

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

December 31, 2023

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**Prepared For:**

Cancer Legal Care  
3503 High Point Dr N 270  
Oakdale, MN 55128

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**Prepared By:**

Creative Planning Tax, LLC  
220 Park Ave S  
St. Cloud, MN 56301

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CANCER LEGAL CARE</b>		<b>D</b> Employer identification number <b>02-0736402</b>
	Doing business as		<b>E</b> Telephone number <b>651-917-9000</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>3503 HIGH POINT DR N</b>		<b>G</b> Gross receipts \$ <b>626,197.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>OAKDALE, MN 55128</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>LINDY YOKANOVICH</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
<b>J</b> Website: <b>WWW.CANCERLEGALCARE.ORG</b>			<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2004</b>	<b>M</b> State of legal domicile: <b>MN</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ENGAGE THE LAW TO RESOLVE THE COMPLEX CHALLENGES FACING PEOPLE AND COMMUNITIES AFFECTED BY CANCER.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>9</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>70</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>505,767.</b>	<b>617,944.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>5,350.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>515.</b>	<b>2,653.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>0.</b>	<b>250.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>506,282.</b>	<b>626,197.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>506,043.</b>	<b>537,139.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>109,253.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>113,599.</b>	<b>153,934.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>619,642.</b>	<b>691,073.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-113,360.</b>	<b>-64,876.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>346,035.</b>	<b>378,860.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>26,698.</b>	<b>124,399.</b>
		<b>319,337.</b>	<b>254,461.</b>

## Part II Signature Block

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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>LINDY YOKANOVICH, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>MARIE A. PRIMUS, CPA</b>	<b>MARIE A. PRIMUS, CPA</b>	<b>06/18/24</b>		<b>P01272184</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>CREATIVE PLANNING TAX, LLC</b>	<b>47-1019942</b>		<b>320-251-7010</b>	
	Firm's address				
	<b>220 PARK AVE S</b> <b>ST. CLOUD, MN 56301</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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:
CANCER LEGAL CARE'S MISSION IS TO ENGAGE THE LAW TO RESOLVE THE COMPLEX CHALLENGES FACING PEOPLE AND COMMUNITIES AFFECTED BY CANCER. SINCE BEGINNING TO PROVIDE SERVICES TO THE MINNESOTA CANCER COMMUNITY ON OCTOBER 1, 2007, CANCER LEGAL CARE'S VARIOUS PROGRAMS HAVE PROVIDED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] 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 program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 265,717. including grants of \$ ) (Revenue \$ 5,600. )
IN 2023, CANCER LEGAL CARE'S (CLC) LEGAL CARE PROGRAM (LCP), OUR LARGEST COMBINED PROGRAM, PROVIDED FREE LEGAL SERVICES TO A TOTAL OF 633 MINNESOTANS WHO HAD A COMBINED 831 DIFFERENT LEGAL MATTERS OUR BIGGEST YEAR OF DIRECT SERVICE PROVISION IN OUR 16-YEAR HISTORY. THE BIGGEST AREAS OF NEEDED LEGAL CARE WERE SOCIAL SECURITY DISABILITY INSURANCE, ESTATE PLANNING, AND INSURANCE COVERAGE ISSUES. AS HAS BEEN THE TREND FOR THE LAST FEW YEARS, A GROWING NUMBER OF CLIENTS HAVE STAGE IV CANCER. IN 2015, 26% OF OUR CLIENTS WERE STAGE IV. IN 2023, 58% OF OUR CLIENTS WERE LIVING WITH STAGE IV CANCER.

THE LCP IS DESIGNED TO HELP OUR CLIENTS MAINTAIN FINANCIAL SECURITY AND FAMILY STABILITY EFFECTIVELY AND EFFICIENTLY. THE FOLLOWING IS A

