# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

Inspection

Open to Public

For the 2022 calendar year, or tax year beginning 2022, and ending 20 Check if applicable: C Name of organization PSC PARTNERS SEEKING A CURE D Employer identification number Address change Doing business as 20-2112635 Name change Number and street (or P.O. box if mail is not delivered to Telephone numb 6900 E BELLEVIEW (303) Initial return Final return/termina Amended return ENGLEWOOD, CO 80111 207,381 X No Application pending F Name and address of principal officer: **H(a)** Is this a group return for subordinates? H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 4947(a)(1) or 527 If "No," attach a list. See instructions ) (insert no.) WWW.PSCPARTNERS.ORG Website: H(c) Group exemption number X Corporation Trust Association L Year of formation: 2005 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE EDUCATION AND SUPPORT FOR THOSE IMPACTED BY PRIMARY SCLEROSING CHOLANGITIS (PSC), WHILE SEARCHING FOR TREATMENTS AND A CURE Activities & Governance FOR THIS RARE LIVER DISEASE BY RAISING AND ALLIGNING FUNDING TO DRIVE RESEARCH. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 15 4 15 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... 11 Total number of volunteers (estimate if necessary) 6 575 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . . 7b 0 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) ....... 2,076,711 2,016,209 Revenue 148,025 15,000 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . 18,153 42,397 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . 5,320 750 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,115,184 2,207,381 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ....... 100,000 370,487 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 602,124 712,343 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 191,017 296,935 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,163,628 1,109,278 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . 951,556 1,098,103 **Beginning of Current Year** End of Year 3,594,920 20 Total assets (Part X, line 16) 4,595,672 21 Total liabilities (Part X, line 26) . . . . . . . . . . 18,020 13,536 Net assets or fund balances. Subtract line 21 from line 20 3,581,384 4,577,652 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 RICKY SAFER Sign Signature of officer Date Here RICKY SAFER, CEOMEMBER Type or print name and title PTIN Print/Type preparer's name Preparer's signature Date Paid Charles Poysti, CPA 09-18-2023 P00070003 Charles Poysti, CPA self-employed **Preparer** Firm's name Poysti & Associates LLC Firm's EIN **Use Only** PO Box 371467 Firm's address Phone no. Denver CO 80237 303-285-2500 May the IRS discuss this return with the preparer shown above? See instructions Yes No

Pai	<del></del>	Service Accomplishments			
		response or note to any line in this	Part III		
1	Briefly describe the organization's mission				
	TO PROVIDE EDUCATION AND S				
	WHILE SEARCHING FOR TREATM	ENTS AND A CURE FOR TH	IS RARE LIVER DISE	ASE BY RAISING A	AND ALLIGNING
	FUNDING TO DRIVE RESEARCH.				
_					
2	Did the organization undertake any signif prior Form 990 or 990-EZ?	MICDE	ear which were not listed on		Yes No
3	Did the organization cease conducting, o services?		• • •	[	Yes No
	If "Yes," describe these changes on Scho				
4	Describe the organization's program services			· ·	
	expenses. Section 501(c)(3) and 501(c)(		ort the amount of grants and	d allocations to others,	
	the total expenses, and revenue, if any, for	r each program service reported.			
4a	(Code:) (Expenses \$ _	874,729 including gran		) (Revenue	148,025)
	PROVIDE ONLINE EDUCATION A				
	WHILE ALSO SEARCHING FOR T	REATMENTS AND A CURE FO	OR THIS RARE LIVER	R DISEASE BY RAIS	SING AND
	ALIGNING FUNDING TO DRIVE	RESEARCH.			
4b	(Code:) (Expenses \$ _	including gran	ts of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ _	including gran	ts of \$	) (Revenue \$	)
4.	Other was a second of the seco				
4d	Other program services (Describe on So		\	•	
_		ncluding grants of \$	) (Revenue \$	)	
4e	Total program service expenses	874,729			

