PUBLIC DISCLOSURE COPY

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.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2022 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: Address change CHRONIC DISEASE FUND, INC. Name change 61-1462062 GOOD DAYS Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Final return/ termin-ated (972)608-7200 2611 INTERNET BLVD. 105 464,918,694. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return FRISCO, TX 75034 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CLORINDA D WALLEY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MYGOODDAYS.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 2003 M State of legal domicile: NJ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 3 Number of voting members of the governing body (Part VI, line 1a) 3 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 74 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 324,647,404. 396,525,769. Contributions and grants (Part VIII, line 1h) 8 Revenue 3,329,041. 3,160,129. 9 Program service revenue (Part VIII, line 2g) 241,478. 444,442. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 462,936. 738,273. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 328,787,284. 400,762,188. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 316,999,551. 355,627,323. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,823,027. 5,591,328. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,583,059. 6,003,158. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 327,405,637. 367,221,809. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 33,540,379. 1,381,647. Revenue less expenses. Subtract line 18 from line 12 or Ses **Beginning of Current Year End of Year** 134,938,390. 173,747,301. Total assets (Part X, line 16) 16,849,763 11,671,142. 21 Total liabilities (Part X, line 26) 早年 267,248. 156,897,538 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CLORINDA D WALLEY, CEO & PRESIDENT Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN Firm's name Use Only Firm's address

Yes

Phone no.

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Irt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
_		
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Yes A No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	* :
	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		3,329,041.
	PROVIDING ASSISTANCE TO UNDER-INSURED INDIVIDUALS WITH CHRONIC	
	DISEASES, CANCER, OR OTHER LIFE-ALTERING CONDITIONS TO HELP THE	HEM OBTAIN
	THE FDA-APPROVED MEDICATIONS THEY NEED. WE ASSIST INDIVIDUALS	
	THROUGHOUT THE UNITED STATES WHO MEET INCOME QUALIFICATION GUI	IDELINES
	AND HAVE PRIVATE INSURANCE OR A MEDICARE PART D PLAN, BUT CAND	NOT AFFORD
	THE CO-PAYMENTS FOR THEIR FDA-APPROVED DRUGS. WHENEVER ADMINIS	STRATIVELY
	FEASIBLE (AND IN MOST CASES), WE PAY THE INDIVIDUALS OUT-OF-PO	OCKET
	COSTS FOR THEIR FDA-APPROVED DRUGS DIRECTLY TO THE APPLICABLE	
	PHARMACIES OR PHYSICIANS. THE ORGANIZATION PROVIDED FINANCIAL	
	ASSISTANCE TO 289,849 INDIVIDUALS AND SERVICES TO 292,419 INDI	IVIDUALS.
	·	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 360,682,968.	

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Form 990 (2022) CHRONIC DISEASE FUND, INC.
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	X	
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				Х
10	If "Yes," complete Schedule D, Part IV	9		- 11
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_··		
		18		Х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
ıIJ	,	10		Х
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Λ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	6.4	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	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		X
	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		
	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 of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
00	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		21
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -		
	(gambling) winnings to prize winners?	1c		1

O22) CHRONIC DISEASE FUND, INC.

