Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2020

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Form 990 (2020)

A	For th	e 2020 calendar v	ear, or tax year beg	inning	for instructions a		0.22		Inspection
_						, 2020, and	ending		, 20
	Check if applicable: C Name of organizationPSC PARTNERS SEEKING A CURE							D Emp	loyer identification number
$\overline{}$		s change	Doing business as						20-2112635
$\overline{}$	Name c			P.O. box if mail is not delivered to	street address)	Ro	om/suite	E Telep	phone number
=	nitial re		6900 E BELLEV	202		(303) 771-5227			
\equiv		turn/t rmin te ed re irn	ENG EWO DL C	NC	G Gros	s receipts 1,586,090			
	Applicat	tion pending	F Name and address of	principal officer: RICKY SA	FER		H(a) Is this a	group return	for subordinates? Yes X No
	-		Same as C abo	ove					tes included? Yes No
1	Tax-exe	empt status: X 501((c)(3) 501(c) () ◀ (insert no.) 49	947(a)(1) or 52	27	19. 47.00		st. See instructions
J	Website	e: WWW.PS	SCPARTNERS . OR	3			H(c) Group	exemption	number
K	orm of	organization: X Corp	poration Trust A	ssociation Other	L	Year of formation:	Na Alexandrian III		gal domicile: CO
Pa	rt I	Summary							
	1	Briefly describe the	he organization's mis	ssion or most significant a	ctivities: TO PI	ROVIDE EDU	CATION AND	SUPP	ORT FOR THOSE
				ROSING CHOLANGIT					ENTS AND A CURE
ဥ				ASE BY RAISING A					
nar					III IIIIII	J TONDING	IO DRIVE I	LESEAN	Cn.
Ver	2	Check this box ▶	if the organization	on discontinued its operat	ions or disposed of	f more than 25%	of its not assu	oto	
Governance	3			verning body (Part VI, line				1	
ంర	4			ers of the governing body					15
Activities &	5								15
Ξ				in calendar year 2020 (Pa		• • • • • • •			6
Aci	6		volunteers (estimate						245
	7a			m Part VIII, column (C), lin					0
)		Net unrelated bus	siness taxable incon	ne from Form 990-T, Part	I, line 11	• • • • • • •		. 7b	0
Revenue							Prior Yea	ř	Current Year
	8			e 1h)			99	6,765	1,321,290
	9			ne 2g)			26	6,619	157,237
	10		ne (Part VIII, column	8	1,271	94,589			
8	11			lines 5, 6d, 8c, 9c, 10c, an				250	12,974
	12	Total revenue - ad	dd lines 8 through 11	l (must equal Part VIII, col	umn (A), line 12)		1,344,905		1,586,090
	13	Grants and simila	ar amounts paid (Par	t IX, column (A), lines 1-3)		30	9,419	353,000
	14	Benefits paid to o	or for members (Part	IX, column (A), line 4) .					0
	15		ompensation, employ	261,794		456,387			
Expenses	16a	a Professional fund	draising fees (Part IX	, column (A), line 11e) .					0
en	k			column (D), line 25)		44,660			
X	17	Other expenses (Part IX, column (A),	lines 11a-11d, 11f-24e)			293,092		271,586
	18			st equal Part IX, column (/	A), line 25)			4,305	1,080,973
	19			e 18 from line 12		CONTRACTOR AND ADDRESS OF THE		0,600	505,117
							Beginning of Cur	-	End of Year
Net Assets or	20	Total assets (Par	t X. line 16)			-	300000	1,795	2,718,056
\sse	21	Total liabilities (P				_		3,606	
Vet /	22	Acceptation and the second second second	ACTION ACTION AND ACTION AND ACTION ACTION	ct line 21 from line 20			7.8	8,189	64,750
	rt II	Signature E		SCHIOZI HOMINIOZO			2,14	0,109	2,653,306
Unde	er penal	ties of perjury, I declare th	hat I have examined this re	eturn, including accompanying schofficer) is based on all information	edules and statements,	and to the best of m	y knowledge and be	elief, it is	
			7-1	M - 1	0 11 0	, and and a			
Sig	n	RICKY S		R. Chy	afer			D-	07-08-2021
1000								Da	NO.
Her	е	Type or print n	AFER, CEO		\				
n 		Print/Type preparer's		Preparer's signature		Date	Y-1		DTIN
D-:							Check	if if	PTIN
Dunana							P00070003		
				& Associates LLC			Firm's EIN ▶	4	
USE	On	y Firm's address ▶	PO Box				Phone no.		
				CO 80237				303-	285-2500
				shown above? (see instru	ctions)				X Yes No
For	aper	work Reduction A	ct Notice, see the s	eparate instructions.					Form 990 (2020)