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# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_ X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	V	7	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_ X
•	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? <i>If</i> "Yes,"	•		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а				
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		•
ч	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
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.46		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
IJ	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		Λ	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
<b>20</b> a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
b	, , , , , , , , , , , , , , , , , , , ,	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	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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 through 24d and complete Schedule K. If "No," go to line 25a	24a	7	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	07		
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
_	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  "Yes," complete Schedule L, Part IV	200		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
00	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24		
35a	or IV, and Part V, line 1	34 35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		
	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	335		
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
	<u> </u>		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Par	t V   Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		Х
b	If "Yes," enter the name of the foreign country	<b>UUI</b>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
_	gifts were not tax deductible?	• • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_		
	and services provided to the payor?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7-		
	required to file Form 8282?	I I	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e		v
e f	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		7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				Λ
•	sponsoring organization have excess business holdings at any time during the year?		8		х
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	1 1			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
C 140	Enter the amount of reserves on hand	13c	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		14b		
13	excess parachute payment(s) during the year?		15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?.		16		х
	If "Yes," complete Form 4720, Schedule O.		.,		43
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activiti	es			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Part VI G

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 in Schedule O. See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedColorado			
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    □ 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.			

RICKY SAFER (303)771-5227, 6900 E BELLEVIEW AVE, ENGLEWOOD, CO 80111

### 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

### 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
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key 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 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.

				(	(C)					
(A)	(B)	(-1	4		sition			(D)	(E)	(F)
Name and title	Average					nan one s both ar		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	or d	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	/idua	tutio	ĕ	emp	loye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	e com				
	below	stee	ruste		Õ	pens				
	dotted line)		ď			Highest compensated employee				
(1) MEEGAN CAREY	40.00									
EXECUTIVE DIRECTOR						X		127,190	0	0
(2) JOANNE HATCHETT	40.00									
EMPLOYEE						Х		120,622	0	0
(3) RUTH-ANNE PAI										
EMPLOYEE						Х		108,348	0	0
(4) TRISH STOLTZFUS										
MEMBER		Х						0	0	0
(5) WILLIE MCKINNEY										
MEMBER		X						0	0	0
(6) JESSE KIRKPATRICK										
MEMBER		Х						0	0	0
(7) LEAH SCIABARRASI										
MEMBER		Х						0	0	0
(8) WES HENDRIX										
MEMBER		Х						0	0	0
(9) NICOLE DESANTIS										
MEMBER		Х						0	0	0
(10)STUART BARNETT										
MEMBER		Х						0	0	0
(11)RICKY SAFER										
CEO\MEMBER		Х						0	0	0
(12)FRED SABERNICK										
MEMBER		Х						0	0	0
(13)KATHY HALLORAN										
MEMBER		х						0	0	0
(14)RACHEL GOMEL										
MEMBER		х						0	0	0
EEA										Form <b>990</b> (2022)

	90 (2022) PSC PARTNERS SEEK								20-2112		Page 8
Part	VII Section A. Officers, Directors, T	rustees,	Key	Empl	oye	es, ar	nd I	Highest Comp	ensated Empl	oyees	(continued
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box	not check k, unless p cer and a	direct	than one is both a or/trustee employe	n ) Former	(D)  Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	con fi orgai	(F) nated amount of other mpensation rom the nization and d organizations
		dotted line)		rustee		compensated ge		ON	COI		
	MES MCMURTRY			.							0
	CHAIR NNIFER SIMS		X	++-	X			0	0		0
TREAS			x	:	x			0	0		0
(17)JC	ANNE GRIEME										
CHAIL			Х	:	x			0	0		0
(18)BR	ITT MOORE		x		x			0	0		0
(20)											
<u>(21)</u>			,								
(22)											
(23)											
(24)											
(25)											
1b	Subtotal										
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)			• • •		• • •	•	356,160	0		0
2	Total number of individuals (including but not limit								1	L	
	reportable compensation from the organization										3
	5										Yes No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedul</i> .					-				3	x
4	For any individual listed on line 1a, is the sum of re									3	A
	organization and related organizations greater th										
	individual									4	х
5	Did any person listed on line 1a receive or accrue			-		_				5	
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	SCHE	uul <del>e</del> J I	or su	cri pers	SOIT				X
1	Complete this table for your five highest compensa	ted indepen	dent co	ontracto	ors th	at recei	ived	more than \$100,00	00 of		
	compensation from the organization. Report comp	ensation for	the ca	lendar	year	ending	with	n or within the orga	nization's tax year.		
	(A)							(B)		(C)	
	Name and business addres	SS						Description of service	ces	Compens	ation
	Total number of independent contractors (in all dis	a but not lim	nitad t-	these	lioto -	obov-	\!-				
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-			iiste0	above	, wn	10			