4b (Code: ) (Expenses \$ 126,408. including grants of \$ ) (Revenue \$ )
A SIGNIFICANT EXPANSION OF OUR WORK TOOK PLACE IN 2020 WITH THE CREATION OF OUR ICARE PROGRAM UNDER THE UMBRELLA OF OUR LEGAL CARE PROGRAM OFFERINGS. ICARE (INSURANCE CLAIM ADVOCACY AND RESOLUTION) ADDRESSES THE GROWING NUMBER OF HEALTH INSURANCE COVERAGE DENIALS DUE TO MANY FACTORS INCLUDING SHRINKING NETWORKS AND EVER-CHANGING PRE-AUTHORIZATION REQUIREMENTS. TO DATE, THE ICARE PROGRAM HAS CLOSED COMPLICATED INSURANCE MATTERS ON BEHALF OF 160 CLIENTS WITH A 96% SUCCESS RATE. OF THESE MATTERS, SUCCESS INCLUDED PROTECTING OR RECOVERING \$4,066,034 IN HEALTH, DISABILITY, OR LIFE INSURANCE BENEFITS THAT HAD INITIALLY BEEN DENIED TO 64 CLIENTS. WITHOUT CANCER LEGAL CARE'S INTERVENTION, THESE 64 CLIENTS WOULD HAVE BEEN PERSONALLY RESPONSIBLE FOR THESE COSTS, RANGING FROM \$135-\$565,000, WITH AN

4c (Code: ) (Expenses \$ 92,398. including grants of \$ ) (Revenue \$ )
LAUNCHED ON JANUARY 1, 2023, FUNDED IN PART WITH A FOUR-YEAR CONTRACT WITH THE MINNESOTA DEPARTMENT OF HUMAN SERVICES, THE SOCIAL SECURITY APPLICATION ASSISTANCE PROGRAM (SSAAP) MARKS THE START OF SOMETHING OUR CLIENTS HAVE LONG ASKED FOR HANDS ON HELP AT EVERY STEP OF THE SSDI/SSI APPLICATION PROCESS. DURING THE SSAAP'S FIRST YEAR, THE NUMBER OF CLIENTS SEEKING HELP FOR SSDI/SSI ISSUES INCREASED 94% FROM THE CLIENT NUMBER IN 2022.

CLC'S SOCIAL SECURITY APPLICATION ASSISTANCE PROGRAM IS DESIGNED TO ASSIST CANCER PATIENTS WHOSE HIGH COST OF TREATMENT AND INABILITY TO WORK IS IMPACTING THEIR ECONOMIC SECURITY. FOR MANY CANCER PATIENTS, SOCIAL SECURITY BENEFITS ARE ESSENTIAL TO THE PATIENT'S WELL-BEING AND QUALITY OF LIFE. THESE BENEFITS HELP TO

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 484,523.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No status. Rows include questions 1 through 21, with sub-questions a-f for items 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		17
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b		17
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
LINDY YOKANOVICH - 651-917-9000  
3503 HIGH POINT DR N, 270, OAKDALE, MN 55128

