Form **990**

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public

| _ | | | Od O I I | | | ········· | oo lor motraotions | | _ | | | inspection |
|-------------------------|----------------------|----------|-----------------------------|--------------|-----------------|--------------------------------|-------------------------|----------------------|------------|----------------|---------------|-----------------------------|
| _ | | | 2019 calendar y | | | | | , 2019, a | ind end | ling | T | , 20 |
| В | | | olicable: | | | SC PARTNERS SE | EEKING A CURE | 3 | | | D Emp | loyer identification number |
| 닏 | Addre | ss cha | ange | Doing bus | | | | | I | | ļ | 20-2112635 |
| Ц | Name | | | | , | .O. box if mail is not deliver | red to street address) | | Room/s | | E Telep | phone number |
| Ц | Initial ı | | | 5900 E | | | | T | | 202 | | (303)771-5227 |
| Ц | | | terminated/ | | | ovince, country, and ZIP or | foreign postal code | : (| | (| G Gros | ss receipts |
| Ц | Amen | ded re | eturn (| ENGLEWO | OD, CO | 80111 | | | | V | \$ | 1,344,905 |
| | Applic | ation | pending | F Name and | d address of pr | incipal officer: RICKY | SAFER | | | 1 | | for subordinates? Yes X No |
| | | | | SAME AS | | | | 1 | | H(b) Are all | subordina | tes included? Yes No |
| <u> </u> | Tax-ex | kempt | status: X 501 | | 501(c) (|) ◀ (insert no.) | 4947(a)(1) or | 527 | | If "No," | attach a li | st. (see instructions) |
| J | Websi | ite: | | SCPARTNI | | | | | | H(c) Group | o exemptio | n number 🕨 |
| | | Ť | | poration | Trust As | sociation Other | | L Year of formati | on: 20 | 05 M | State of le | gal domicile: CO |
| Pa | art I | _ | Summary | | | | | | | | | |
| | 1 | | - | _ | | sion or most significa | | | | | | PORT TO PSC |
| ø | | Ē | PATIENTS, F | FAMILIES | AND C | AREGIVERS AND | TO RAISE FUN | DS TO RES | EARCI | I CAUSES | , TRE | ATMENTS AND |
| anc | | Ē | POTENTIAL C | CURES FO | R PRIM | ARY SCLEROSING | G CHOLANGITIS | 3. | | | | |
| ern | | _ | | | | | | | | | | |
| Activities & Governance | | | | | - | n discontinued its op | | | | | 1 | I |
| ∞ ∞ | 3 | | | - | _ | erning body (Part VI, | | | | | | 14 |
| es | 4 | | | | | rs of the governing b | | | | | | 14 |
| Ϊ | 5 | | | | | n calendar year 2019 | • | | | | | 7 |
| Act | | | Total number of | | • | • / | | | | | | 245 |
| | 7 | | | | | Part VIII, column (C | | | | | | 0 |
| | | d | Net unrelated bu | usiness taxa | able income | e from Form 990-T, li | ne 39 | | <u></u> | | . 7b | 0 |
| | | | | | | | | | | Prior Year | | Current Year |
| • | 8 | | | _ | | :1h) | | | | | L,674 | 996,765 |
| nue | 9 | | • | , | | e 2g) | | | | | 7,996 | 266,619 |
| Revenue | 10 | | | | | A), lines 3, 4, and 7d) | | | | : | 3,526 | 81,271 |
| œ | | | | | | nes 5, 6d, 8c, 9c, 10d | | | | | | 250 |
| | 12 | | | | • | (must equal Part VIII | ` ' | • | | | 3,196 | 1,344,905 |
| | 13 | | | | | IX, column (A), lines | | | | 460 | 5,000 | 309,419 |
| | 14 | | | | | X, column (A), line 4) | | | | | | 0 |
| Ś | 1 | | | • | | | | | | | 8,695 | 261,794 |
| Expenses | 16 | | | _ | | column (A), line 11e) | | | • | | | 0 |
| × | | | • | • | • | olumn (D), line 25) | | 55,602 | | | | |
| Ш | | | | | | nes 11a-11d, 11f-24e | | | • | | 5,037 | 293,092 |
| | 18 | | | | , | t equal Part IX, colum | | | | | 732 | 864,305 |
| | 19 | 9 F | Revenue less ex | (penses. Si | ubtract line | 18 from line 12 | | | | | 7,536 | |
| sor | | | F-1-11- (D- | | ` | | | | | inning of Curr | | End of Year |
| sset | 20 | | , | | • | | | | • | | L,506 | 2,151,795 |
| Net Assets or | 2 | | Γotal liabilities (F | - | , | | | | • | | 3,917 | 3,606 |
| _ | ert II | _ | Signature I | | s. Subtract | line 21 from line 20 | | | • | 1,66 | 7,589 | 2,148,189 |
| _ | | | | | mined this ret | urn, including accompanyin | a schedules and stateme | nts, and to the hest | of my kno | wledge and he | lief it is | |
| | | | | | | ficer) is based on all inform | | | Of my kind | wicage and be | | |
| | | | D.T.CHUY. C | 13 EED | | | | | | | | 8/21/2020 |
| Sig | ın | | RICKY S Signature of c | | | | | | | | Da | |
| He | | | · · | | IEO | | | | | | | |
| 116 | | | | SAFER, C | .EO | | | | | | | |
| | | | Print/Type prepare | | | Preparer's signature | | Date | | Check | if | PTIN |
| Pa | id | | ,, , , | | מסא | 2, 22 2 2 3 3 3 3 3 | | | 20 | | _ | |
| | | صr | Charles Po | | | Aggogiatos 1 | T.C. | 08-21-20 | | Firm's EIN | ployed | P00070003 |
| | Preparer Use Only | | Firm's name Firm's address | | O Box | Associates 1 | TIL | | | | | |
| J | U UI | · · y | riims address | | | 3/146/ CO 80237 | | | | Phone no. | 303 | 285_2500 |
| May | / the | IRS | discuss this retu | | | nown above? (see in | structions) | | | | 303- | 285-2500 X Yes No |