20-2112635

Form 990 (2022) PSC PARTNE
Part VIII Statement of Revenue

· u··	<b>V</b>	Check if Schedule O contains a response or n	ote to any line in thi	s Part VIII			
		Charles Constant Cons	ote to any mio man	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Membership dues		2,016,209			
			Business Code				
	2a	CONFERENCE REVENUE	900099	148,025	148,025		
Program Service Revenue	b c d e f	All other program service revenue			140,023		
	g	Total. Add lines 2a-2f		148,025			
	3 4 5	Investment income (including dividends, interest, a other similar amounts)	eeds	42,397			42,397
	6a b	(i) Real	(ii) Personal				
	d	Net rental income or (loss)					
Other Revenue	7a	Gross amount from sales of assets (i) Securities	(ii) Other				
	С	ther than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
		Net gain or (loss)					
	b	Less: direct expenses 8b					
	С	Notice and a first form of the second					
	1	Less: direct expenses 9b					
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold 10kg					
	С	Net income or (loss) from sales of inventory					
Miscellanous Revenue	11a b c		Business Code 900099	750			750
Miscel Rev	d	All other revenue					
		Total. Add lines 11a-11d		750			
	12	Total revenue. See instructions		2 207 381	148 025	0	43 147

Pa	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga	nizations must complet	e column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do n	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	rotal expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	70,000	70,000		
2	Grants and other assistance to domestic		<b>T</b> ION		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	30,000	30,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,190	69,955	44,516	12,719
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	518,990	430,908	58,374	29,708
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	33,595	26,040	5,349	2,206
10	Payroll taxes	32,568	25,245	5,186	2,137
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	61 004	20 552	26 750	0 601
12	(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion	61,984 1,066	32,553	26,750	2,681 566
13	Office expenses	15,425			
14	Information technology	79,183	8,353 58,060	4,421 8,746	2,651 12,377
15	Royalties	79,103	30,000	0,740	12,377
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	71,655	64,489	5,733	1,433
20	Interest	1,266	1,177	63	26
21	Payments to affiliates	_,			
22	Depreciation, depletion, and amortization	41,388	37,250	2,897	1,241
23	Insurance	3,129	782	2,190	157
24	Other expenses. Itemize expenses not covered	-		-	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PATIENT REGISTRY	21,839	19,437	1,092	1,310
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,109,278	874,729	165,337	69,212
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here  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)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	84,648	2	105,694
	3	Pledges and grants receivable, net	720,725	3	899,000
	4 _	Accounts receivable, net	36,724	4	103,176
	5	Accounts receivable, net  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		5	
	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	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	12,863	9	11,783
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 32,987			
	b	Less: accumulated depreciation 10b 18,355	11,151	10c	14,632
	11	Investments - publicly traded securities	2,728,809	11	3,461,387
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	3,594,920	16	4,595,672
	17	Accounts payable and accrued expenses	13,536	17	8,472
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	9,548
	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			
		of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	13,536	26	18,020
		Organizations that follow FASB ASC 958, check here			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	1,848,137	27	1,756,879
ala	28	Net assets with donor restrictions	1,733,247	28	2,820,773
D B		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
6	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,581,384	32	4,577,652
_	33	Total liabilities and net assets/fund balances	3,594,920	33	4,595,672