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDY YOKANOVICH, ESQ EXECUTIVE DIRECTOR	50.00			X			137,200.	0.	7,761.	
(2) HOWARD BOLTER, ESQ BOARD CHAIR	5.00	X		X			0.	0.	0.	
(3) DAVID MURPHY, ESQ VICE CHAIR/SECRETARY	5.00	X		X			0.	0.	0.	
(4) ADAM KINTOPF TREASURER	5.00	X		X			0.	0.	0.	
(5) CATHERINE LONDON, JD MPH BOARD MEMBER	3.00	X					0.	0.	0.	
(6) JENNIFER KUYAVA, MD BOARD MEMBER	3.00	X					0.	0.	0.	
(7) PAULA MONTGOMERY, ESQ BOARD MEMBER	3.00	X					0.	0.	0.	
(8) AMY SPOMER, MD BOARD MEMBER	3.00	X					0.	0.	0.	
(9) MATT BREDESEN, ESQ BOARD MEMBER	3.00	X					0.	0.	0.	
(10) ALEX ESCHENROEDER, ESQ BOARD MEMBER	3.00	X					0.	0.	0.	
(11) ALEX GINSBERG, ESQ BOARD MEMBER	3.00	X					0.	0.	0.	
(12) KARI KALSTAD BOARD MEMBER	3.00	X					0.	0.	0.	
(13) TIM LATHAM BOARD MEMBER	3.00	X					0.	0.	0.	
(14) AUSTIN MILLER, ESQ BOARD MEMBER	3.00	X					0.	0.	0.	
(15) WALT MYERS BOARD MEMBER	3.00	X					0.	0.	0.	
(16) STACEY PILLE BOARD MEMBER	3.00	X					0.	0.	0.	
(17) PAMELA ROSS, JD, MHA BOARD MEMBER	3.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>			
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	179,116.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	438,828.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		617,944.		
Program Service Revenue	<b>2 a</b>	<b>SPEAKING FEE</b>	<b>Business Code</b>			
			900099	5,350.	5,350.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b>	All other program service revenue				
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		5,350.		
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,653.		2,653.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real			
			(ii) Personal			
	<b>b</b>	Less: rental expenses	<b>6b</b>			
	<b>c</b>	Rental income or (loss)	<b>6c</b>			
	<b>d</b>	Net rental income or (loss)				
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>			
	<b>c</b>	Gain or (loss)	<b>7c</b>			
	<b>d</b>	Net gain or (loss)				
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
		<b>8a</b>				
<b>b</b>	Less: direct expenses	<b>8b</b>				
<b>c</b>	Net income or (loss) from fundraising events					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
		<b>9a</b>				
<b>b</b>	Less: direct expenses	<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
		<b>10a</b>				
<b>b</b>	Less: cost of goods sold	<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	<b>MISCELLANEOUS</b>	<b>Business Code</b>			
			900099	250.	250.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		250.		
<b>12</b>	<b>Total revenue.</b> See instructions		626,197.	5,600.	0.	2,653.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	144,961.	77,835.	7,585.	59,541.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	320,955.	263,295.	44,402.	13,258.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,485.	6,456.	1,286.	1,743.
<b>9</b> Other employee benefits .....	26,105.	20,880.	2,630.	2,595.
<b>10</b> Payroll taxes .....	35,633.	26,192.	3,949.	5,492.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	2,125.		2,125.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	44,315.	16,509.	22,943.	4,863.
<b>12</b> Advertising and promotion .....	2,060.	1,641.		419.
<b>13</b> Office expenses .....	25,027.	13,001.	2,416.	9,610.
<b>14</b> Information technology .....	28,149.	17,363.	4,076.	6,710.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	30,407.	24,630.	2,584.	3,193.
<b>17</b> Travel .....	36.	23.		13.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,533.	822.	419.	292.
<b>20</b> Interest .....	2,646.	1,958.	238.	450.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	13,320.	10,333.	2,268.	719.
<b>24</b> 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 O.)				
<b>a DUES AND MEMBERSHIPS</b>	2,915.	2,208.	352.	355.
<b>b GIFTS/RECOGNITION</b>	1,321.	1,297.	24.	0.
<b>c CLIENT PROGRAM EXPENSE</b>	80.	80.	0.	0.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	691,073.	484,523.	97,297.	109,253.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,392.	<b>1</b>	39,670.
	<b>2</b> Savings and temporary cash investments .....	300,728.	<b>2</b>	303,215.
	<b>3</b> Pledges and grants receivable, net .....	10,836.	<b>3</b>	20,286.
	<b>4</b> Accounts receivable, net .....	8,291.	<b>4</b>	7,076.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	10,788.	<b>9</b>	8,613.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	346,035.	<b>16</b>	378,860.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	26,698.	<b>17</b>	37,899.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	86,500.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	26,698.	<b>26</b>	124,399.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	319,337.	<b>27</b>	254,461.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	319,337.	<b>32</b>	254,461.
<b>33</b> Total liabilities and net assets/fund balances .....	346,035.	<b>33</b>	378,860.	

**Part 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	626,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	691,073.
3	Revenue less expenses. Subtract line 2 from line 1	3	-64,876.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	319,337.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain 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	254,461.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2023)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	511,916.	563,896.	618,951.	505,767.	617,994.	2818524.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	511,916.	563,896.	618,951.	505,767.	617,994.	2818524.
<b>5</b> 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) .....						471,251.
<b>6 Public support.</b> Subtract line 5 from line 4.						2347273.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	511,916.	563,896.	618,951.	505,767.	617,994.	2818524.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	355.	169.	153.	515.	2,653.	3,845.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			784.			784.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						2823153.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,050.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	83.14 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	84.08 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2024. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**CANCER LEGAL CARE**

Employer identification number

**02-0736402**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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 ..... \$ \_\_\_\_\_

**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  <b>CANCER LEGAL CARE</b>	Employer identification number  <b>02-0736402</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>92,330.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>132,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>24,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>36,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CANCER LEGAL CARE</b>	Employer identification number  <b>02-0736402</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>33,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>CANCER LEGAL CARE</b>	Employer identification number  <b>02-0736402</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>CANCER LEGAL CARE</b>	Employer identification number  <b>02-0736402</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