| Pa | rt III Statement of Program Service Accomplishments |
|-----|--|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO PROVIDE EDUCATION AND SUPPORT TO PSC PATIENTS, FAMILIES AND CAREGIVERS AND TO RAISE FUNDS TO |
| | RESEARCH CAUSES, TREATMENTS AND POTENTIAL CURES FOR PRIMARY SCLEROSING CHOLANGITIS. |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| 3 | prior Form 990 or 990-EZ? |
| | services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code:) (Expenses \$708,511 including grants of \$309,419) (Revenue \$266,619) PROVIDE ONLINE EDUCATION AND SUPPORT TO PRIMARY SCLEROSING CHOLANGITIS (PSC) PATIENTS AND THEIR |
| | FAMILIES AND AN ANNUAL CONFERENCE FOR PATIENTS AND CAREGIVERS. TO RAISE FUNDS AND SUPPORT |
| | RESEARCH TO FIND THE CAUSE, BETTER TREATMENTS AND CURE FOR PSC. ALL GRANTS AWARDED BY OUR |
| | SCIENTIFIC/MEDICAL ADVISORY COMMITTEE PURSUE THESE EFFORTS. |
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| 41. | (Oale) (Farance & 'adultar matter) & |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ► 708,511 |

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 | X | |
| 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 | 4 | 7 | Х |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | Y | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | 3 | | |
| 6 | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 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 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| - | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | х | |
| b | | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII | 40- | | |
| L | | 12a | х | |
| D | 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 | | v |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| - | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | x |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | х |
| 20 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 | |

Form 990 (2019)

PSC PARTNERS SEEKING A CURE
Part IV Checklist of Required Schedules (continued)

| · u | The checking of Required Contained | | | |
|------|--|-----|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| 22 | 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 | | х |
| 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 | | Х |
| 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 persons? If "Yes," complete Schedule L, Part III | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part | 27 | | Х |
| 20 | 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? <i>If</i> | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | x |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 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 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 051 | | |
| 26 | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 26 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | X |
| 31 | 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 in Schedule O for Part VI, lines 11b and | 31 | | |
| 50 | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | x | |
| Par | | | | |
| . ui | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | the same and the s | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Form 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 | |

Part 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 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x |
| 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 | | х |
| 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 | | |
| 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 | | | |
| | required to file Form 8282? | 7с | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | - | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | - | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 120 | against amounts due or received from them.) | 12a | | |
| 12a | | IZa | | |
| b 12 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | |
| 13 | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| IJ | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | х |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i> | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | - 10 | | |
| | excess parachute payment(s) during the year? | 15 | | x |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | x |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form 990 (2019) PSC PARTNERS SEEKING A CURE Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Rody and Management

| Sec | tion A. Governing Body and Management | | | |
|-----|---|-----|-----|----|
| 10 | Enter the number of veting members of the governing body at the end of the tay year | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule Q. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | 7 | |
| 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 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or 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 | х | |
| 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 O | 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 | х | |
| b | Describe in 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 | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | 45- | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | х | |
| 160 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 16a | | 77 |
| h | with a taxable entity during the year? | 10a | | Х |
| b | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | | 16b | | |
| Sec | organization's exempt status with respect to such arrangements?tion C. Disclosure | เขม | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed Colorado | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) | | | |
| .0 | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | So only) available for public inspection, indicate now you made these available. Office all that apply. Own website | | | |
| 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 | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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) | Position | | | | (D) | (E) | (F) | | |
| Name and title | Average | (do not check more than one box, unless person is both an | | | , | Reportable | Reportable | Estimated amount | | |
| | hours | | officer and a director/trustee) | | | | compensation | compensation | of other | |
| | per week | | | | | | | from the organization | from related organizations | compensation from the |
| | (list any hours for | or d | nst | Officer | Key | Hig | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | organization and |
| | related | lirect | itutio | cer | emp | nest | mer | | | related organizations |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | | |
| | below | stee | ruste | | ě | pens | | | | |
| | dotted line) | |) e | | | ated | | | | |
| | | | | | | ٦ | | | | |
| | | | | | | | | | | |
| (1) RICKY SAFER | | | | | | | | | | |
| CEO | | х | | х | | | | 0 | 0 | 0 |
| (2) FRED_SABERNICK | | | | | | | | | | |
| CHAIR | | х | | х | | | | 0 | 0 | 0 |
| (3) JOANNE HATCHETT | | | | | | | | | | |
| SECRETARY | | х | | х | | | | 0 | 0 | 0 |
| (4) JENNIFER SIMS | | | | | | | | | | |
| TREASURER | | х | | х | | | | 0 | 0 | 0 |
| (5) STUART BARNETT | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (6) RACHEL GOMEL | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (7) KATHY HALLORAN | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (8) WES HENDRIX | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (9) WILLIE MCKINNEY | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (10)MATT_MCMURTY | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (11)BRITT MOORE | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (12)TRAVIS STOLTZFUS | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| (13)JOANNE GRIEME | | | | | | | | | | |
| MEMBER | | х | Ш | | | | | 0 | 0 | 0_ |
| (14)LEAH_SCIABARRASI | | | | | | | | | | |
| MEMBER | | х | | | | | | 0 | 0 | 0 |
| FFA | | | | | | | | | | Form 000 (2010) |