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,207	,381
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,109	,278
3	Revenue less expenses. Subtract line 2 from line 1	3		1,098	,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,581	,384
5	Net unrealized gains (losses) on investments	5		(100	,237)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Investment expenses	8		(1	,598)
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				
		10		4,577	,652
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
_	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• •	2	1	Х
	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	, ,	• •	21	X	
	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?	• •	20	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja			3,		.,
h	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	• •	3	1	Х
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		31		
EEA	required addition addition, explain with on somediffe of and describe any steps taken to undergo such additis	• •		rm <b>990</b>	(2022)
			1 (	550	(2022)

## **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

Employer identification number

The organization  1	eason for Public Cha is not a private foundation b ch, convention of churches, ol described in section 170 ital or a cooperative hospita	ecause it is: (For lin	nes 1 through 12, check of hurches described in <b>se</b>	only one bo	ox.)		ons.
1	ch, convention of churches, ol described in <b>section 170</b>	or association of c	hurches described in <b>se</b>				
<ul><li>3</li></ul>			Sh Schodulo E (Form 00)			J ( ,( )1	
4 A medi					(A)/:::\	1 001	
<del></del>						// // // // // // // // // // // // //	
าเบริษาเล	cal research organization o al's name, city, and state:	perated in conjunct	tion with a hospital desc	ribed in <b>se</b>	ction 170(	<b>(b)(1)(A)(III).</b> Enter the	
5 An orga	anization operated for the be	enefit of a college o	r university owned or op	erated by a	a governme	ental unit described in	
section	n 170(b)(1)(A)(iv). (Comple	te Part II.)		-			
6 A feder	ral, state, or local governme	nt or governmental	I unit described in section	on 170(b)(	1)(A)(v).		
7 An orga	anization that normally recei	ves a substantial pa	art of its support from a g	jovernmen	tal unit or f	rom the general public	
describ	ed in section 170(b)(1)(A)	(vi). (Complete Par	rt II.)				
8 A comr	munity trust described in <b>se</b>	ction 170(b)(1)(A)(	(vi). (Complete Part II.)				
9 🗌 An agri	icultural research organizati	on described in <b>se</b>	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant col	ege
or univ	ersity or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and st	tate of the college or	
univers	sity:						
receipt suppor	anization that normally recei s from activities related to its t from gross investment inco ed by the organization after	s exempt functions, ome and unrelated t	subject to certain excep business taxable income	tions; and (less sect	(2) no mor ion 511 tax	e than 33 1/3% of its	ss
	anization organized and ope					l).	
<b>12</b> An orga	anization organized and ope	rated exclusively fo	or the benefit of, to perfor	m the func	tions of, or	to carry out the purpos	es of
one or	more publicly supported org	ganizations describ	ed in <b>section 509(a)(1)</b>	or <b>section</b>	509(a)(2)	. See <b>section 509(a)(</b> 3	3). Check
the box	on lines 12a through 12d th	nat describes the typ	pe of supporting organiza	ation and o	omplete lin	nes 12e, 12f, and 12g.	
a 🗌 Ty	pe I. A supporting organizat	tion operated, supe	ervised, or controlled by	its support	ed organiz	ation(s), typically by gi	ving
the	supported organization(s) t	he power to regula	rly appoint or elect a ma	jority of the	e directors	or trustees of the	
su	oporting organization. You i	nust complete Pa	rt IV, Sections A and E	3.			
	<b>pe II.</b> A supporting organiza	-			pported or	ganization(s), by havin	g
	ntrol or management of the s						
	ganization(s). <b>You must co</b> i			'		0 11	
	pe III functionally integrat	-		connection	with, and	functionally integrated	with.
	supported organization(s) (		•			•	,
	pe III non-functionally inte						ion(s)
	t is not functionally integrate	•					. ,
	quirement (see instructions)	•	• •				
	eck this box if the organizati	•				I. Type II. Type III	
	actionally integrated, or Type				• • •	, ,, ,, ,,	
	number of supported organ	.:		•			
	he following information abo						
	pported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Amount of monetary	(vi) Amount of
.,		, ,	(described on lines 1-10		ur governing	support (see	other support (see
			above (see instructions))	docum	nent?	instructions)	instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(D)							
(D) (E)							