CANCER LEGAL CARE

Employer identification number

02-0736402

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

OVER \$20.1 MILLION IN FREE LEGAL CARE TO OVER 13,700 MINNESOTANS  
AFFECTED BY CANCER. OVER 6,200 MINNESOTANS HAVE RECEIVED DIRECT LEGAL  
CARE SERVICES FROM CLC STAFF AND VOLUNTEER ATTORNEYS AND OVER 7,500  
CANCER PATIENTS, SURVIVORS, CAREGIVERS, ATTORNEYS, AND HEALTH CARE  
PROVIDERS HAVE ATTENDED AND LEARNED FROM ONE OR MORE OF OUR 225 GROUP  
EDUCATION OR VIRTUAL INFORMATION PRESENTATIONS.

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

ON JANUARY 1, 2023 THE ORGANIZATION LAUNCHED THE SOCIAL SECURITY  
APPLICATION ASSISTANCE PROGRAM (SSAAP). SEE THE DETAILED PROGRAM  
DESCRIPTION IN PT III, LINE 4C.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**BREAKDOWN OF CLIENT LEGAL NEEDS AND AREAS OF LEGAL CARE PROVIDED:**

- 17%-INSURANCE COVERAGE (HEALTH INSURANCE, SHORT/LONG TERM DISABILITY)
- 12%-HOUSING AND FINANCIAL (EVICTION, FORECLOSURE, CREDITOR ISSUES,  
BANKRUPTCY)
- 8%-EMPLOYMENT (ADA/MHRA DISCRIMINATION/REASONABLE ACCOMMODATION,  
FMLA)
- 22%-LEGAL PLANNING (HEALTH CARE DIRECTIVES, GUARDIANSHIP, WILLS,  
POWERS OF ATTORNEY)
- 33%-PUBLIC BENEFITS (SOCIAL SECURITY DISABILITY, MEDICAID)
- 8%-OTHER (IMMIGRATION, TAX, FAMILY).

**71% OF OUR CLIENTS NEEDED ADVICE OR INFORMATION ON A PARTICULAR LEGAL**

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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ISSUE OR POINT OF CONFUSION (WHY AM I NOT GETTING PAID FOR MY FMLA TIME OFF? CAN I BE FIRED BECAUSE OF MY CANCER? AM I ELIGIBLE FOR SOCIAL SECURITY DISABILITY BENEFITS?)

19% OF OUR CLIENTS NEEDED EXTENDED LEGAL REPRESENTATION IN LARGER, ONGOING MATTERS (A COMPLEX INSURANCE APPEAL DENYING THEIR TREATMENT BASED ON MEDICAL NECESSITY, CREATION OF AN ESTATE PLAN INCLUDING GUARDIANSHIP FOR THEIR MINOR CHILDREN, APPLICATION ASSISTANCE FOR SOCIAL SECURITY DISABILITY BENEFITS). FOR THESE LONGER PERIODS OF ENGAGEMENT, A CLC STAFF ATTORNEY OR ONE OF OUR 70+ VOLUNTEER ATTORNEYS WILL TAKE THE MATTER ON.

OUR CLIENTS IN 2023:

- WOMEN 58%, MEN 41%, NON-BINARY/TRANSGENDER 1%
- 48% HAVE A HOUSEHOLD INCOME UNDER 200% OF THE FEDERAL POVERTY GUIDELINES
- AFRICAN AMERICAN 9%, AI/AN 1% ASIAN 3%, HISPANIC 4%, MULTIRACIAL 1% ME/NA 1% UNKNOWN 4%, WHITE 77%
- 75% RESIDE IN THE TWIN CITIES METRO; 25% IN GREATER MINNESOTA
- 41% LIVE ALONE
- 23% HAVE MINOR CHILDREN IN THEIR HOME AND CARE
- 84% ARE STILL OF WORKING AGE
- 58% ARE LIVING WITH A STAGE IV CANCER (70% IF COUNTING ONLY THOSE WHO KNOW THE STAGE OF THEIR CANCER)
- 33% SOUGHT HELP WITH A SOCIAL SECURITY DISABILITY BENEFIT ISSUE OR OTHER GOVERNMENT BENEFITS ISSUE (UP FROM 17% IN 2022).