Forn	n 990 (2020) PSC PARTNERS SEEKING A CURE 20-2112635 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE EDUCATION AND SUPPORT FOR THOSE IMPACTED BY PRIMARY SCLEROSING CHOLANGITIS (PSC),
	WHILE SEARCHING FOR TREATMENTS AND A CURE FOR THIS RARE LIVER DISEASE BY RAISING AND ALLIGNING
	FUNDING TO DRIVE RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Ye ;" o) s ribe the seller services on Schellu . O. Did the organization cealle conducting, or male light cantichaiges in how it conducts any program.
3	Did the organization ceale conducting, or make light canticular ges in now it conducts any program
	services?
	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 \$935,501 including grants of \$353,000) (Revenue \$ 157,237)
	PROVIDE ONLINE EDUCATION AND SUPPORT FOR THOSE IMPACTED BY PRIMARY SCLEROSING CHOLANGITIS (PSC)
	WHILE ALSO SEARCHING FOR TREATMENTS AND A CURE FOR THIS RARE LIVER DISEASE BY RAISING AND
	ALIGNING FUNDING TO DRIVE RESEARCH.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 935,501
EEA	Farm 000 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1	Х	
3	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			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the org. ni ratio a section 501 c)/+), 5.01(c) 5) or 5.01 c)(c) a rgan z tron that receives mi m) erso by les	4	9	Х
6	assessment, or sir lilar ar ount at defined in Fever up Procedure 93-19? If "Yes," complete Schedule (1, Pat III)	5		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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 amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	complete Schedule D, Part VI	11a	Х	
ы	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			925
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		v
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		X
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	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	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	45		.,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		<u> </u>
	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	10	^	
••	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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Part IV

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 X Did the organization investiany ploteeds of tall-eight hono beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow 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 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? 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 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 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a X 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 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 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 Yes No 5 Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3a 3a X b 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a fina icia, a court i ra preign coursy (such as a bank account securities account, or other financial a X If "Yes," enter the name of he foreign country b See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a X 5b X C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c X h e 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g X h 7h X Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b X 10 Section 501(c)(7) organizations. Enter: a Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which h C Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. 16 X

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) PSC PARTNERS SEEKING A CURE Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the jumber of voting member included in the fall above who ale independent. Did a y offic ar, d ector, rustee, or ley employee have a fam y elatio ship of a business rula ionsh 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 X Did the organization have members or stockholders? 6 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: X 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 Q X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► Colorado 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. X 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,

20

and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records RICKY SAFER (303)771-5227, 6900 E BELLEVIEW AVE, ENGLEWOOD, CO 80111

Form	000	(2020)	

PSC PARTNERS SEEKING A CURE

20-2112635

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

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

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

- 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 instructions for definition of "key employee."
- List the organization to five current nighest completes telescoped who received reportable compensation (Box 5 of Form W-2 and for Box 7 of Form 1000 MISC) of now 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 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.

	3					 erricer, an octor, or	truotoo.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	ot check unless p er and a	erson	than one is both an r/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MEEGAN CAREY EXECUTIVE DIRECTOR					x	120,203	0	0
(2) TRISH_STOLTZFUS		х				0	0	0
(3) MATT MCMURTY MEMBER		x				0	0	0
(4) WILLIE MCKINNEY MEMBER		х				0	0	0
(5) LEAH SCIABARRASI MEMBER		х				0	. 0	0
(6) JOANNE GRIEME VICE-CHAIR		х				0	0	0
(7) JESSE KIRKPATRICK MEMBER		х				0	0	0
(8) WES HENDRIX MEMBER		х				0	0	0
(9) STUART BARNETT MEMBER		х				0	0	0
(10)NICOLE DESANTIS MEMBER		х				0	0	0
(11)KATHY HALLORAN MEMBER		х				0	• 0	0
(12)RACHEL GOMEL MEMBER		x				0	0	0
(13)FRED SABERNICK CHAIR		x	3	<		0	0	0
(14)RICKY SAFER CEO		х	2	<		0	0	0

Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	loyee	es, and	(C)	nest Co	omp	ensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both a officer and a director/trustee				n Reportable		(E) Reportable compensation from related organizations	Estimated of compe		r tion
	hours for related organizations	or director	Institutional t	Officer	Highest com employee Key employe	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	anization d organiz	and
PUBLIC	otteo e)	District	t usit e	C	n ensated		ON	COF	PY		
(15)BRITT_MOORE SECRETARY		х		x			0	0			0
(16)JENNIFER SIMS TREASURER		x		x			0	0			0
(17)								U			0
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal											
c Total from continuation sheets to Part VII,			• • •		• • •	• •	100 000				_
d Total (add lines 1b and 1c)	t limited to those I						120,203 ore than \$100,000	of 0			0
reportable compensation from the organization	on >			_						Yes	No
3 Did the organization list any former officer,			- T		0.000					100	110
employee on line 1a? If "Yes," complete Sc.For any individual listed on line 1a, is the sum								• • • • • • • •	3		X
organization and related organizations grea											
individual									4		х
5 Did any person listed on line 1a receive or ac											
for services rendered to the organization? In Section B. Independent Contractors	f "Yes," complete	Sched	dule J t	or su	ich pers	on			5		X
Complete this table for your five highest comp	nensated independ	lent co	ontracto	ors th	at recei	ved	more than \$100.00	00 of			
compensation from the organization. Report	the state of the s										
(A)							(B)		(C)		
Name and business	address						Description of service	ces	Compens	sation	
2 Total number of independent contractors (increceived more than \$100,000 of compensations)				listed	d above)) who	0				
EEA	on nom the organ								Form	990 (2	2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or no	ote to any line in thi	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d		\$	CTIC	ON (COP	Y
		Total Florida Miss IC II	Business Code	1,321,290			Silve Meswess-venance
Program Service Revenue	b c d e		900099	157,237	157,237		
4		All other program service revenue					
		Total. Add lines 2a-2f	nd	157,237 94,589			94,589
	5 6a b	Income from investment of tax-exempt bond proce Royalties					
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
venue		and sales expenses 7b Gain or (loss) 7c					
Other Re	8a	Net gain or (loss)					
		Gross income from gaming activities, See Part IV, line 19 9a					
		Less: direct expenses 9b Net income or (loss) from gaming activities					
	b	Gross sales of inventory, less returns and allowances					
anous			Business Code 900099	12,974	12,974		
Miscellanous Revenue	е	Total. Add lines 11a-11d		12,974			0.1.500
EEA	12	Total revenue. See instructions		1,586,090	170,211	0	94,589 Form 990 (2020)
EEA							1 01111 930 (2020)

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).

