04834	2023.04020 CANCER WELLNESS CENTER 04834	41

For Off	ce Use Only	ILLINOIS CHARITABLE					Form AG990-IL Revised 04/24
PMT	#		ey General Kwam				
			t Bureau, 115 S. L	.aSalle St	CO		-019650
			icago, IL 60603				II items attached:
AMT		Report for	the Fiscal Period:				IRS Return
				Make Checks	X	Audited F	Financial Statements
		Beginning	01/01/2023	Payable to Illinois Charity			d Financial Statements
INIT				Bureau Fund			Form IFC
		& Ending	12/31/2023		X		ual Report Filing Fee
							te Report Filing Fee
	11D# 36-3604463		MO DAY YR	Date organization was o	created	: (03/30/1988
	ntributions to the organization ta		No			М	IO DAY YR
Lega	Name: CANCER WEL	LLNESS CENTER		YEAR-END			
				AMOUNTS			
	Address: 215 REVERE			A) ASSETS		A) \$	4,542,980.
	, State: NORTHBROOK	K, IL		B) LIABILITIE		B) \$	201,736.
Zi	o Code: 60062			C) NET ASSET	S	C) \$	4,341,244.
١.		REVENUE ITEMS DURING		PERCENTA			AMOUNT
		RIBUTIONS AND PROGRAM SERVICE F	REV. (GROSS AMTS.)	93.67		D) \$	2,496,687.
	E) GOVERNMENT GRANTS A	ND MEMBERSHIP DUES		2.43		E) \$	65,000.
	F) OTHER REVENUES			3.89	0%	F) \$	103,673.
		AND CONTRIBUTIONS RECEIVED (A			0 %	G) \$	2,665,360.
II .		EXPENDITURES DURING	THE YEAR:		•		4 9 6 9 5 5 9
	H) OPERATING CHARITABLE	PROGRAM EXPENSE		57.00	0%	H) \$	1,369,579.
	I) EDUCATION PROGRAM SE	ERVICE EXPENSE			%	I) \$	
					•		1 260 590
	J) TOTAL CHARITABLE PROC	GRAM SERVICE EXPENSE (ADD H & I)		57.00	0%	J) \$	1,369,579.
				Φ			
	JT) JUINT GUSTS ALLUGATED	D TO PROGRAM SERVICES (INCLUDED	J IN J)	\$			
	K) GRANTS TO OTHER CHAR				%	K) \$	
	K) UNANTO TO OTHER OHAR	ITABLE UNGANIZATIONS			70	<u>к)</u> ф	
		GRAM SERVICE EXPENDITURE (ADD J	1.8. K)	57.00	0%	L) \$	1,369,579.
					• /0	μ. μ	
	M) MANAGEMENT AND GENE	BAL EXPENSE		8.68	6%	M) \$	208,703.
	,				- /•	, ¢	
	N) FUNDRAISING EXPENSE			34.31	4%	N) \$	824,491.
	,						
	0) TOTAL EXPENDITURES TH	HIS PERIOD (ADD L, M & N)		10	0 %	0)\$	2,402,773.
Ш.	SUMMARY OF ALL P	AID FUNDRAISER & CON	SULTANT ACTIVIT	IES:			
		rt of Individual Fundraising Campaign (
	PROFESSIONAL FUNDRAISER	<u>s:</u>					
	P) TOTAL AMOUNT RAISED E	BY PAID PROFESSIONAL FUNDRAISEF	S	10	0 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEE	ES AND EXPENSES			%	Q) \$	
	R) NET RECEIVED BY THE CH	, ,			%	R) \$	
	PROFESSIONAL FUNDRAISI						
	,	PROFESSIONAL FUNDRAISING CONSU				S) \$	0.
IV.		THE (3) HIGHEST PAID P		THE YEAR:		T) (0	165 285
		BULZONI, EXECUT				T) \$	165,375.
		ELLE MAER, DIRECTOR		1EW.T.		U) \$	119,904.
	, ,	NA CHACHEVA, PROGR				V) \$	86,523.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES						List on I	back side of instructions CODE
15-24		SELING CANCER PAT				W)#	111
398091 07-15-24		STILL CHICER PAIL		TIV LUMITITED		VV)# X)#	<u> </u>
9809	X) DESCRIPTION:Y) DESCRIPTION:					<pre>^) # Y) #</pre>	
ŝ						· / #	

IF	THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.		X
3.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.		X
4.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.		X
5.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	5.		Х
	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6.		X
7.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.		X
8.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.		X
9.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	9.		X
10.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: NORTH SHORE COMMUNITY BANK & TRUST, GLENCOE, IL 60022			
	WINTRUST WEALTH MANAGEMENT, 231 S LASALLE ST, CHICAGO, IL, 606	04		
11.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: NAME AND TELEPHONE NUMBER OF CONTACT PERSON: NAME AND TELEPHONE NUMBER OF CONTACT PERSON:			

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	MS. NANCY BULZONI		
 REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS. 	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	PREPARER (PRINT NAME)	SIGNATURE	DATE