| Form 990 (2019) PSC PARTNERS SEEK | ING A CU | IRE | | | | | 20 | -2112635 | Page 8 | | |
|---|--|-----------|------------------|--------|--------------|---|--|--|---|--|--|
| Part VII Section A. Officers, Directors, Trustee | | | | | | | | | | | |
| (A) Name and title | (B) Average hours per week (list any) hours for related organizations telow (B) Average hours per week (list any) hours for related organizations telow dotted line) (C) Position (do not check more than one box, unless person is both at officer and a director/trustee) (To) Remployee (D) Remployee (I) Remploy | | | | both an | Reportable compensation from the organization (W-2/1099-MISC) | Reportab compensat from relate organizatie (W-2/1099-M | ed consisted con | (F) imated amount of other ompensation from the ganization and ed organizations | | |
| (15)MEEGAN CAREY | 101 | - | | | ■ fed | | | | | | |
| EXECUTIVE DIRECTOR (16) | | | | | х | 110,728 | | 0 | 0 | | |
| <u>(17)</u> | | | | | | | | | | | |
| (18) | | | | | | | | | | | |
| (19) (20) | | | | | | | | | | | |
| (21) | | | | | | | | | | | |
| (22) | | | | | | | | | | | |
| (23) | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| to Subtotal | ion A . | | | | | ► 110,728 | | 0 | 0 | | |
| Total number of individuals (including but not limit reportable compensation from the organization | ted to those I | | | | | |) of | U | 1 | | |
| 3 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedu | | - | | | - | | | | Yes No | | |
| For any individual listed on line 1a, is the sum of reorganization and related organizations greater th | eportable cor | mpensat | ion and | othe | r comp | ensation from the | • • • • • • | 3 | X | | |
| individual | compensation | on from a | · · · any unr | elate | d orgar | nization or individual | | | х | | |
| for services rendered to the organization? If "Yes Section B. Independent Contractors | s," complete | Schedu | le J foi | sucr | perso | <u>n</u> | | 5 | X | | |
| 1 Complete this table for your five highest compensa | ited independ | dent con | tractors | s that | receive | ed more than \$100.0 | 000 of | | | | |
| compensation from the organization. Report comp | | | | | | | | x year. | | | |
| (A) Name and business address | SS | | | | | (B) Description of serv | rices | Compe | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total number of independent contractors (includin received more than \$100,000 of compensation from the contractors of the | - | | nose lis | ited a | bove) v | who | | | | | |

