MANN. WEITZ & ASSOCIATES L.L.C. 570 LAKE COOK ROAD, SUITE 330 DEERFIELD, IL 60015 WWW.MWA.CPA

CANCER WELLNESS CENTER 215 REVERE DRIVE NORTHBROOK, IL 60062 ATTENTION: MS. NANCY BULZONI

DEAR NANCY:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

MANN. WEITZ & ASSOCIATES L.L.C

MARCY STEINDLER PRINCIPAL

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	
	CANCER WELLNESS CENTER 215 REVERE DRIVE NORTHBROOK, IL 60062
Prepared by	MANN. WEITZ & ASSOCIATES L.L.C. 570 LAKE COOK ROAD, SUITE 330 DEERFIELD, IL 60015
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

Form 8 4	453-TE			-	fc	Declaration Declaration		-		OMB No. 1545-0047
			For caler	ıdar year 202	3, or tax year be	eginning		, 2023	,	
				and ending	J		, 20			2023
Department of Internal Reve	of the Treasury	For u	se with F			90-T, 1120-POL, 4			38-CP	
Internal neve	ande Service			Go to ww	w.irs.gov/Forn	n8453TE for the	latest inform	nation.		
Name of f	ïler	C 3 3 1 C								or SSN
Part I	Type of R				SS CENTE	iR			30	-3604463
						nnliachte enseunt	:f a m fu a ma tha a			Form FOOD filere may anter
dollars and of the retur	l cents. For all other f	forms, ente s form was	er whole c s blank, th	lollars only. I en leave line	f you check the b 1b, 2b, 3b, 4b, 5	box on line 1a, 2a, 5b, 6b, 7b, 8b, 9b,	3a, 4a, 5a, 6a or 10b, whiche	, 7a, 8a, 9a, or	10a belov	Form 5330 filers may enter v, and the amount on that line o not enter -0-). If you entered
1a Forr	m 990 check here	Σ	ζ b	Total revenu	e. if any (Form s	990, Part VIII, co	lumn (A), line [.]	12)	1b	2,308,745.
	m 990-EZ check here					990-EZ, line 9)				, ,
	m 1120-POL check he	ere				ine 22)				
4a Forr	m 990-PF check here					ome (Form 990-P				
5a Forr	m 8868 check here					ie 3c)				
6a Forr	m 990-T check here					III, line 4)				
7a Forr	m 4720 check here					II, line 1)				
8a Forr	m 5227 check here		b	FMV of asset	s at end of tax y	ear (Form 5227, I	tem D)		8b	
9a Forr	m 5330 check here		b	Tax due (For	m 5330, Part II	, line 19)			9b	
10a Forr	m 8038-CP check her	e	b .	Amount of cr	edit payment red	uested (Form 80	38-CP, Part III	, line 22)	10b	
	-									
Part II					n Subject t					withdrawal (direct debit)
b 🗌	If a copy of this re executed the elec 990-PF (as specif	eturn is be tronic disc fically iden	ing filed v closure co tified in P	vith a state ag nsent contair art I above) to	ency(ies) regulation and within this re the selected sta		rt of the IRS Fec osure by the IRS	d/State program, S of this Form 990)/990-ĒZ/	
	alties of perjury, I dec	lare that	X I an	n an officer of	the above name	d entity or 🛄 I a	am the person s			0
correct, and service pro	nave examined a copy	declare tha electronic	at the amo return ori	ount in Part I a ginator (ERO	above is the amo) to send the retu	unt shown on the c Irn to the IRS and t	copy of the elect to receive from t	the best of my k tronic return. I co the IRS (a) an ack	nsent to a	and belief, they are true, allow my intermediate ement of receipt or reason
Sign						1		EXE	CUTI	VE DIRECTOR
Here	Signature of offi	cer or pers	son subje	ct to tax		Da	ate	Title, if	applicable	9
Part III	Declarati	on of E	lectro	nic Retur	n Originato	or (ERO) and	Paid Prepa	arer (see instru	uctions)	
responsible form before requirement of perjury l	e for reviewing the ret e I submit the return. nts in Pub. 4163, Moc	turn and oi I will give dernized e- xamined th	nly declar a copy of File (MeF ne above r	e that this for all forms and) Information eturn and acc	m accurately refl information to b for Authorized IF companying sche	ects the data on the e filed with the IRS S e-file Providers edules and stateme	e return. The en to the officer o for Business Re ents, and, to the	tity officer or pers r person subject turns. If I am also	son subje to tax, and o the Paid	am only a collector, I am not ct to tax will have signed this d have followed all other Preparer, under penalties belief, they are true, correct,
						Date	Check if	Check if	ER0's	SSN or PTIN
	ERO's signature MA	RCY S	יחהיא	מים זרו		05/14/24	also paid	self- employed	חת ון	0573131
ERO's Use				WEIT2		CIATES L		employed	-	36-3963131
Only	Firm's name (or you if self-employed),), SUITE			Phone	
	address, and ZIP co	INP			IL 6001	-	550			47)267-3400
	l alties of perjury, I dec dge and belief, they a	lare that I I	have exan	nined the abo	ve return and ac	companying sched			best of	
D _11	Print/Type prepar	rer's name			Preparer's signa	ture	l i	Date	Check if	PTIN
Paid Prepare	er								self- employed	
Use On	y Firm's name								Firm's El	N
	Firm's address								Phone n	
For Privac	y Act and Paperwork	Reduction	n Act Noti	ce, see back	of form.					Form 8453-TE (2023)
										. ,