Grants and other assistance to domestic individuals. See Part IV, line 22	service Management and	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	53,000 50,000 ON CO	PY
Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and cther assistance to foreign organization, for jig 1 gg /e nmer s, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50,000 ON CO	PY
Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other as listance to folia in organization, for light go reinments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	50,000 ON CO	PY
Grant and other as istancy to folicing organization, for high governments, and foreign individuals. See Part IV, lines 15 and 16	ON CO	PY
Grants and other as istance to fole in organization, for light go ye nmer is, and foreign individuals. See Part IV, lines 15 and 16	ON CO	PY
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
5 Compensation of current officers, directors, trustees, and key employees	78 132 30 051	
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	78 132 30 051	
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		12,020
persons described in section 4958(c)(3)(B)		127,020
7 Other colories and were		
7 Other salaries and wages	58,506 16,911	12,191
Pension plan accruals and contributions (include		
section 401(k) and 403(b) employer contributions)		
9 Other employee benefits	9,621 1,342	693
10 Payroll taxes	30,477 4,252	2,191
11 Fees for services (nonemployees):		
a Management		
b Legal		
c Accounting		
d Lobbying		
e Professional fundraising services. See Part IV, line 17 .		
f Investment management fees		
g Other. (If line 11g amount exceeds 10% of line 25, column		Reference to
	26,180 24,929	2,156
12 Advertising and promotion	1,011 65	574
	13,851 6,386	3,573
	19,338 4,393	6,020
15 Royalties		
	38,528 2,071	829
17 Travel		
18 Payments of travel or entertainment expenses		
for any federal, state, or local public officials		
	66,549 5,917	1,476
20 Interest		
21 Payments to affiliates		
	3,030 269	
23 Insurance 3,087 24 Other expenses. Itemize expenses not covered	772 2,161	154
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.)		
	25 950 2 015	2 417
b POSTAGE 40,291 3	35,859 2,015 647 50	2,417
C STRGE	647 50	299
d d		
e All other expenses		
2002 0000000000000000000000000000000000	35,501 100,812	44,660
26 Joint costs. Complete this line only if the	100,612	44,000
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	g g y	1	
	2	Savings and temporary cash investments	130,303	2	64,240
	3	Pledges and grants receivable, net		3	04,240
	4	Accounts receivable, net	21,338	4	38,716
	5	Loans and other receivables from any current or former officer, director.			30,710
		trys se, key emilyo ee, creator of founder substruction or not of the second of the se	DIAC		
		cont oller entity or family in ember of any of these pelsons		5	PY
	6 "	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	47 040	9	20 600
1	10a	Land, buildings, and equipment: cost or other	47,949	9	20,690
	b	basis. Complete Part VI of Schedule D 10a 26,131 Less: accumulated depreciation 10b 21,435	0.060	10c	4 606
	11	Investments - publicly traded securities	8,062	11	4,696
	12	Investments - other securities. See Part IV, line 11	1,944,143	12	2,589,714
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets			
	15	Other assets. See Part IV, line 11		14 15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0 151 705	-	0 710 056
	17	Accounts payable and accrued expenses	2,151,795	16	2,718,056
	18		3,606	17	7,915
	19	Grants payable		18	
	197351	Deferred revenue		19	
	20 21	Tax-exempt bond liabilities		20	
		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	56,835
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
	00	of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,606	26	64,750
		Organizations that follow FASB ASC 958, check here			
es	07	and complete lines 27, 28, 32, and 33.			
anc anc	27	Net assets without donor restrictions	1,571,804	27	1,623,958
Sala	28	Net assets with donor restrictions	576,385	28	1,029,348
Pu		Organizations that do not follow FASB ASC 958, check here ▶ □			
Ξ		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	2,148,189	32	2,653,306
	33	Total liabilities and net assets/fund balances	2,151,795	33	2,718,056
EΕΔ					Form 990 (2020)

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PSC	PARTNERS	SEEKING	A	CIIDE

2	0	-2	1	7	2	-	2	=

Page 12

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. П
1	Total revenue (must equal Part VIII, column (A), line 12)		586,	
2	Total expenses (must equal Part IX, column (A), line 25)		080,	
3	Revenue less expenses. Subtract line 2 from line 1		505,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2.	148,	Salara Salara
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	1	7	
9	Other chang is in he as e s or fund balances te plate on So je jule O			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	2,	653,	306
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			.П
			Yes	No
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 in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis			
С	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?	2c	х	
	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			
	Single Audit Act and OMB Circular A-133?	3a		X
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	3b		
EEA		Form	990 (2	2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

	lame of the organization Employer identification number							
	SC PARTNERS SEEKING A CURE 20-2112635							
Pa		Reason for Public Charit	y Status. (All o	rganizations must	complete	this part	t.) See instructions	3.
	orgai	nization is not a private foundation bed						
1		A church, convention of churches, o						
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A nos it if or a coper tive hospital service againzation of scripe if in section 17 (b)(1)(a)(in). A medical rejector in anization operated in conjunction with a hispital described in section 7 (b)(1)(A) (iii). Finer the hospital's name, city, and state:						
5		An organization operated for the ben	efit of a college or u	iniversity owned or oper	ated by a c	overnment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete						
6		A federal, state, or local government	or governmental u	nit described in section	170(b)(1)	(A)(v).	*	
7		An organization that normally receive					n the general public	
		described in section 170(b)(1)(A)(vi					0	
8		A community trust described in sect	ion 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization			erated in co	njunction v	with a land-grant collec	ie
		or university or a non-land-grant colle						
		university:						
10	X	An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, membe	ership fees, and gross	
		receipts from activities related to its e	exempt functions - s	ubject to certain except	ions; and (2	2) no more	than 33 1/3% of its	
		support from gross investment incom	e and unrelated bus	siness taxable income (I	ess section	1511 tax) fr	om businesses	
	_	acquired by the organization after Ju						
11	Ц	An organization organized and opera						
12		An organization organized and opera						
		of one or more publicly supported or						
		Check the box in lines 12a through 1:						
	а	Type I. A supporting organization						ng
		the supported organization(s) the			rity of the d	lirectors or	trustees of the	
		supporting organization. You mu						
	b	Type II. A supporting organization						
		control or management of the su			ersons that o	control or m	nanage the supported	
		organization(s). You must com						
	С	Type III functionally integrated						th,
	4	its supported organization(s) (se						()
	d	Type III non-functionally integ						n(s)
		that is not functionally integrated. requirement (see instructions). Y					t and an attentiveness	
		Check this box if the organization					Type II Type III	
	C	functionally integrated, or Type II				a Type I, I	уре п, туре п	
	f	Enter the number of supported organ	and the same of th					
	g	Provide the following information abo						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ent?	instructions)	instructions)
					Yes	No		
(A)								
(
(B)							•	
(C)								
(D)								
(E)								
Tota	ı							