CANCER LEGAL CARE WAS FORTUNATE TO RECEIVE FUNDING IN 2023 FROM THE

Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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SHAVLIK FAMILY FOUNDATION TO PARTNER WITH OUR CLIENTS AND CANCER SURVIVORSHIP RESEARCHERS AT THE UNIVERSITY OF MINNESOTA, TO CONDUCT A COMPREHENSIVE CLIENT SURVEY AS WE PLAN FOR THE YEARS AHEAD.

WHAT WE WERE EAGER TO KNOW:

- WHAT WAS AND WASN'T WORKING WITH OUR PROCESS OF PROVIDING LEGAL SERVICES,
- HOW EFFECTIVE OUR SERVICES ARE AT ANSWERING THEIR QUESTIONS AND HELPING TO RESOLVE THEIR LEGAL ISSUES,
- BARRIERS THEY FACED IN ACCESSING LEGAL SERVICES,
- THEIR EXPERIENCE WITH CANCER'S FINANCIAL TOXICITY,
- CONFIDENCE IN APPLYING FOR SOCIAL SECURITY DISABILITY BENEFITS.

WHAT WE LEARNED:

THE SURVEY WAS DESIGNED BASED ON KEY THEMES IDENTIFIED BY CLC CLIENT INTERVIEWS. THE SURVEY WAS THEN MAILED USPS TO 430 RECENT CLC CLIENTS WITH THE OPTION OF ANSWERING THE SURVEY ONLINE (LINK PROVIDED) OR VIA THE PAPER COPY WITH RETURN POSTAGE PROVIDED. 120 SURVEYS WERE RETURNED WITH 113 (26%) BEING INCLUDED IN ANALYSIS (FIVE SURVEY RESPONDENTS DID NOT RECALL USING CLC SERVICES AND TWO WERE INCOMPLETE).

SOME HIGHLIGHTS:

- 75% OF RESPONDENTS INDICATED A PREFERENCE TO CONTACT CLC BY PHONE AND 41% BY VIDEO CONFERENCE. THIS COMPARES TO 38% IN CLC'S OFFICES OR 30% IN THEIR CANCER CLINIC.
- WHEN ASKED ABOUT HOW THEY WOULD LIKE TO FIND OUT ABOUT CLC'S SERVICES, 81% INDICATED THEIR MEDICAL TEAM AND 50% INDICATED THEIR ONCOLOGIST SPECIFICALLY; COMPARED TO 66% AND 11%, RESPECTIVELY, AS TO

Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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THE ACTUAL WAY THEY LEARNED ABOUT CLC.

- WHEN ASKED ABOUT WHEN WOULD BE THE BEST TIME TO BE REFERRED TO CLC, 66% INDICATED AT DIAGNOSIS, AND 35% AT THE START OF TREATMENT.

- 93% OF RESPONDENTS INDICATED THAT CLC WAS ABLE TO RESOLVE ALL (70%) OR MOST (23%) OF THEIR LEGAL CONCERNS.

- THE TOP THREE REASONS FOR HESITANCY OR BARRIERS IN CONTACTING CLC WERE

o FEELING OVERWHELMED BY OTHER RESPONSIBILITIES (57%)

o WORRIED ABOUT WHAT THE LAWYER MIGHT SAY (38%)

o CONCERNS ABOUT COST (33%)

- 78% OF RESPONDENTS INDICATED THAT CANCER HAD A PROFOUND (44%) TO MODERATE (34%) IMPACT ON THEIR FINANCES.

- 40% RESPONDED THAT THEY WOULD NOT FEEL COMFORTABLE APPLYING FOR SOCIAL SECURITY DISABILITY BENEFITS WITHOUT PROFESSIONAL HELP.

\* NOTE CLIENTS COULD IDENTIFY MORE THAN ONE ANSWER IN THESE QUESTIONS.

AND SOME THOUGHTS FROM OUR CLIENTS:

"AGAIN, YOU WILL NEVER KNOW HOW MUCH PEACE OF MIND HAVING THIS DONE HAS GIVEN ME. I DID FEEL GUILTY NOT PAYING FOR IT, BUT IF IT HADN'T BEEN GIFTED TO ME I COULDN'T HAVE AFFORDED TO HAVE IT DONE. YOU ARE PROVIDING A HUGE SERVICE AND SAFETY NET FOR THOSE OF US WHO ARE FIGHTING THIS TERRIBLE DISEASE."