Form 990 (2019)
PSC PARTNE
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or no | ote to any line in thi | is Part VIII | | | 🗌 |
|---|------------------------|---|-------------------------|----------------------|--|--------------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e | Federated campaigns | 3PE 996,765 | CTIO | ON (| COP | Υ |
| Contribu and Othe | g | Noncash contributions included in lines 1a-1f 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f | | 996,765 | | | |
| ervice ue | 2a b | CONFERENCE REVENUE | Business Code 900099 | 266,619 | 266,619 | | |
| Program Service Revenue | c d | | | | | | |
| <u>6</u> | e | | | | | | |
| Δ. | | All other program service revenue | | | | | |
| | | Total. Add lines 2a-2f | and | 266,619 81,271 | | | 81,271 |
| | 4 | Income from investment of tax-exempt bond proce | eeds▶ | | | | |
| | 5 | Royalties | | | | | |
| | | Gross rents | (ii) Personal | | | | |
| | b | Less: rental expenses 6b | | | | | |
| | С | Rental income or (loss) 6c | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory Less: cost or other basis | (ii) Other | | | | |
| Revenue | С | and sales expenses 7b Gain or (loss) 7c | | | | | |
| Še | l . | Net gain or (loss) | · > | | | | |
| Other F | | Gross income from fundraising events (not including \$ | | | | | |
| | | of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b | | - | | | |
| | l | | | | | | |
| | | ` ′ | ► □ | | | | |
| | | Gross income from gaming activities, See Part IV, line 19 9a | | | | | |
| | l . | Less: direct expenses 9b | | | | | |
| | | ` , " " " | ► □ | | | | |
| | | Gross sales of inventory, less returns and allowances | | | | | |
| | | | | | | | |
| | - 6 | Net income or (loss) from sales of inventory | ▶ | | | | |
| 10 | ۱,, | | Business Code | | | | |
| Miscellanous Revenue | 11a b c | OTHER | 900099 | 250 | | | 250 |
| lisc Re | _ | All other revenue | | | | | |
| ≥ | | Total. Add lines 11a-11d | | 250 | | | |
| | | Total revenue. See instructions | | 1,344,905 | 266,619 | 0 | 81,521 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 116,419 116,419 2 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 193,000 193,000 Benefits paid to or for members Compensation of current officers, directors, 33,219 110,728 55,363 22,146 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 121,502 96,056 16,078 9,368 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 11,714 7,638 2,487 1,589 10 17,850 11,638 3,789 2,423 11 Fees for services (nonemployees): b 15,952 15,952 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 17,891 11,561 774 5,556 13 27,802 15,985 7,648 4,169 14 25,283 3,793 16,434 5,056 15 16 26,172 24,340 1,309 523 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 154,148 138,733 12,332 3,083 20 21 22 Depreciation, depletion, and amortization 2,500 2,250 200 50 23 Insurance 2,220 555 1,554 111 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.) PATIENT REGISTRY 17,829 1,002 1,201 20,032 b POSTAGE 1,092 710 55 327 C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 864,305 708,511 100,192 55,602 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 | | | <u> </u> |
|-----------------------------|----------|---|----------------|---|-------------------|-----------|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | | 1 | | | |
| | 2 | Savings and temporary cash investments | 32,540 | 2 | 130,303 | | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | . . | 33,278 | 4 | 21,338 |
| | 5 | Loans and other receivables from any current or former | | | | | |
| | - I | trustee, key employee, creator or founder, substantial co controlled entity or family member of any of these perso | ntributo ns | or, or 35% | | 5 | PY |
| | 6 | Loans and other receivables from other disqualified pers | | | | | |
| | | under section 4958(f)(1)), and persons described in section | | 6 | | | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| ets | 8 | Inventories for sale or use | | | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | + | 5,674 | 9 | 47,949 |
| • | 10a | Land, buildings, and equipment: cost or other | | | 3,071 | J | 11,313 |
| | 100 | basis. Complete Part VI of Schedule D | 102 | 26,131 | | | |
| | b | Less: accumulated depreciation | | 18,069 | 1,530 | 10c | 8,062 |
| | 11 | Investments - publicly traded securities | | | 1,596,370 | 11 | 1,944,143 |
| | 12 | Investments - other securities. See Part IV, line 11 . | | F | 1,390,370 | 12 | 1,344,143 |
| | 13 | Investments - program-related. See Part IV, line 11 . | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 2 114 | 15 | | | |
| | 16 | | | | 2,114 | 16 | 2 151 705 |
| | 17 | Total assets. Add lines 1 through 15 (must equal line 3 | | | 1,671,506 | 17 | 2,151,795 |
| | 18 | Accounts payable and accrued expenses Grants payable | | T T | 3,917 | 18 | 3,606 |
| | | Deferred revenue | | 19 | | | |
| | 19 20 | | | 20 | | | |
| | | Tax-exempt bond liabilities | | | | | |
| | 21 | Escrow or custodial account liability. Complete Part IV o | | | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former office | | | | | |
| ē | | trustee, key employee, creator or founder, substantial co | | | | 22 | |
| Ë | 22 | controlled entity or family member of any of these perso | | | | 23 | |
| | 23 | Secured mortgages and notes payable to unrelated thir | | F | | 24 | |
| | 24 25 | Unsecured notes and loans payable to unrelated third p Other liabilities (including federal income tax, payables t | | F | | 24 | |
| | 25 | parties, and other liabilities not included on lines 17-24). | | | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 3,917 | 26 | 3 606 |
| | 20 | Organizations that follow FASB ASC 958, check here | | <u>x</u> | 3,91/ | 20 | 3,606 |
| | | and complete lines 27, 28, 32, and 33. | ; • | | | | |
| Ses | 27 | • • • • • • | | | 1 010 401 | 27 | 1 571 804 |
| <u>a</u> | 27 28 | | | + | 1,210,481 | 28 | 1,571,804 |
| Ba | 20 | Organizations that do not follow FASB ASC 958, che | | e ▶ 🗆 | 457,108 | 20 | 576,385 |
| ဋ | | | CK HE | • ▶ ⊔ | | | |
| Ē | 20 | and complete lines 29 through 33. | | | | 20 | |
| ts o | 29 | | | • | | 29 30 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or equipment | | fundo | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or | | 1 667 500 | | 2 140 100 | |
| | 32 | Total net assets or fund balances | F | 1,667,589 | 32 | 2,148,189 | |
| | 33 | Total liabilities and net assets/fund balances | | | 1,671,506 | 33 | 2,151,795 |

EEA

Form **990** (2019)

| Pa | rt XI Reconciliation of Net Assets | | | |
|-----|---|------|-------|-------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1, | 344, | 905 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 864, | 305 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 480, | 600 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 1, | 667, | 589 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | _ | _ | |
| 8 | Prior period adjustments | | | |
| 9 | Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| | 32, column (B)) | 2, | 148, | 189 |
| 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 Cash Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | |
| | Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | 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 | | 2b | х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | |
| | separate basis, consolidated basis, or both: | | | |
| | ⊠ Separate basis | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | _ | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | |
| _ | Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | |
| _ | Single Audit Act and OMB Circular A-133? | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |
| EEA | | Form | 990 (| 2019) |

SCHEDULE A

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.

Open to Public Inspection

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

PSC PARTNERS SEEKING A CURE 20-2112635 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 1 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 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from **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 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization............................. b 33 1/3% support test - 2018. 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 - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