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) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . SPECT 2 Tax revenues levied for he organ zation's benefit in deither paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10... 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 % 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

20-2112635

(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						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	599,079	508,954	799,674	996,765	1,321,290	4,225,762
2	Gross receipts from admissions, merchandise					•	
	sold or convices performed, or facilities furnished in a yad iv to that s related to the	ICT	OF	TIO		OD	
	organi ation's tax- x mp p rpose	218 535	234 762	22 7 996	256, 19	15,237	1,105,199
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	817,664	743.716	1.027.670	1,263,384	1.478.527	5,330,961
	Amounts included on lines 1, 2, and 3	021,7001	. 10 / / 20	2,021,070	1/203/301	1,1,0,02,	3,330,301
5. 31.	received from disqualified persons						
b	Amounts included on lines 2 and 3						
373	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
Ü	line 6.)						5,330,961
Sac	etion B. Total Support						3,330,961
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	817,664	743,716				
	Gross income from interest, dividends,	817,004	143,110	1,027,670	1,203,304	1,478,527	3,330,961
Iva	payments received on securities loans, rents,						
	royalties, and income from similar sources	19,227	49,502	3,526	81,271	94,589	248,115
h	Unrelated business taxable income (less	19,221	49,502	3,326	61,2/1	94,569	240,115
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	19,227	49,502	3,526	81,271	94,589	248,115
11	Net income from unrelated business	19,227	49,502	3,526	81,2/1	94,569	248,113
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	The state of the s	A THE PARTY			250	12 07/	13,224
40	(Explain in Part VI.)				250	12,974	13,224
13	Total support. (Add lines 9, 10c, 11,	926 901	702 210	1 021 106	1 244 005	1 596 090	5,592,300
4.4	and 12.)	836,891			1,344,905		
14							
800	organization, check this box and stop here ction C. Computation of Public Suppo					<u></u>	
	Public support percentage for 2020 (line 8, c			column (f))		15	95.33 %
-	Public support percentage for 2020 (line 8, C					16	96.74 %
16						,	96.74 /0
-	ction D. Computation of Investment In Investment income percentage for 2020 (line			ne 13 column	(f))	17	4.00 %
17						18	3.00 %
18	Investment income percentage from 2019 S 33 1/3% support tests - 2020. If the organization						
19a							
	17 is not more than 33 1/3%, check this box	and stop nere	hook a bay ar	line 14 or line	10a and line 1	6 is more than	33 1/3% and
b	33 1/3% support tests - 2019. If the organization 18 is not more than 33 1/3%, check this	box and start	here The erec	mization audifi	ioe ae a public	v supported o	rganization > \square
20	Private foundation. If the organization did	not check a har	on line 14 10	a or 10h cho	ck this hov and	see instruction	ns
20	Private roundation. If the organization did i	IOL CHECK a DOX	OIT III 14, 19	a, or 190, crie	on tille box allo	Cabadula A /	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
----------------	------------	----------------------

ect	tion A. All Supporting Organizations			
1	Are all of the argenizationle company of all and the state of the stat		Yes	No
	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			
2	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	9	
2	Did ne ir jani a jon have a ly supporte it aga lization has dies no made an IRS letterm pation of status			
	und it section it a (1) or (1) If "Yes," e. ph. n in Pr vi ha w the organization a term in each at the supported			
20	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
h	lines 3b and 3c below.	3a		
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.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
10	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
b	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
D	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.	4b		
·	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.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
Ju	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).	F		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
~	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30	Total I	
	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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			N/II-SIM
	(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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in 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.	9c		
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 10b below.	10a		
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.)	10b		