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Schedule A (Form 990) 2022 PSC PARTNERS SEEKING A CURE 20-2112635 Page 2 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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge .... **Total.** Add lines 1 through 3 . . . . . 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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...... 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 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) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2021 Schedule A, Part II, line 14 .......... 15 16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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

instructions EEA Schedule A (Form 990) 2022

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test - 2021. 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 

# 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	799,674	996,765	1,321,290	2,076,711	2,016,209	7,210,649
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	NCP			NI ( '		
	fumished in any activity that is related to the	IOV					1
	organization's fax-exempt purpose	227,996	266,619	157,237	15,000	148,025	814,877
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	<b>Total.</b> Add lines 1 through 5	1,027,670	1,263,384	1,478,527	2,091,711	2,164,234	8,025,526
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						8,025,526
	on B. Total Support	1	1		1	1	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6	1,027,670	1,263,384	1,478,527	2,091,711	2,164,234	8,025,526
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	3,526	81,271	94,589	18,153	42,524	240,063
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	3,526	81,271	94,589	18,153	42,524	240,063
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		250	12,974	5,320	750	19,294
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						8,284,883
14	First 5 years. If the Form 990 is for the or	•			•		
	organization, check this box and stop her						
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8					15	96.87 %
16	Public support percentage from 2021 Sch	<u> </u>	<u> </u>			16	96.13 %
	on D. Computation of Investment In			P 40 :	(0)	4-	
17	Investment income percentage for 2022 (			-		17	3.00 %
18	Investment income percentage from 2021					18	4.00 %
19a	33 1/3% support tests - 2022. If the orga						
_	17 is not more than 33 1/3%, check this b	=	-	=			
b	33 1/3% support tests - 2021. If the organizat						
	line 18 is not more than 33 1/3%, check this bo	-	_			-	
20	<b>Private foundation.</b> If the organization di	d not check a	pox on line 14.	. 19a. or 19b. c	neck this box a	and see instru	ctions

### 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.)

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	•		
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	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)? <i>If</i> "Yes," <i>answer</i>	_		
	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 <b>Part VI</b> when and how the	<b>J L</b>		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> 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			
	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>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	,		
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	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>	9с		
I0a	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		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c		
provide detail in Part VI.				
Section	on B. Type I Supporting Organizations			
_			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
Section	on o. 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		103	140
	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section D. All Type III Supporting Organizations				
	71 11 9 9		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ns).
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> . ☐ The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instruction in the importance of the instruction is the parent of each of its supported organizations.</i>	otiono)		
с 2	Activities Test. <i>Answer lines 2a and 2b below.</i>	Juoris)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

Schedul	e A (Form 990) 2022 PSC PARTNERS SEEKING A CURE		20-2112	635 Page <b>6</b>
Part	7, 3			
1	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Section	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	on A - Adjusted Net income		(A) I noi Teai	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	)/////	DV
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		1		(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):	-		
	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 <b>Part VI</b> ):			
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		
	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	llv i	ntegrated Type III supporting	ng organization

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 PSC PARTNERS SEEKING A CURE			20-21	12635 Page <b>7</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations 3	
4	Amounts paid to acquire exempt-use assets		4	<b>NDV</b>
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI)</i> 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
_10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			

EEA Schedule A (Form 990) 2022

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

Part VI. See instructions.

B Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

and 4c.

c Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

Excess distributions carryover to 2023. Add lines 3j

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.)
PUBLIC INSPECTION COPY

# Schedule B (Form 990)

**Schedule of Contributors** 

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

PSC PARTNERS SEEKING A CURE

Employer identification number 20-2112635

Organization type (check one):					
Filers of: PUBI	SHIP INSPECTION COPY				
Form 990 or 990-EZ	x 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 cov	ered by the <b>General Rule</b> or a <b>Special Rule</b> .				
-	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
instructions.	o), of (10) organization can check boxes for both the ocheral redictal redictal redictions. Occ				
General Rule					
or more (in money or pr	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					
regulations under section 16b, and that received f	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or n (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 is	sn'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).