LHA 302511 12-21-23

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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



AI	or th	e 2023 calendar year, or tax year beginning and	ending		
Ba	Check if applicab	le: C Name of organization		D Employer identific	cation number
	Addre				
	Name Chang			36-36044	63
	Initial		Room/suite	E Telephone number	
	Final return			847-509-	
_	termi ated			G Gross receipts \$	4,729,141.
	returr	NORTHBROOK, IL 00002		H(a) Is this a group re	
	Appli tion pend			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
-		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (te: WWW • CANCERWELLNESS • ORG	or 527	1	list. See instructions
	Vebsi			H(c) Group exemption	
_	orm o art I	f organization: X Corporation Trust Association Other	L Year		State of legal domicile: IL
Г		Briefly describe the organization's mission or most significant activities: THE	CANCED	WELLNEGG C	ΓΝΨΕΌ
ce	1	THROUGH PSYCHOSOCIAL SUPPORT AND EDUCATIO	ON SE	EKS TO EMPO	WER THOSE
Governance	2	Check this box if the organization discontinued its operations or dispos			
ver	3				20
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1a)			20
s S	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			27
itie	6	Total number of volunteers (estimate if necessary)			50
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
¢	8	Contributions and grants (Part VIII, line 1h)		1,680,640.	2,326,060.
'nué	9	Program service revenue (Part VIII, line 2g)		9,446.	10,240.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		107,364.	102,350.
œ	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.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,271,154.	1,579,575.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 467,8			
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.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		3,999,967.	4,542,980.
etA	21	Total liabilities (Part X, line 26)		121,638.	201,736.
		Net assets or fund balances. Subtract line 21 from line 20		3,878,329.	4,341,244.
1 1 2 2					