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
200	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	_	Anne .	
1	Did the gove ming bidy, in imber a diffuse gove his glad by offs e sacting in their official capacity, or nembership of one or	A	Yes	No
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the 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			
122	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions)	
a				
b			-44	
2 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer lines 2a and 2b below.	see in	Yes	
10000	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations: If 100, describe in 1 art vi the fole played by the organization in this regard.	JU		

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	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.						
Sac	etion A - Adjusted Net Income			(B) Current Year			
Sec	tion A - Adjusted Net Income		(A) Prior 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	Depreson in n and per le ion	5					
6	Portion of operating expenses, aid or in unreal for production or collection of gross income or for management, conservation, or maintenance of		NA CO				
	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					
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
Samuel III	instructions for short tax year or assets held for part of year):						
	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
	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					
Sec	tion 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	integ	rated Type III supporting	organization			
	(see instructions).						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exen	1			
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	ons 3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required) - p.	rovide details in Part VI)	5		
6	Other distribution; (a.s. ribe in ar. VI). But in structions.	COTIC	6	DV	
7	Tota annual c s rib tions. At d lines 1 th our 1.6.		*, 7		
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2020 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
		(1)	(ii)	(iii)	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
15	and 4c.				
8	Breakdown of line 7:				
_	Excess from 2016				
_	Excess from 2017				
_	Excess from 2018				

d Excess from 2019e Excess from 2020

Schedule A (For	n 990 or 990-EZ) 2020 Page 8
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
	P. lines 1 and 2. Part IV. Section O. line 1. 2. July 30, 40, 40, 40, 50, 10, 30, 50, 114, 110, and 110, 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.)
	,
	PUBLIC INSPECTION COPY
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization
PSC PARTNERS SEEKING A CURE

Organization type (check one):

Employer identification number 20-2112635

Filers of						
Form 99	0 P990-EZ B 🗵 5 11(c)/ 3) leng rumber Organ Zation CTON COPY					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 99	0-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 .					
	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
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 or 990-EZ), 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					
Cautio	n: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,					

990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

PSC PARTNERS SEEKING A CURE

Employer identification number 20-2112635

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 F	UBLIC INSPEC	T \$ O 0 0, B 6	Person Pry Oil Non cash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) . Total contributions	(d) Type of contribution		
2		\$100,000	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$50,000	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

	of the organization	Employer identification number
	PARTNERS SEEKING A CURE	20-2112635
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or Acco	unts.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	•
1	(a) Donor advised funds	(b) Funds and other accounts
2	Tot il nu ni er al e id of y ar	CAPY
3	Aggregate value of grants from (during year)	CUI
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	•
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	i i i i i i i i i i i i i i i i i i i
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	. 2b
C	Number of conservation easements on a certified historic structure included in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the
	tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservations	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e	asements during the year
2	\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stat	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	lat describes the
Pa	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ther ominar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.	and of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balar	nce sheet works of
-	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	
	provide the following amounts relating to these items:	,
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gai	
- mak	following amounts required to be reported under FASB ASC 958 relating to these items:	•
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	The state of the s

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

4,696

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4)(5) (6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.). ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3)(4) (5)(6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5)(6)(7)(8)(9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . .

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Retur	1.
	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	1,586,090
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Sult tracy line 2¢ from jng 1	3 [1,86,090
4	Am sunts it cluded on For n 990 Fart VIII, line 12, but not on I ne 1:		
а	investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,586,090
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expen	ises per Ret	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,080,973
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,080,973
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5 Day	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,080,973
	ide 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, lines	ne 4; Part X, line	
2, Fa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
-			
_			
COLUMN COMM			

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

OMB No. 1545-0047

2UZU

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

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PSC PARTNERS SEEKING A CURE

Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and oner is listance the grantee l'engibility for the grant or as listance, and the selection cite is uned to a vard the grant or is listance.