| Sec | ction A. Public Support | | | • | | | |
|----------|---|-------------------|------------------|------------------|-----------------|-----------------|-----------|
| Cal | endar year (or fiscal year beginning in)▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | 614,865 | 599,079 | 508,954 | 799,674 | 996,765 | 3,519,337 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose | 205 360 | 218,585 | 234,762 | 227,996 | 266,619 | 1,153,322 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 820,225 | 817,664 | 743,716 | 1,027,670 | 1,263,384 | 4,672,659 |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 4,672,659 |
| | ction B. Total Support | T | | | (1) | | |
| | endar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 820,225 | 817,664 | 743,716 | 1,027,670 | 1,263,384 | 4,672,659 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | |] | | |
| L | royalties, and income from similar sources | 4,010 | 19,227 | 49,502 | 3,526 | 81,271 | 157,536 |
| D | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| _ | Add lines 10a and 10b | 4 010 | 10 005 | 40 500 | 3 506 | 01 081 | 155 526 |
| 11 | Net income from unrelated business | 4,010 | 19,227 | 49,502 | 3,526 | 81,271 | 157,536 |
| • • • | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| 1.2 | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| - | and 12.) | 824,235 | 836,891 | 793,218 | 1,031,196 | 1,344,655 | 4,830,195 |
| 14 | First five years. If the Form 990 is for the or | | | | | | |
| | organization, check this box and stop here | | | | | | |
| Sec | ction C. Computation of Public Support | rt Percentage |) | | | | |
| 15 | Public support percentage for 2019 (line 8, c | column (f), divid | ed by line 13, c | olumn (f)) | | 15 | 96.74 % |
| | Public support percentage from 2018 Sched | | | | | 16 | 97.92 % |
| Sec | ction D. Computation of Investment In- | come Percen | tage | | | | |
| | Investment income percentage for 2019 (line | | | | | 17 | 3.00 % |
| | Investment income percentage from 2018 Se | | | | | 18 | 2.00 % |
| 19a | 33 1/3% support tests - 2019. If the organize | | | | | | |
| | 17 is not more than 33 1/3%, check this box | - | - | • | | | |
| b | 33 1/3% support tests - 2018. If the organize | | | | | | |
| | line 18 is not more than 33 $1/3\%$, check this | - | - | - | | | |
| 20 | Private foundation. If the organization did r | not check a box | on line 14, 19a | ı, or 19b, checl | k this box and | see instruction | s ▶ 🗌 |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Section A. | ΑII | 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 Part VI 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 | V | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | 3b | | |
| 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 Part VI 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 (b) and (c) 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 Part VI 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) | 4c | | |
| 5a | purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | 40 | | |
| Ja | answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 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 | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or | | | |
| | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | | | |
| | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | | |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | |
| _ | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9а | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | 0- | | |
| L | in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| D | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | Oh | | |
| c | the supporting organization had an interest? <i>If</i> "Yes," <i>provide detail in</i> Part VI . Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | 9b | | |
| C | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9с | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section | 36 | | |
| . Ja | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | |
| | | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |
| | | 10b | | |

| Par | t IV Supporting Organizations (continued) | | | |
|--------|--|--------|--------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | Y | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 4 | | |
| 2 | Did the examination energies for the benefit of any supported examination other than the supported | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i> | | | |
| | | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 2 | | |
| 500 | supervised, or controlled the supporting organization. | | | |
| Seci | ion C. Type II Supporting Organizations | | Yes | No |
| 4 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 162 | NO |
| 1 | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | The state of the s | 1 | | |
| 500 | the supported organization(s). ion D. All Type III Supporting Organizations | | | |
| Seci | ion b. All Type III Supporting Organizations | | Yes | No |
| 4 | Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the | | 162 | 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 | | | |
| | | 4 | | |
| 2 | 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 | | 2 | | |
| 3 | By reason of the relationship described in (2), 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 | | |
| Soci | ion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | ctruc | tions | ١ |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | 3u uc | | ,. |
| b | The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| saa ir | etruci | tions |
| 2 | Activities Test. <i>Answer (a) and (b) below.</i> | 300 11 | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 163 | 140 |
| a | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | u | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Ja | | |
| ~ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | | 1 | 1 | |

| ched | ule A (Form 990 or 990-EZ) 2019 PSC PARTNERS SEEKING A CURE | | 20-21126 | 735 Page |
|----------------|--|--------|---------------------------|-----------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | aniz | zations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying tr | rust (| on Nov. 20, 1970 (explain | in Part VI). See |
| | instructions. All other Type III non-functionally integrated supporting organization | ation | s must complete Sections | A through E. |
| Sec | tion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | DV |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| СО | llection of gross income or for management, conservation, or | | | |
| ma | aintenance 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 | | |
| • | tion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year |
|) - | tion D - Millimani Asset Amount | | (A) I Hol Teal | (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| ins | structions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| fa | ctors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| se | e instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 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 | | |

instructions).

6

EEA

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

| Par | t V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organiz | zations (continued) | |
|-----|--|-----------------------------|--|---|
| Sec | tion D - Distributions | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish exem | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organizati | ons | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| _5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | \vdash (, \vdash) (, |)/) ('(| |
| _7 | Total annual distributions. Add lines 1 through 6. | | | <u> </u> |
| 8 | Distributions to attentive supported organizations to which the | e organization is respons | ive | |
| | (provide details in Part VI). See instructions. | | | |
| 9_ | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | <u> </u> | / *** | /m> |
| S | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| | From 2017 | | | |
| | From 2018 | | | |
| | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| i_ | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from | | | |
| | Section D, line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 1 | Excess distributions carryover to 2020. Add lines 3j | | | |
| _ | and 4c. Breakdown of line 7: | | | |
| 8 | Evenes from 2015 | | | |
| | | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 Excess from 2018 | | | |
| | Excess from 2010 | | | |

| 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.) |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

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

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

2019

OMB No. 1545-0047

Name of the organization

Organization type (check one):