Name of organization

PSC PARTNERS SEEKING A CURE

Employer identification number

20-2112635

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of F	Part i if additional space is r	ieeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	PUBLIC INSPEC	<b>TION</b> C \$ 200,319	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$98,583	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$218,098	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$52,330	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$60,000	Person X Payroll Complete Part II for noncash contributions.)

Name of organization

PSC PARTNERS SEEKING A CURE

Employer identification number

20-2112635

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of F	Part i if additional space is r	ieeaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PUBLIC INSPEC	<b>TION</b> C  \$ 150,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$150,000	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b)	\$(c)	Person
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution  Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

**Employer identification number** 

PSC I	PARTNERS SEEKING A CURE	20-2	112635	
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	ounts.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.			
	(a) Donor advised funds	(1:	) Funds and other account	s
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised			
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be use			
	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
Par				
	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).			
•	Preservation of land for public use (for example, recreation or education)	nistorically in	mnortant land area	
	Protection of natural habitat  Preservation of a complete the passion of the example, restriction of a complete the passion of a complete the passio	-		
	Preservation of open space	or tilled 1113tt	one suddidic	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conconvotic	an.	
2	easement on the last day of the tax year.	Conservanc	Held at the End of the	Tay Voor
	Total number of conservation easements	20	Held at the End of the	i dx i edi
a	Total acreage restricted by conservation easements			
b				
C	Number of conservation easements on a certified historic structure included in (a)	. 2c		
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a	24		
•	historic structure listed in the National Register		de de la companya de	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the or	rganization (	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		□ v <sub>-</sub> -	
_	violations, and enforcement of the conservation easements it holds?		_	∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	ation easem	ents during the year	
_	Accorded to the control of the contr		destant the constraint	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	i easements	during the year	
•		(4)(D)(')		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)			□
_	and section 170(h)(4)(B)(ii)?		∐ Yes	∐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense st			
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describ	es the	
Dor	organization's accounting for conservation easements.  III Organizations Maintaining Collections of Art, Historical Treasures, or O	thar Cim	ilar Assats	
Par		ther Sim	nar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	li alasas ala		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance of pu	ublic	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and ball			
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	ance of publi	ic service,	
	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 g	ain, provide	the	
	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		. \$	

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its		
collection items (check all that apply):		
a Public exhibition d Loan or exchange program		
b Scholarly research e Other		
c Preservation for future generations		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part		
<ul> <li>XIII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?</li></ul>	Yes No	•
Part IV Escrow and Custodial Arrangements.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amour 990, Part X, line 21.	nt on Form	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not		
included on Form 990, Part X?	Yes No	)
b If "Yes," explain the arrangement in Part XIII and complete the following table:		
Amount	t	
c Beginning balance		
d Additions during the year		
e Distributions during the year		
f Ending balance		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [	Yes No	)
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII		
Part V Endowment Funds.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (	(e) Four years back	
1a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and		
losses		
d Grants or scholarships		
e Other expenditures for facilities and		
programs		
f Administrative expenses		
g End of year balance		
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:		
a Board designated or quasi-endowment %		
b Permanent endowment %		
c Term endowment %		
The percentages on lines 2a, 2b, and 2c should equal 100%.		
3a Are there endowment funds not in the possession of the organization that are held and administered for the		
organization by:	Yes No	0
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	
4 Describe in Part XIII the intended uses of the organization's endowment funds.		
Part VI Land, Buildings, and Equipment.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 11a.	rt X, line 10.	
	(d) Book value	
(investment) (other) depreciation		
1a Land		
b Buildings		
c Leasehold improvements		
d Equipment	14,632	2
e Other	, 002	•
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	14,632	2