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in employees, region (by type) (such as, a program service, describe specific type of expenditures for fundraising, program services, the region agents, and and investments independent investments, grants to recipients service(s) in the region in the region located in the region) contractors in the region EUROPE (INCLUDING (1) ICELAND AND GREENLAND) 4 Program services MEDICAL RESEARCH 120,000 Middle East and (2) North Africa 1 Program services MEDICAL RESEARCH 30,000 (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)3a Subtotal 5 5 150,000 b Total from continuation sheets to Part I

5

Totals (add lines 3a and 3b)

150,000

Page 2

20-2112635

PSC PARTNERS SEEKING A CURE

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2020

Part II Grants

	(ii applicable))	disbursement	assistance	assistance	(book, FMV, appraisal, other)
=								
(2)	DOB	CINS	PEO	O)PY		
(3)								
(4)								
(5)								
(9)								
(8)								
(6)								
(10)								
(11)								
(42)								
(13)								
(14)								
(15)								
(16)								
	organizations listed aboves	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	es by the foreign counded a section 501(c)(:	itry, recognized as a tags) equivalency letter.	XE .			

Page 3

20-2112635

PSC PARTNERS SEEKING A CURE

Schedule F (Form 990) 2020

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III

Schedule F (Form 990) 2020 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement 3 7,0 10 BE NE WIRE 120,000 BANK WIRE (d) Amount of cash grant 4 (c) Number of recipients ICELAND AND GREENLAND) Part III can be duplicated if additional space is needed. EUROPE (INCLUDING MIDDLE EAST AND MYR'H A'RICA (b) Region (a) Type of grant or assistance (1)MEDICAL RESEARCH (2)MEDICAL RESEARCH (14) (12) (16) (17) (18) (11) (12) (13) EEA 9 (10) (3) 4 (2) 6 8 6

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign
	Corporation (see Instructions for Form 926)
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To
	Certain Foreign Corporations (see Instructions for Form 5471)
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing
	Fund (see Instructions for Form 8621)
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain
	Foreign Partnerships (see Instructions for Form 8865)
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see
	Instructions for Form 5713; don't file with Form 990)

EEA

Schedule F (Form 990) 2020

Part V	n 990) 2020 Page 5 Supplemental Information
raitv	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
F	PUBLIC INSPECTION COPY

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection 2020

OMB No. 1545-0047

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

Employer identification number

2 (h) Purpose of grant or assistance RESEARCH X Yes MEDICAL "Yes" on Form 990, 20-2112635 noncash assistance (g) Description of **A** (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and peede e is Grants and Other As it tan se to Domes ic Organizat Ins a (O.D.) as it covernments. Complete the Part IV, line 21, for any ricip art that eceived more than \$3,000. But it can be duplicated if additional space. (e) Amount of noncash assistance (d) Amount of cash 53,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) (c) (3) General Information on Grants and Assistance Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? 23-7373091 (p) EIN (1) AMERICAN ASSOC FOR THE STUD PSC PARTNERS SEEKING A CURE (a) Name and address of organization 1001 N FAIRFAX ST STE 400 or government Alexandria VA 22314 Part Part II (10) 3 4 9 E 8 6 (2)

Schedule I (Form 990) (2020)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{
m EEA}$

Page 2 Schedule I (Form 990) (2020) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. 20-2112635 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 150,000 (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) MONITORED BY COMMITTEE FORMED BY THE BOARD OF DIRECTORS. Part III can be duplicated if additional space is needed. 2 (b) Number of recipients PSC PARTNERS SEEKING A CURE (a) Type of grant or assistance 1 MEDICAL RESEARCH Schedule I (Form 990) (2020) Part IV Part III EEA 7 က 2 9 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2020

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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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PSC PARTNERS SEEKING A CURE 20-2112635

01. Form 990 governing body review (Part VI, line 11) 02. Conflict of interest policy compliance (Part VI, line 12c) ANNUAL DISCLOSURE AND REVIEW BY BOARD OF DIRECTORS. 03. CEO, executive director, top management comp (Part VI, line 15a) CEO AND BOARD OF DIRECTORS DO NOT RECEIVE COMPENSATION. EXECUTIVE DIRECTOR SALARY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. 04. Other officer or key employee compensation (Part VI, line 15b REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. 05. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REASONABLE REQUEST.