PSC PARTNERS SEEKING A CURE

Employer identification number 20-2112635

| Filers of: | POPUBLE 501(c)(3) (enter number) organization CTION COPY |
|----------------------|--|
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990 | P-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 y | our organization is covered by the General Rule or a Special Rule . |
| Note: On instruction | ly a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See is. |
| General F | Rule |
| | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special R | Rules |
| x | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |
| Caution | : An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, |

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number

PSC PARTNERS SEEKING A CURE

20-2112635

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|-----------------|--|-------------------------------------|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| ⁻¹ F | PUBLIC INSPEC | T S 10 N ₃₃ , 700 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 2 | | \$50,000 | Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 3_ | | \$30,000 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 4 | | \$25,000 | 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_ | | \$ | Person | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 6_ | | \$75,220 | Person x Payroll Complete Part II for noncash contributions.) | | | | | |

Name of organization Employer identification number

PSC PARTNERS SEEKING A CURE

20-2112635

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | | | |
|-----------------|--|------------------------------|--|--|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| ⁻⁷ F | PUBLIC INSPEC | T \$ O \20,486 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 8 | | \$ | Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 9_ | | \$61,822 | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| 10 | | \$39,847 | Person | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| _11_ | | \$26,000 | Person 🕱 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.) | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | |
| | | \$ | Person | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

| PSC | PARTNERS SEEKING A CURE | 20-2112635 |
|-----|--|---------------------------------------|
| Pa | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account | S. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | CODV |
| 2 | Aggregate value of contributions to (dufting year) | COPT |
| 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 used | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | |
| Pa | rt II Conservation Easements. | |
| | 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). | |
| - | | istorically important land area |
| | | ertified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conse | nyation |
| _ | easement on the last day of the tax year. | |
| а | Total number of conservation easements | Held at the End of the Tax Year |
| b | Total acreage restricted by conservation easements | 2b |
| | Number of conservation easements on a certified historic structure included in (a) | 2c |
| q | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | 20 |
| d | | 2d |
| • | historic structure listed in the National Register | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz | ation during the |
| 4 | tax year • | |
| 4 | Number of states where property subject to conservation easement is located December of states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where property subject to conservation easement is located The states where the states where property subject to conservation easement is located The states where | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | □ vaa □ Na |
| _ | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation of | easements during the year |
| - | | and the state of the state of |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ments during the year |
| | ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) | V:) |
| 8 | | · |
| _ | and section 170(h)(4)(B)(ii)? | |
| 9 | · · · · · · · · · · · · · · · · · · · | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d | escribes trie |
| Da | organization's accounting for conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other | or Similar Assats |
| Га | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | ei Siiiliai Assets. |
| 10 | | and about wards |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balar | |
| | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance | e or public |
| | service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. | ah aatanl.a. af |
| b | If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of | or public service, |
| | provide the following amounts relating to these items: | . 0 |
| | (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 gain, p | rovide 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 | ▶ \$ |

| Pai | rt III Organizations Maintaining | Collection | ns of Art, Hist | orical Treasure | s, or Other Similar | Assets (continued) |
|----------|---|-----------------|-----------------------|-------------------------|-----------------------------|-------------------------|
| 3 | Using the organization's acquisition, accession | n, and other re | ecords, check any | of the following that r | nake significant use of its | |
| | collection items (check all that apply): | | | | | |
| а | Public exhibition | | d [| Loan or exchang | e programs | |
| b | Scholarly research | | e [| Other | | |
| С | Preservation for future generations | | | | | |
| 4 | Provide a description of the organization's coll | lections and e | explain how they for | urther the organization | n's exempt purpose in Par | t |
| | XIII. | | | | | |
| 5 | During the year, did the organization solicit or | receive donat | ions of art, historic | cal treasures, or other | similar | |
| | assets to be sold to raise funds rather than to | be maintaine | d as part of the or | ganization's collection | ր? | Yes 🗌 No |
| Pai | rt IV Escrow and Custodial Arrai | ngements | | | | |
| | Complete if the organization a | answered ' | Yes" on Form | 990, Part IV, line | e 9, or reported an a | mount on Form |
| | 990, Part X, line 21. | | | | | |
| 1a | Is the organization an agent, trustee, custodiar | n or other inte | rmediary for contri | butions or other asse | ts not | |
| | included on Form 990, Part X? | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete | the following table | : | | |
| | | | | | | Amount |
| С | Beginning balance | | | | 1c | |
| d | Additions during the year | | | | 1d | |
| е | Distributions during the year | | | | 1e | |
| f | Ending balance | | | | | |
| 2a | Did the organization include an amount on For | m 990, Part) | K, line 21, for escr | ow or custodial accou | nt liability? | U Yes U No |
| _b | If "Yes," explain the arrangement in Part XIII. | Check here if | the explanation ha | as been provided on F | Part XIII | <u></u> |
| Pai | t V Endowment Funds. | | | 000 5 (1) (1) | 4.0 | |
| | Complete if the organization a | answered ' | Yes" on Form | 990, Part IV, line | 9 10. | |
| | | (a) Current | rear (b) Prio | or year (c) Two ye | ars back (d) Three years ba | ack (e) Four years back |
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| С | Net investment earnings, gains, and | | | | | |
| | losses | | | | | |
| d | Grants or scholarships | | | | | |
| е | Other expenditures for facilities and | | | | | |
| | programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | | | | | |
| 2 | Provide the estimated percentage of the current | nt year end b | | lumn (a)) held as: | | |
| а | Board designated or quasi-endowment | | _ % | | | |
| b | Permanent endowment > | 6 | | | | |
| С | Term endowment • % | 1 14000 | | | | |
| _ | The percentages on lines 2a, 2b, and 2c shoul | • | | | | |
| 3a | Are there endowment funds not in the posses | sion of the or | ganization that are | e neid and administere | ed for the | V N- |
| | organization by: | | | | | Yes No |
| | () | | | • • • • • • • • • • | | 3a(i) |
| | () | | | | | 3a(ii) |
| D 4 | If "Yes" on line 3a(ii), are the related organiza | | • | | | 3b |
| 4 Par | Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equip | | s endowment fund | IS. | | |
| га | Land, Buildings, and Equiporation a | | Yes" on Form | 990 Part IV line | 11a See Form 000 |) Part X line 10 |
| | Description of property | | ost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |
| | Description of property | ' ' | (investment) | (other) | depreciation | (u) Dook value |
| 1a | Land | | . , | , , , , | , | |
| b | Buildings | •• | | | | |
| C | Leasehold improvements | | | 2,489 | | 2,489 |
| d | Equipment | • • | | 23,642 | 18,069 | 5,573 |
| - | = 4 | · · — | | 25,012 | 10,000 | 3,373 |