"TERMINAL CANCER IS BEYOND TERRIFYING. HAVING TO WORRY ABOUT FINANCES ABOVE AND BEYOND A TERMINAL DIAGNOSIS IS CRUEL AND UNFAIR. CANCER LEGAL CARE HELPED ME PLAN AND PREPARE REGARDING MY DISABILITY OPTIONS, SO THINGS FEEL MUCH LESS PRECARIOUS."

Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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"I HAVE NO INCOME SINCE I WAS DIAGNOSED. I EXHAUSTED ALL MY SAVINGS,  
AND MY CHILDREN ARE SUPPORTING ME UNTIL I CAN GET BACK TO WORK."

"CANCER'S IMPACT ON MY LIFE ALONG WITH MY HOUSEHOLD INCOME HAS BEEN  
DEVASTATING."

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
AVERAGE OF \$63,532 SAVED FOR EACH CLIENT.

ALL OF THE ICARE WORK IS DONE AT NO CHARGE AND WITHOUT ANY INCOME  
ELIGIBILITY LIMITATIONS.

WHY?

1. VERY FEW FAMILIES COULD AFFORD AN ATTORNEY'S HELP IN LIGHT OF  
CANCER'S GROWING FINANCIAL TOXICITY.

2. ANY BARRIER TO REACHING OUT OR GETTING HELP MORE OFTEN THAN NOT  
BECOMES A NON-STARTER FOR PEOPLE WHO ARE AT THEIR PHYSICAL, EMOTIONAL,  
AND FINANCIAL BREAKING POINT. WE KNOW THAT INSURANCE ISSUES ARE AT THE  
TOP OF THE MOST STRESSFUL THINGS OUR CLIENTS FACE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
REPLACE INCOME LOST WHEN A CANCER PATIENT FINDS THEMSELVES NO LONGER  
ABLE TO WORK (LIKELY AT THE SAME TIME THEY ARE BEING SWAMPED WITH  
MEDICAL BILLS). BUT WHAT WE HAVE HEARD FROM OUR CLIENTS IS THAT THE  
PROCESS OF APPLYING FOR THESE NECESSARY BENEFITS CAN BE OVERWHELMING,  
ADDING ANOTHER LAYER OF STRESS TO AN ALREADY CHALLENGING TIME. IN  
RESPONSE, THE SOCIAL SECURITY APPLICATION ASSISTANCE PROGRAM WAS BORN  
TO PROVIDE MORE ADVOCACY AND SUPPORT TO CANCER PATIENTS. OUR HOPE IS

Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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THAT CLC WILL BE ABLE TO REDUCES BARRIERS AND STRESS FOR DISABLED  
CANCER PATIENTS APPLYING FOR SOCIAL SECURITY BENEFITS.

ELIGIBLE CLIENTS RECEIVE HELP COMPLETING APPLICATIONS AND GATHERING AND  
SUBMITTING IMPORTANT EVIDENCE. WE ASSIST WITH APPLICATIONS FOR SOCIAL  
SECURITY DISABILITY BENEFITS (SSDI OR RSDI) AND SUPPLEMENTAL SECURITY  
INCOME (SSI).

CLC PROVIDES THOROUGH AND COMPLETE LEGAL REPRESENTATION FROM THE START  
OF THE APPLICATION PROCESS UNTIL THE APPLICATION IS APPROVED.

THROUGHOUT THE PROCESS, CLC WILL WORK TO ENSURE THAT THE CLIENT'S  
APPLICATION IS TIMELY AND PROPERLY PROCESSED.

CANCER PATIENTS LIVING IN MINNESOTA, 65 AND YOUNGER, WHO ARE NO LONGER  
ABLE TO WORK, AND MEET OUR INCOME GUIDELINES ARE ELIGIBLE FOR THE  
SOCIAL SECURITY APPLICATION ASSISTANCE PROGRAM. CLC WILL NOT CHARGE  
CLIENTS OR COLLECT A FEE FROM A CLIENT'S BENEFITS.

WE ASSIST FAMILIES WHO ARE APPLYING FOR BENEFITS FOR THEIR CHILD WITH  
CANCER, AND ALL SERVICES CAN BE PROVIDED OVER THE PHONE. IF A CLIENT  
PREFERS, WE CAN ALSO MEET VIRTUALLY.