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

2a 74 bit at least one is reported on from W3, Transmittal of Wage and Tax Statements, 2a 74 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3c Did the organization have unleaded business gross income of \$1,000 or more during the year? 3a X bit If "Yes," has it lited a form 980-1 for this year? If "No" to line 3b, provide an explanation on Schedule D 3b bit 1"Yes," are the mane of the foreign country See instructions for filing requirements for FacCIN Form 114, Report of Foreign 8bank and Financial Accounts (FBAF). 5b Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization party to a prohibited tax sheller transaction at any time during the tax year? 6c Does the organization have a most accountable contributions? 6c If "Yes" to line 5a or 5b, did the organization file Form 980-17 (a prohibited tax sheller transaction at any time during the tax year? 6c Does the organization have a must deductable as charitable contributions? 6c If "Yes" to line 5a or 5b, did the organization file Form 980-17 (a prohibited tax sheller transaction or the organization solicit any contributions that were not tax deductable as charitable contributions? 6c If "Yes," inclinate that may cereby deductable contributions or services provided? 7c Organization that may receive deductable contributions under section 170(c). 8d If "Yes," inclinate the number of Forms 8282 filed during the year 9d If the organization receive a contribution or appress statement that such contract? 7c X 7d If the organization receive and contributions under section 170(c). 8d If the organization receive and contributions under section 170(c). 8d If yes, "inclinate the number of Forms 8282 filed during the year 9d If the organization receive and contribution or appress statement that such contract? 7e X 7d If the organization receive and prothibution or appress or services provided? 7e Did the organization re						Yes	No		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did 17Yes, has it field a Form 900 F1 for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c Did 17Yes, has it field a Form 900 F1 for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3c Did 17Yes, and the organization of the organization have an interest in or a signature or other authority over, a financial account (FBAF). 3c If 'Yes, and the party notify the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Did any taxabile party notify the organization file Form 888617 5c If 'Yes, and the organization file Form 888617 6c Dies the organization and party for ground and party for goods and services growded to the payor? 7c Organizations that may receive deductibile eachartable contributions and party for goods and services growded to the payor? 7d Did the organization receive a payment in excess of \$5's made party as a contribution and party for goods and services growded to the payor? 7d Did the organization receive a payment in excess of \$5's made party as a contribution of the organization selection and party for goods and services growded to the payor? 7d Did the organization selection payor, or otherwise dispose of tangible personal property for which it was required to file Form 88822? 9d Did the organization selection payor, or otherwise dispose of tangible personal property for which it was required to file Form 88863 as required? 9d Did the organization during the year, pay premium	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 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 I I 'Yes', rist the name of the foreign country. See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Unit in 'Yes' in dies as or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Unit in 'Yes' in dies as or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Unit in 'Yes' of did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible? 6c Unit organization shall were every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Unit the organization receive a contribution under section 170(c). 7d Unit in 'Yes', indicate the number of Forms 8282 flied during the year 7d Unit the organization receive and contribution of qualified intellectual property, did the organization flied the propertition received a contribution of qualified intellectual property, did the organization flied in the propertition from 8889 as required? 7d Did the organization received a contribution of qualified intellectual property, did the organization flied in Form 8889 (as a party of the expression organization make any taxable distributions under section 49667 8 Sponsoring organization make any taxable distributions under section 49667 9 Sponsoring organization make a		filed for the calendar year ending with or within the year covered by this return	2a	74					
b if Yes, "fast if field a Form 990-T for this year? if "No' to line 3b, provide an explanation on Schedule O fava," 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 accountry? See instructions for filing requirements for incOEV Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So was the organization a party to a prohibitote tax shelter transaction at any time during the tax year? So Did any taxoble party notify the organization file Form 989-61? So Was the organization aparty to a prohibitote tax shelter transaction at any time during the tax year? So Did any taxoble party hority the organization file Form 989-61? So Did any taxoble party hority the organization file Form 989-61? So Did any taxoble party hority the organization file Form 989-61? So Did the organization and party to a prohibitote tax shelter transaction at any time during the tax year? So Did the organization shell exclusible on the value of the section 170(c). Did the organization shell exclusible ontributions under section 170(c). Did the organization neceive deductible contributions under section 170(c). Did the organization shell exclusible contribution and party for goods and services provided 7 To Did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If If Yes, "Indicate the number of Forms 8282 filed during the year Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization during the year, pay premiums, directly or indirectly, to pas premium on a personal benefit contract? To Did the organization during the year, pay premiums, directly or indirectly, to passinable benefit contract? To Did the organization exclused an orthibution of cars, booths, including the year? So Col	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X			
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 accounts? 5b If "Yeas" interest the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c If "Year to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Year to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Year to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Year to line 5a or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charlable contributions? 6c If "Yeas," if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charlable contribution and express statement that such contributions or gifts were not tax deductible as charlable contribution and party for goods and services provided to the payor? 6c If If "Yes," indicate the number of Forms 8282 fined during the year 6c If "Yes," indicate the number of Forms 8282 fined during the year 7d If If the organization received a contribution or directly, to a personal benefit contract? 7e If If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining doror advised funds. Did a dorne advised fund maintained by the signature of received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organizations make any taxabilitied intellectual perporty, did the organization file a Form 1098 C? 9 S	За	0 ,			3a		X		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Did any taxable party notify the organization file Form 886-17 So Des the organization has emanual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions any contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). By the "Yes," of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). By the "Yes," of the organization notify the donor of the value of the goods or services provided? To Did the organization secure apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To Was a service of the organization provided to the payor? To Was a service of the organization provided to the payor? To Was a service of the organization selection of the value of the goods or services provided? To did the organization selection provided or the value of the goods or services provided? To Was a service of the organization organization organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Was a service organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1086-07 By Sonosoring organization has excess business holdings at any time during the year? By Sonosoring organization have excess business holdings at any time during the year? By Sonosoring organization have excess business holdings a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b				
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 (FBAF). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization to a prohibited to a shelter transaction at any time during the tax year? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that organization the form 8886 17 organization share annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charlable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization norby the donor of the value of the goods or services provided? 7 D X b If "Yes," indicate the number of Forms 8282 filed during the year b If the organization received a contribution of underly, to pay premiums on a personal benefit contract? 7 C X 7 D X 1 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advisor, or related person? 9 C Section 501(x)(12) organizations make a distribution to a donor, donor advisor, or related person? 9 Section 501(x)(12) organizations. Enter: 10 If the organization is idense to issue qualified health plans in m	4a			-					
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a	10	Section 501(c)(7) organizations. Enter:							
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a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. If section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities	3					
					17				