8,062

| | Complete if the organization answer (a) Description of security or category | | | ok value | | | c) Method of valuation: |
|---------------------------------------|--|-----------------|----------|--------------|---------------------|---|---|
| | (including name of security) | | (5) 50 | ok value | | | r end-of-year market value |
| ` , | al derivatives | | | | | | |
| | -held equity interests | | | | | | |
| (3) Other _ | | | | | | | |
| (A) | | | | | | | |
| (B) | | | | 10 | N I | | |
| (C) | 기기 | SPH(| , | +() | H | 1 . (| PY |
| (D) (E) | ODLIO II10 | / | | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) line | 12.) | | | | | |
| Part VIII | | 12.) | | | | | |
| 1 4.1 11 | Complete if the organization answer | ed "Yes" on For | m 990. F | Part IV. lin | e 11c. | See Form | n 990. Part X. line 13. |
| | <u> </u> | | | | | | |
| | (a) Description of investment | | (a) Bo | ok value | | • | c) Method of valuation: r end-of-year market value |
| (1) | | | | | | | · |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col. (B) line | 13.) ▶ | | | | | |
| Part IX | Other Assets. | | | | | | |
| | Complete if the organization answer | ed "Yes" on For | m 990, F | Part IV, lin | e 11d. | See Form | 990, Part X, line 15. |
| | (a) | Description | | | | | (b) Book value |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (0) | | | | | | | |
| (9) | was (b) so at a supl Farms 000. Bort V. and (B) line | 45.) | | | | | |
| Total. (Colu | umn (b) must equal Form 990, Part X, col. (B) line | 15.) | | | | <u> ▶ </u> | |
| | Other Liabilities. | | | | . 11 a <i>i</i> | | e Form 990 Part Y |
| Total. (Colu | Other Liabilities. Complete if the organization answere | | | | e 11e | | e Form 990, Part X, |
| Part X | Other Liabilities. Complete if the organization answere line 25. | ed "Yes" on For | m 990, F | | e 11e | | e Form 990, Part X, |
| Part X | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | | m 990, F | | e 11e | | e Form 990, Part X, |
| Part X 1. (1) Federa | Other Liabilities. Complete if the organization answere line 25. | ed "Yes" on For | m 990, F | | e 11e (| | e Form 990, Part X, |
| Part X 1. (1) Federa (2) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e (| | e Form 990, Part X, |
| Part X 1. (1) Federa (2) (3) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e (| | e Form 990, Part X, |
| 1. (1) Federa (2) (3) (4) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e (| | e Form 990, Part X, |
| 1. (2) (3) (4) (5) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e (| | e Form 990, Part X, |
| 1. (1) Federa (2) (3) (4) (5) (6) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e o | | e Form 990, Part X, |
| 1. (1) Federa (2) (3) (4) (5) (6) (7) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e (| | e Form 990, Part X, |
| 1. (1) Federa (2) (3) (4) (5) (6) | Other Liabilities. Complete if the organization answere line 25. (a) Description of liability | ed "Yes" on For | m 990, F | | e 11e o | | e Form 990, Part X, |

| . a | Reconciliation of Revenue per Audited Financial Statements With Revenue pe | r Ret | urn. |
|---------------------|--|-------|-----------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,344,905 |
| 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.) | - | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Add lines 2a through 2d Subtract line 2e from line 1 | 3 | 1,344,905 |
| 4 | | | |
| a b | Investment expenses not included on Form 990, Part VIII, line 7b | - | |
| C | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | 5 | 1,344,905 |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per F | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | • | |
| 1 | Total expenses and losses per audited financial statements | 1 | 864,305 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 864,305 |
| 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.) | | |
| С | Add lines 4a and 4b | 4c | |
| | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 864,305 |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| Pa ı Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |

EEA Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Attach to Form 990.