WE LOOK FORWARD TO REPORTING ON SSAAP FINDINGS IN THE COMING YEAR.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION MADE THE FOLLOWING CHANGES TO ITS BYLAWS ON OCTOBER 17,  
2023:

- CLARIFYING THAT THE FOUNDER HOLDS A NON-VOTING POSITION ON THE BOARD
- CREATED OPTION FOR TERMING-OFF BOARD MEMBERS TO REMAIN ON BOARD FOR AN  
ADDITIONAL YEAR TO PRESERVE CONTINUITY AND ORGANIZATIONAL STABILITY
- UPDATING LIST OF STANDING COMMITTEES



Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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- CLARIFYING MEMBERSHIP ON FINANCE COMMITTEE

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

CLC'S CEO/ED AND ITS EXECUTIVE COMMITTEE REVIEW THE DRAFT 990. ANY QUESTIONS ARE ADDRESSED, AND ANY NECESSARY REVISIONS ARE MADE. THE FULL BOARD OF DIRECTORS IS THEN SUPPLIED WITH AN ELECTRONIC COPY OF THE FINAL 990 BEFORE FILING. THE BOARD IS ENCOURAGED TO REVIEW THE 990 AND ASK ANY QUESTIONS THAT THEY HAVE. THE BOARD DISCUSSES THE FILED 990 AT THE NEXT BOARD MEETING AND APPROVES THE FILING WITH THE STATE OF MINNESOTA.

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

CLC'S BOARD MEMBERS AND OFFICERS ARE ALL SUBJECT TO A CONFLICT OF INTEREST POLICY THAT REQUIRES DECISION-MAKING ON ANY TRANSACTION THAT WOULD AFFECT ANY OF THOSE INDIVIDUALS' "MATERIAL FINANCIAL INTEREST(S)" OR WOULD SIGNIFICANTLY AFFECT THEIR INTEREST(S) ("APPEARANCE CONFLICTS") TO BE AFFECTED ON THE ACTION OF THE ENTIRE BOARD AFTER THE BOARD HAS BEEN GIVEN PRIOR NOTICE OF THE INDIVIDUAL(S) AND THE CONFLICT(S), AND WITH ONLY DIRECTORS WHO ARE INDEPENDENT OF THE PARTY WITH THE ACTUAL OR PERCEIVED CONFLICT PARTICIPATING. THE QUESTION AS TO WHETHER AN INDIVIDUAL HAS A CONFLICT FALLING WITHIN THE POLICY IS DECIDED BY THE BOARD, NOT INCLUDING IN ITS DELIBERATIONS OR VOTE THE PARTY(IES) WHOSE CONFLICT IS AT ISSUE. ALL POTENTIAL, PERCEIVED, OR ACTUAL CONFLICTS ARE REVIEWED ON AN ANNUAL BASIS, AND EVERY YEAR AT OUR FIRST BOARD MEETING OF THE YEAR IN FEBRUARY, EACH BOARD MEMBER COMPLETES AND SIGNS OUR CONFLICTS DISCLOSURE.

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

THE CEO/ED'S SALARY IS SET EACH YEAR BY THE EXECUTIVE COMMITTEE, COMPRISED OF OUR BOARD CHAIR, VICE-CHAIR/SECRETARY, TREASURER, AND EXECUTIVE DIRECTOR

Name of the organization CANCER LEGAL CARE	Employer identification number 02-0736402
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THE EXECUTIVE COMMITTEE REVIEWS THE MOST RECENT "MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY" PREPARED BY THE MINNESOTA COUNCIL FOR NONPROFITS IN SETTING THE EXECUTIVE DIRECTOR'S SALARY. ALL OF THE BOARD MEMBERS/OFFICERS ARE INDEPENDENT. THE PUBLICATION PROVIDES A HELPFUL LISTING OF COMPARABLE SALARIES, BENEFITS, AND OTHER COMPENSATION MEASURES FOR SIMILAR POSITIONS, RELATIVE TO EDUCATION AND EXPERIENCE ACROSS A WIDE RANGE OF NONPROFIT ORGANIZATIONS. COMPENSATION IS ALSO BASED ON THE CEO/ED'S JOB PERFORMANCE OVER THE PAST YEAR. THE EXECUTIVE COMMITTEE MEETS WITH THE CEO/ED TO REVIEW AND ASSESS PROGRESS MADE DURING THE YEAR IN MEETING GOALS SET FORTH AS PART OF THE CEO/ED'S WRITTEN JOB REQUIREMENTS AND PERFORMANCE OBLIGATIONS.

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

CONFLICT OF INTEREST STATEMENT, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND OTHE PUBLIC DOCUMENTATION ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).