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				
-								
	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date Check PTIN							
Paid	MARCY STEINDLER			if penployed P00573131				
Preparer	Firm's name MANN. WEITZ & ASS	OCIATES L.L.C.	Firm's EIN 36-3963131					
Use Only	Firm's address 570 LAKE COOK ROA	irm's address 570 LAKE COOK ROAD, SUITE 330						
DEERFIELD, IL 60015 Phone no. (847) 267-3400								
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No				
LHA For	Paperwork Reduction Act Notice, see the sepa	rate instructions. 332001 12-21-23		Form 990 (2023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) CANCER WELLNESS CENTER	36-3604463 _P	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE CANCER WELLNESS CENTER, THROUGH PSYCHOSOCIAL		
	AND WELLNESS, SEEKS TO EMPOWER THOSE AFFECTED BY	CANCER TO ENHANCE TH	ΙE
	QUALITY OF THEIR LIVES.		
2	Did the organization undertake any significant program services during the year which were not list prior Form 990 or 990-EZ?	ed on the	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services? Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report the amount of grants are required to report to re	ations to others, the total expenses, and	1
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 480,309 • including grants of \$) (Revenue \$)
чa	(Code:) (Expenses \$460, 509 including grants of \$ WELLNESS & EDUCATIONAL PROGRAMMING ENCOMPASSES A	/ \	ND '
	PRESENTATIONS TO HELP ADDRESS THE STRESS RELATED	TO A CANCER DIAGNOSI	s.
	WEEKLY CLASSES, SUCH AS YOGA, EXERCISE AND MINFUL		ТО
	HELP COPE WITH THE PHYSIOLOGICAL IMPACT OF STRESS		
	WORKSHOPS ARE OFFERED ON A VARIETY OF TOPICS TO P		
	SOURCE OF CANCER-RELATED INFORMATION. DURING 2023		
	WERE SERVED WITH 7,730 SERVICE UNITS (CLASSES/SES	S10NS/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 O	•	
	ON THEIR LIVES. DURING 2023, 689 INDIVIDUALS WERE		
	SERVICE UNITS.		
4c	(Code:) (Expenses \$ 258,747. including grants of \$) (Revenue \$)
	CANCER GROUPS AT THE CENTER ARE PROFESSIONALLY FA)E (
	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		'ED
	BY A CANCER DIAGNOSIS. DURING 2023, 334 INDIVIDUA 3,205 SERVICE UNITS.	LS WERE SERVED WITH	
	5,205 SERVICE UNITS.		
<u> </u>			
4d	Other program services (Describe on Schedule O.) (Expenses \$ 4,490. including grants of \$) (Revenue \$	10,240.)	
4e	(Expenses \$ 4,490 • including grants of \$) (Revenue \$ Total program service expenses 1,369,579.	10,240.	
		Form 990	(2023)
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Form 990 (2023)

Part IV Checklist of Required Schedules

CANCER WELLNESS CENTER

			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			
	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)
332003	3 12-21-23	Form	330	(2023)

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3 2023.03050 CANCER WELLNESS CENTER

Form	990	(2023)
	330	

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	
33200	12-21-23	Form	990	(2023)
	4			

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2023.03050 CANCER WELLNESS CENTER

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Form	990 (2023) CANCER WELLNESS CENTER	36-3604	463	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	ms?	2b	X	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a	X X	<u> </u>
			7b	~	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	·	_		x
	to file Form 8282?	1 1	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			х
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual preparity did the organization file.		7f		<u>~</u>
g b	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
0			8		
9	Sponsoring organizations maintaining donor advised funds.		0		
a	Did the second		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		50		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · ·			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

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Form 990	(2023)
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CANCER WELLNESS CENTER

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.