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

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

Employer identification number

PSC PARTNERS SEEKING A CURE

20-2112635

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and

other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to

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

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.) (f) Total (a) Region (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is of offices in expenditures for employees. region (by type) (such as, a program service, describe specific type of the region agents, and 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 193,000 (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)(13)(14)(15)(16)(17)Subtotal 7 193,000 Total from continuation sheets to Part I Totals (add lines 3a and 3b) 193,000

EEA

Schedule F (Form 990) 2019

| Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, | | | | | | | | | | |
|--|--|--|------------------------------------|----------------------|--------------------------|---------------------------------|--|---|--|--|
| | Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | |
| 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 (INCLUDING | | | | | | + | |
| (1) | | | ICELAND AND GREENLAND | MEDICAL RESE | 163,000 | BANK WIRE | | | | |
| (2) | | | MIDDLE EAST AND NORTH AFRICA | MEDICAL RESE | 30,000 | BANK WIRE |)PY | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
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| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| | | - | ove that are recognized as chariti | | | | | | | |
| - | | | ovided a section 501(c)(3) equiva | - | | | | | 7 | |
| 3 En | iter total number of other o | rganizations or entities | | | | | • | | | |

| | stance to Individuals Ou d if additional space is nee | | ates. Complete if | the organizatio | n answered "Yes | " on Form 990, Pa | art IV, line 16. |
|---------------------------------|--|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
| (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) | JBLIC I | NSPF | CTIC |) NC | (AC) | | |
| (3) | JDLIO I | 1101 L | | | | | |
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| (18) | | | | | | | |

Schedule F (Form 990) 2019 PSC PARTNERS SEEKING A CURE

Foreign Forms

Part IV

| 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) | Yes | x | No |
|---|---|-----|---|----|
| 3 | 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) | Yes | X | No |
| | 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) | Yes | 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) | Yes | 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) | Yes | 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) | Yes | x | No |

Schedule F (Form 990) 2019 EEA

Schedule F (Form 990) 2019
Page 5

Part V Supplemental Information

| 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. |
| Information. See instructions. |
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EEA Schedule F (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Employer identification number

Open to Public Inspection

| PSC PARTNERS SEEKING A CURE | | | | | | 20-2112635 | |
|---|----------------|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Part I General Information on 0 | | | | | | | |
| 1 Does the organization maintain records to | | <u>-</u> | | • • | | | |
| the selection criteria used to award the gr | | | | | | | . 🛚 Yes 🗌 N |
| 2 Describe in Part IV the organization's pro | | | | | | W E | ^ |
| Part II Grants and Other Assistan Part IV, line 21, for any recip | | | | | | Yes" on Form 99 | 0, |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1)ROUDEBUSH VA MEDICAL CENTER 1481 W 10TH ST | | | | | | | MEDICAL |
| INDIANAPOLIS, IN 46202 | 35-6001673 | 501(C)3 | 30,000 | | | | RESEARCH |
| (2)YALE UNIVERSITY SCHOOL OF M 2 WHITNEY AVE | | | | | | | MEDICAL |
| NEW HAVEN, CT 06510 | 06-0643973 | 501(C)3 | 30,000 | | | | RESEARCH |
| (3)MASSACHUSETTS GENERAL HOSPI PO BOX 414876 | | | | | | | MEDICAL |
| BOSTON, MA 02241 | 04-2697983 | 501(C)3 | 30,000 | | | | RESEARCH |
| (4)MAYO CLINIC 200 FIRST ST SW | | | | | | | MEDICAL |
| ROCHESTER, MN 55905 | 41-6011702 | 501(C)3 | 23,419 | | | | RESEARCH |
| (5) | 11 0011702 | 301(0/3 | 23,113 | | | | TESEMINE! |
| (3) | | | | | | | |
| (6) | | | | | | | |
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| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| | | | | | | | |
| Enter total number of section 501(c)(3) ar Enter total number of other organizations | • | | | | | _ | 1 |

| Part III | | | | | | | if the o | organiz | ation answ | vered "Yes" on Form 99 | 0, Part IV, line 22. |
|-----------|---|---------------|--------------------------|------------|--------------------------|------------------|----------------------------------|---------|---|---------------------------------------|------------------------|
| | Part III can be duplicated if additional s (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 | |
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | PUF | 31 | IC | IN | ISPI | - (| T | | N COF | Υ |
| 4 | | | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| Part IV | Supplemental Ir | nformation. P | rovide | the inforr | nation i | required in Part | t I, line | 2; Part | III, columi | n (b); and any other add | ditional information. |
| 01. Mon | itoring pro | ocedures | (Par | t I, | line | 2) | | | | | |
| GRANT AWA | RDEES MUST PRO | VIDE A ONE | TO TWO | O PAGE S | UMMAR | Y OF RESULTS | OBTAI | NED W | ITH FUNDS | S PROVIDED BY PCS P | ARTNERS SEEKING A CURE |
| AFTER THE | IR FIRST AND S | ECOND YEARS | OF RI | ESEARCH. | THE S | SUMMARY IS R | EVIEWE | ED BY | THE SCIEN | NTIFIC MEDICAL ADVI | SORY COMMITTEE. THE |
| RELEASE O | F THE SECOND Y | EAR OF FUND | ING I | S CONTIN | IGENT (| UPON SATISFA | CTORY | REVIE | OF THE | RESEARCHER'S FIRST | YEAR REPORT BY THE |
| SCIENTIFI | C MEDICAL ADVI | SORY BOARD. | | | | | | | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number

PSC PARTNERS SEEKING A CURE 20-2112635 01. Form 990 governing body review (Part VI, line 11) 02. Conflict of interest policy compliance (Part VI, line 12c) ANNUAL DISCLOSURE AND REVIEW BY BOARD OF DIRECTORS. 03. CEO, executive director, top management comp (Part VI, line 15a) CEO AND BOARD OF DIRECTORS DO NOT RECEIVE COMPENSATION. EXECUTIVE DIRECTOR SALARY REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. 04. Other officer or key employee compensation (Part VI, line 15b REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. 05. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REASONABLE REQUEST.