	Complete if the organization answered	d "Yes" on For	m 990, Part IV, lir	ne 11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) M	ethod of valuation: d-of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)	HIDLIO INIO	DE	TIO	NI OC	
(B) (C)	<u>'UBLIC INS</u>	PE	<del>5110</del>	N C	JP Y
(D)					
(E)					
(F) (G)					
(H)					
	In (b) must equal Form 990, Part X, col. (B) line 12 Investments - Program Related. Complete if the organization answered		m 000 Part IV lir	00 110 S00 Form	000 Part V line 12
	(a) Description of investment	d res on ron	(b) Book value	(c) M	ethod of valuation:
(1)				Cost of en	d-of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	and (h) manual annual Farma 2000. Don't V. and (D) lines 4.5	<b>.</b>			
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13 Other Assets.	5.)			
I art ix	Complete if the organization answered	d "Yes" on For	m 990. Part IV. lir	ne 11d. See Form	n 990. Part X. line 15.
	•	escription	000, 1 a. 111,	10 1141 000 1 0111	(b) Book value
(1)		,			,,
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8) (9)					
	nn (b) must equal Form 990, Part X, col. (B) line 15	j.)			
Part X	Other Liabilities. Complete if the organization answered line 25.			ne 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue		
(1) Federal i	income taxes				
(2)		-			
(3)					
(4)					
(5)					
(6)					
(7)					
(7)					
(7) (8) (9)					

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. . . . . .

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,107,144
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(100,237)
3	Subtract line 2e from line 1	3	2,207,381
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,207,381
Part		r Re	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,109,278
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		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,109,278
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	1 100 000
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,109,278
	XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	ort V	lino
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ait A,	III IC
2, i ait	At, lines 2d and 4b, and 1 art Art, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form 990) 2022

# 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.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

PSC PARTNERS SEEKING A CURE 20-2112635 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to x Yes No 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. expenditures for region (by type) (such as. a program service, agents, and describe specific type of the region fundraising, program services, and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region EUROPE (INCLUDING (1) ICELAND AND GREENLAND) Program services MEDICAL RESEARCH 30,000 (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15)(16)(17)Subtotal . . . . . . . . . . . 5 30,000 Total from continuation sheets to Part I . . . . . .

5

Totals (add lines 3a and 3b)

30,000

Schedule F (Form 990) 2022

PSC PARTNERS SEEKING A CURE SPECIAL CORE 26-2112635

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUD	ING ICELAND					
(1)		AND GREENLAND)	MEDICAL RESEARCH	30,000	BANK WIRE			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total nur			nt are recognized as chari					

Schedule F (Form 990) 2022 Part III 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 can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
<u>(5)</u>							
(6)							
<u>(7)</u>							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<b>(18)</b>							Schedule F (Form 990) 2022

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)	x	No
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 U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	X	No
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)	x	No
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)	X	No
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)	x	No
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)	x	No

EEA Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Page **5** 

# Part V **Supplemental Information** 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.

EEA Schedule F (Form 990) 2022

# **SCHEDULE I** (Form 990)

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

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

OMB No. 1545-0047

2022

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Employer identification number** PSC PARTNERS SEEKING A CURE 20-2112635 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and x Yes the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (a) Name and address of organization (c) IRC section (d) Amount of cash (b) EIN (e) Amount of (g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant noncash assistance noncash assistance or assistance other) (1)NORHTWESTERN UNIVERSITY 225 E SUPERIOR ST MEDICAL Chicago IL 60611 36-2170833 501(C)(3) 40,000 RESEARCH (2)MAYO CLINIC PO BOX 1658 MEDICAL Minneapolis MN 55480 41-6011702 501(C)(3) 30,000 RESEARCH (3) (4) (5) (6) (7) (8) (9) (10)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .......

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Pr	ovide the information re	auired in Dort Lli	no 2: Dort III. colum	n (b): and any other addi	tional information

# SCHEDULE O (Form 990)

# 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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PSC PARTNERS SEEKING A CURE

Attach to Form 990 or Form 990-EZ.

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

Employer identification number 20-2112635

Form 990 governing body 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.