1a Enter the number of voting members of the governing body at the end of the taxy year 1a 20 1b There are number of voting members in the governing body of the governing body of the governing the control over management duries customarily on an endependent 1a 20 0 Did any officer, director, trustee, or key employees to a management duries customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 0 Did the organization medges are significant changes to tas governing ducuments since the period from 990 was filed? 4 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or persons other than the governing body? 7a 1b Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or persons other than the governing body? 8a 1b Did the organization changement composition of the organization's assets? 5a 1b Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or persons other than the governing body? 8a 2b Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or persons other than the governing body? 8a 2b Each commutation cothersp		Check if Schedule O contains a response or note to any line in this Part VI			
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If there are material differences in voting rights among members of the governing body, or the governing body, or the governing body, or the governing body, and the organization rules or is explosed in a tar. above, who are independent in any other officer, director, trustee, or is expendiously and any relation of the organization disease or the overning body and the organization bases are significant changes to its governing documents since the pror Form 800 was fleed? 2 Did the organization bases are significant changes to its governing documents since the pror Form 800 was fleed? 2 3 Did the organization bases are ware during the year of a significant diversion of the organization's assets? 6 6 Did the organization bases are ware during the year of a significant diversion of the organization's assets? 7 7 Did the organization bases are ware during the year of a significant diversion of the organization's assets? 7 7 Did the organization bases are ware during the year of a significant diversion of the organization's assets? 7 8 Did the organization bases are ware during the year of a significant diversion of the organization sectors are power and bases of the governing body? 8 8 Did the organization bases are ware over an adapter sector of power and bases are the organization sectors and bases of the governing body? 8 9 Did the organization charge are unstance on adapter sector of poles and procedure sector approxes of the adapter sectors and addresses on Schedule O.				Yes	1
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b Enter the number of volting members included on line 1a, above, who aris independent <u>line</u> <u>20</u> 2 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other differ, director, trustee, or key employees to a management dutes customarily performed by or under the direct supervision differ, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision differ, directors, trustees, or key employees to a management dutes customarily performed by or under the direct supervision differ, directors, trustees, or key employees are a significant diversion of the organization's assets? <u>6</u> Did the organization have members or totoholders? 1 Did the organization have members, stochholders? 1 Did the organization have members, stochholders? 1 Did the organization have members, stochholders? 2 Did the organization have members, stochholders? 3 Did the organization have members, stochholders? 3 Did the organization have members, stochholders? 3 Did the organization these members, stochholders? 4 Did the organization the organization reserved to (or subject to approval by) members, stochholders, or 7 persons other than the governing bod?? 4 Did the organization totes on bahalf of the governing bod?? 5 Did the organization making address? If 'Yes, 'provide the names and addresses on Shedule 0 5 Did the organization making address? If 'Yes, 'provide the names and addresses on Shedule 0 5 Did the organization nave local chapters, branches, or affiliates? 1 Did 'Yes, 'd did he organization addresses information about policies and projectives governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1 Did the organization nave a written wolficles and procedives governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt pu					
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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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	<u> </u>	cer ar	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trust		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual ti	tiona		nploy	st cor	-	1055 1120)		organizations
	line)	ndivid	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(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		X						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		Х						0.	0.	0.
(10) JOSH ALING	0.08								_	_
BOARD MEMBER		X						0.	0.	0.
(11) STEVEN H. LEWIS	0.67									
IMMEDIATE PAST CHAIRMAN		Х		х				0.	0.	0.
(12) LISA ZIRIN	0.31									•
BOARD MEMBER		X						0.	0.	0.
(13) MARC Z. SAMOTNY	0.08									•
BOARD MEMBER		Х						0.	0.	0.
(14) RHONDA SALINS	0.19									0
BOARD MEMBER		Х						0.	0.	0.
(15) JUSTIN SHEPERD	0.67								~	•
BOARD MEMBER		X						0.	0.	0.
(16) DAVID FRANK	0.08								^	^
BOARD MEMBER		X						0.	0.	0.
(17) SUSAN BARR	0.60	.,,						_	^	<u>^</u>
BOARD MEMBER		X						0.	0.	0. Form 990 (2023)

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees,	and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one						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
							-					
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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2023.03050 CANCER WELLNESS CENTER

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Form 990 (2023) Part VIII

CANCER WELLNESS CENTER

Statement of Revenue

CANCER WELLNESS CENTER

	1990 (2023) CANCER WELLN T IX Statement of Functional Expense			36-36	04463 Page 1
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in			L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	175,349.	87,675.	35,070.	52,604
6	Compensation not included above to disqualified				· · · ·
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,248,769.	869,582.	85,259.	293,928
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	24,263.	18,097.	2,829.	3 337
9	Other employee benefits	19,762.	14,849.	270251	3,337 4,913
0		111,432.	74,265.	9,752.	27,415
	Payroll taxes	111,452.	71,205.	5,152.	27,413
1	Fees for services (nonemployees):				
a ⊾	Management				
b		24,015.		24,015.	
	Accounting	24,013.		24,013.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	19,404.		19,404.	
f	Investment management fees	19,404.		19,404.	
g	Other. (If line 11g amount exceeds 10% of line 25,	117 600	44 105	4 250	60 105
	column (A), amount, list line 11g expenses on Sch 0.)	117,608.	44,125.	4,358.	69,125
2	Advertising and promotion	00.007	20 222	0 0 0 0 0	
3	Office expenses	92,237.	30,233.	2,933.	59,071
4	Information technology	121,063.	77,553.	9,825.	33,685
5	Royalties	02 05 4		4 000	- ^ ^ A
6	Occupancy	83,254.	74,160.	4,003.	5,091
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	29,638.	21,809.		7,829
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	47,179.	40,540.	3,095.	3,544
3	Insurance	23,277.	16,691.	4,314.	2,272
24	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.	4,047
u		-98,985.			-98,985

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Check here

b С d

е

25

26

All other expenses

Total functional expenses. Add lines 1 through 24e $\ensuremath{\textit{Joint costs}}$. Complete this line only if the organization

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

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

10 2023.03050 CANCER WELLNESS CENTER

2,046,158.

1,369,579.

208,703.

467,876.

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Net Assets or Fund Balances

29

30

31

32

33

ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			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	Less: accumulated depreciation	10b	1,285,326.	668,254.		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.		639,955.
	16	Total assets. Add lines 1 through 15 (must equa			3,999,967.		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			
SS	22	Loans and other payables to any current or form	er offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
iabi		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			121,638.	26	201,736.
\$		Organizations that follow FASB ASC 958, che	ck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
Fund Balances	27	Net assets without donor restrictions			2,720,086.		2,708,703.
Ba	28	Net assets with donor restrictions			1,158,243.	28	1,632,541.
pur		Organizations that do not follow FASB ASC 9					
ц,		and complete lines 29 through 33.					

CANCER WELLNESS CENTER

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Loans and other receivables from any current or former officer, director,

trustee, key employee, creator or founder, substantial contributor, or 35%

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(B)

End of year

266,735.

44,523.

85,625.

4,525.

5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 47,474. 89,042. 55,101. 39,955. 42,980. 94,236. 7,500.

29

30

31

32

33

3,878,329.

3,999,967.

(A)

Beginning of year

260,588.

100,675.

34,500. 1,980.

1

2

3

4

4,542,980. Form 990 (2023)

4,341,244.

04834 1

Form 990 (2023) Part X Balance Sheet

1

2

3

4

6

5

	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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	e of t	the organization							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 ch	urches, or associatio	on of churches described	d in sectio	on 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	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit descrik	bed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
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 exer								
		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	afety. 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.)

See	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.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1809629.	1491357.	2082851.	1680640.	2326060.	9390537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	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						
	business is regularly carried on	-72,192.	-44,255.	-26,722.	-67,511.	-131,118.	-341,798.
10	Other income. Do not include gain						
	or loss from the sale of capital		1 000	F 0.1		1 202	11 000
	assets (Explain in Part VI.)	6,507.	1,898.	501.	803.	1,323.	11,032.
	Total support. Add lines 7 through 10						9399687.
	Gross receipts from related activities,					12	83,972.
13	First 5 years. If the Form 990 is for the	•	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
<u> </u>	organization, check this box and stor						
-	ction C. Computation of Publ						93.99 %
	Public support percentage for 2023 (14	
	Public support percentage from 2022					15	
168	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the c						
170	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact meets the facts-and-circumstances te			-	-	-	
Ь	10% -facts-and-circumstances tes					17a and line 15 is	
L.	more, and if the organization meets the						
	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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				Y		
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			R			
c	Add lines 7a and 7b						
8	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	6 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's f	irst, second, third	, fourth, or fifth tax	x year as a section	501(c)(3) orga	inization,
	check this box and stop here	<u></u>					
Sec	ction C. Computation of Pub						
15	Public support percentage for 2023 ((line 8, column (f), d	divided by line 13,	, column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20	0 23 (line 10c, colui	mn (f), divided by	line 13, column (f))	17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	1 33 1/3% support tests - 2023. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the	organization did r	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33 1/	′3%, and
	line 18 is not more than 33 1/3%, ch	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	ation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check	this box and see ir	nstructions	<u></u>
33202	23 12-21-23					Sched	lule A (Form 990) 2023
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2

3a

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 disgualified 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) 2023	CANCER	WELLNESS	CENTER
Part IV	Supporting O	rganizations (cont	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(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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	I
or management of the supporting organization was vested in the same persons that controlled or managed	I
the supported organization(s).	

Section	D.	All Type	III Supporti	ng 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 ins	structions).

- 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.*

с		The organization supported a	a governmental entity	. Describe in Part VI how	you supported a governm	ental 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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No

Yes

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	es of supported organizatior	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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	(Form 990) 2023	CANCER	WELLNESS	CENTER		36-36	04463 _{Page}
Part VI	Supplemental Inf Part IV, Section A, lines line 1; Part IV, Section Section D, lines 5, 6, ar (See instructions.)	s 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; P	4c, 5a, 6, 9a, 9b, 5 art IV, Section E,	9c, 11a, 11b, and 1 lines 1c, 2a, 2b, 3a	1c; Part IV, Section , and 3b; Part V, line	B, lines 1 and 2; Par e 1; Part V, Section E	t IV, Section C, , line 1e; Part V,
332028 12-21-2	23			20		Schedul	e A (Form 990) 2
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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

36-3604463

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
LYNN B. ADAMS	500,000.	312,006
ZALL FAMILY FUND	370,000.	182,006
ILENE ROSS	250,000.	62,006
Total Excess Contributions to Schedule A, Part II, Line 5		556,018

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

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Organization type (check of	ne):
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 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

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	ESTATE OF LYNNE B. ADAMS 43 COURT OF GREENWAY NORTHBROOK, IL 60062	\$500,000.	Person X Payroll O Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE COLEMAN FOUNDATION, INC 651 W. WASHINGTON BLVD, STE 306 CHICAGO, IL 60661	\$62,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ILENE ROSS 35 EAST WACKER SUITE 3300 CHICAGO, IL 60601	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	THE ALBERT AND LUCILLE DELIGHTER AND MARCELLA WINSTON FOUNDATION 30 SOUTH WELLS STREET CHICAGO, IL 60606	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NORTHFIELD TOWNSHIP 2550 WAUKEGAN ROAD, SUITE 100 GLENVIEW, IL 60025	\$ <u>55,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4		Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Schedule B (F	orm 990) (2023)
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Name of organization

Page 3

Employer identification number

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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. 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
—		\$	
(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 I	B (Form 990) (2023)		Page 4		
Name of o	rganization		Employer identification number		
CANCE	R WELLNESS CENTER		36-3604463		
Part III		a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations		
(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	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
-		(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		
Ī		(e) Transfer of gift	i		
	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		
			_		
	(e) Transfer of gift				
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
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		24			

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SCHEDULE D

(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.



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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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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, line	e 6.				
		(a) Donor advise	ed funds	(b) Funds	and other acco	unts
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 v	writing that the assets h	eld in donor advised	funds		
	are the organization's property, subject to the organization's	exclusive legal control?			🛄 Yes	No No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that g	rant funds can be us	ed only		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for a	ny other purpose co	nferring		
	impermissible private benefit?				🖸 Yes	No No
Par	t II Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990, Par	t IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of a h	istorically im	portant land are	ea
	Protection of natural habitat		Preservation of a c	ertified histo	ric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contri	oution in the form of a	a conservatio	on easement on	the last
	day of the tax year.			H	eld at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic stru	ucture included on line	2a	2c		
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006	, and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or	terminated by the or	ganization d	uring the tax	
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conser	vation easem	nents during the	year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation	n easements	during the year	
8	Does each conservation easement reported on line 2d above					
	and section 170(h)(4)(B)(ii)?				Yes	└── No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financial statement	s that descri	bes the	
Der	organization's accounting for conservation easements.				A t -	
Par	t III Organizations Maintaining Collections of		easures, or Othe	er Similar	Assets.	
	Complete if the organization answered "Yes" on Form					
та	If the organization elected, as permitted under FASB ASC 95	•				
	of art, historical treasures, or other similar assets held for pub			erance of pl	DIIC	
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, e	or research in furthera	ance of publi	c service,	
	provide the following amounts relating to these items.			•		
	(i) Revenue included on Form 990, Part VIII, line 1			<u> </u>		
~						
2	If the organization received or held works of art, historical trea			ain, provide		
_	the following amounts required to be reported under FASB A	-		~		
a L	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X				bodulo D (Ferr	000) 0000
	For Paperwork Reduction Act Notice, see the Instructions	5 IUT FUTM 990.		50	hedule D (Forr	1 990) 2023
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2023.03050 CANCER WELLNESS CENTER

Sche	dule D (Form 990) 2023 CANCER	WELLNESS C	ENTER				•	36-36	04463	3 Ра	age 2
Pa	t III Organizations Maintaining C	Collections of Ar	t, Histor	ical Tr	easures, o	r Other	Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check a	ny of the	following that	make sig	nificant	use of its			
	collection items (check all that apply).			-	-	-					
а	Public exhibition	d		an or exc	hange progra	m					
b	Scholarly research	е	Oth Oth		0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how thev	further t	he organizatio	n's exem	ot purpa	ose in Par	t XIII.		
5	During the year, did the organization solicit o										
•	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa							··· , ··	,		
1a	Is the organization an agent, trustee, custod		diary for co	ntributio	ns or other as	sets not ir	ncluded				
, a	on Form 990, Part X?		-						Yes	X	No
h	If "Yes," explain the arrangement in Part XIII										1110
			lowing tub						Amount		
~	Reginning balance						1c				
	Beginning balance Additions during the year						1d				
							1e				
	Distributions during the year						1f				
t 20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							L]
Pa				_							
1 4		(a) Current year	(b) Prior		(c) Two years) Three v	ears back	(e) Four	vears	back
10	Deginging of year belonce	1,501,579.		52,194.			-	81,684.	. ,		515.
	Beginning of year balance	673,155.	1,00	52,194.	*1,500	,002.	1,4	01,004.	,	400,	515.
	Contributions	230,192.	1	50,615.	0.4	,132.		86,378.		140	<u> </u>
	Net investment earnings, gains, and losses	230,192.	-11	50,015.	54	,132.		00,370.		140,	514.
	Grants or scholarships										
е	Other expenditures for facilities									65	245
	and programs									65,	345.
	Administrative expenses	0.404.005			1.550	101					<u> </u>
g	End of year balance	2,404,926.		01,579.		,194.	1,5	68,062.	1,	481,	684.
2	Provide the estimated percentage of the cur			column (a	a)) held as:						
	Board designated or quasi-endowment	69.0000	_%								
	Permanent endowment 31.0000	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	Ind administer	red for the	•		г		
	organization by:									Yes	No
	(i) Unrelated organizations?										X
	(ii) Related organizations?										X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fun	ds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990,	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o		• •	or other	• •	umulate	d	(d) Bool	k value	э
		basis (investn	nent)		(other)	depre	eciation				
1a	Land				1,040.						40.
b	Buildings			1,54	9,591.	1,14	14,02	26.	40	5,5	65.
	Leasehold improvements										
d	Equipment				3,117.		30,68		1:	2,43	
	Other			1	0,620.	1	L0,62	20.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c,	column	n (B))				689	θ,04	42.
								Schedule	D (Form	990)	2023

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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	
	on Form 990, Fart IV, line	The of This See Forth 990, Part A, line 23	. (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))		
2. 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

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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	ırn
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.) 4b		
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	Fundra	aising or Gaming	Acti	vities	OMB No. 1545-0047		
(Form 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 or Form 990-EZ. Open to Public								
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions an	d the latest information	on.		Inspection		
Name of the organization		WELLNESS CENTER				Employer ide 36-3604	entification number 463		
	complete this part	Complete if the organization answe	ered "Yes'	' on Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not		
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 									
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraise have custo or control contributior	of from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes N	0					
					<u> </u>				
		n is registered or licensed to solicit		•	d it is	exempt from r	registration		

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.

T t type) 3,472 4,082 9,390 9,390 9,140 3,232	. 189,978 . 84,000	. 257,783. . 13,708.	831,843. 197,098. 49,140.					
3,472 4,082 9,390 9,140	. 273,978 . 189,978 . 84,000	. 271,491. . 257,783. . 13,708.	1,028,941. 831,843. 197,098. 49,140.					
4,082 9,390 9,140	. 189,978 . 84,000	. 257,783. . 13,708.	831,843. 197,098. 49,140.					
9,390	. 84,000	. 13,708.	197,098. 49,140.					
9,140	•		49,140.					
		. 20,839.						
		. 20,839.						
3 232	. 90,003	. 20,839.	124 074					
5,454			124,074.					
4,620	•	355.	34,975.					
2,430		1,000.	3,430.					
5,709			144,996.					
n (d)			356,615. -159,517.					
11 Net income summary. Subtract line 10 from line 3, column (d)								
es" on For	m 990, Part IV, line 19, c	or reported more than						
\$15,000 on Form 990-EZ, line 6a.								
		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Bingo	bingo/progressive bingo	,						
١		(b) Pull tabs/instant	Rindo I C (Other damind					

se	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct [4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	└── Yes % └── No	Yes%	Yes%		
	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,	289.
9	9 Enter the state(s) in which the organization conducts gaming activities: IL						
		the organization licensed to conduct gaming a				X Yes	No

b If "No," explain:

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Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	CANCER WELLNESS CENTER	36-3604463 Page 3
11 Does the organization conduct ga	aming activities with nonmembers?	
	eficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?		Yes X No
13 Indicate the percentage of gamin		1 1
14 Enter the name and address of tr	ne person who prepares the organization's gaming/special events books and record	S:
Name NANCY BULZO	NI	
Address 215 REVERE	DRIVE - NORTHBROOK, IL 60062	
15a Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue? \ldots	Yes X No
b If "Yes," enter the amount of gam	ning revenue received by the organization \$ and the amount of the amount	unt
of gaming revenue retained by th		
c If "Yes," enter name and address	of the third party:	
Name		
Address		
Address		
16 Gaming manager information:		
0 0		
Name GAIL FRADIN		
Gaming manager compensation	\$	
Description of convisoe provided	MAINTAINED ALL TICKETS, PULLED WINNER	
Description of services provided	MINIMIN MIL IICALID, IODDD WINNER	
Director/officer	X Employee Independent contractor	
17 Mandatory distributions:		
wate in the state mension line as a	r state law to make charitable distributions from the gaming proceeds to	Yes X No
	required under state law to be distributed to other exempt organizations or spent in	
organization's own exempt activit		
	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See instructions.	
332083 09-13-23		Schedule G (Form 990) 2023
	32	

		0-1
2084 04-01-23		Schedule G (Form 990)
	33	
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sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00)47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2023		2
	-	Compensated Employees		Ľυ	Ľυ)
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
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
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						X
-	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(;)(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	evenues of:				
а	The organization?			5a	Х	
b	Any related organiz	ation?		5b		Х
		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	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
	not described on lir	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	1 53.4958-6(c)?		9		
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990) 2023

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) 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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

CULD 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

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 332211 11-14-23
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11480514 787606 04834

2023.03050 CANCER WELLNESS CENTER

Name of the organization CANCER WELLNESS CENTER	Employer identification number 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	5.
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 FINANCIAL STATEMENTS

ARE AVAILABLE ON THE CENTER'S WEBSITE.

332212 11-14-23	Sched	ule O (Form 990) 2023
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Forms included in Electronic Filing

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