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

	Check if Schedule O contains a response or note to any line in this Part VI			Λ						
Sec	tion A. Governing Body and Management		1,,	T						
		8	Yes	No						
та	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	ر ا								
b	Enter the number of voting members included on line 1a, above, who are independent	6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77						
	officer, director, trustee, or key employee?	. 2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?			X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	•									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37						
	more members of the governing body?	. 7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37						
	persons other than the governing body?	. 7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37							
а	The governing body?		X							
b	Each committee with authority to act on behalf of the governing body?	. 8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37						
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		T.,	T						
40		40	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	. 10a		Α_						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401								
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?									
		11a								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	X							
12a	, , , go to ,									
b	, , , , , , , , , , , , , , , , , , , ,	12b								
С	, , , , , , , , , , , , , , , , , , , ,	40-	X							
40	on Schedule O how this was done		X							
13	Did the organization have a written whistleblower policy?		X							
14	Did the organization have a written document retention and destruction policy?	. 14								
15	Did the process for determining compensation of the following persons include a review and approval by independent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	X							
_	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization									
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	. 130	22							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
104		16a		Х						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	102								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	. 16b								
Sec	tion C. Disclosure	. 101.		1						
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, K	S.KY	, MD	, MA						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)									
.5	for public inspection. Indicate how you made these available. Check all that apply.	(C)C OITIY	, avana	210						
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fina	ncial							
	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									
	MAUREEN VIGNAUX - (972)608-7200									
	2611 INTERNET BLVD., # 105, FRISCO, TX 75034									

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

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours per	box,	not cl	Pos heck i ss per	ition more son is	than o	an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated All Properties of the Proper		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CLORINDA WALLEY	40.00									
PRESIDENT / CEO				X				431,700.	0.	29,627.
(2) RANDALL ODEBRALSKI	40.00									
CHIEF OPERATING OFFICER				Х				311,129.	0.	30,847.
(3) TRICIA FREELS	40.00									
SECRETARY, VP HR & COMPLIA		X		X				225,153.	0.	40,052.
(4) CHARLES MOORMAN	40.00									
DIRECTOR OF DEVELOPMENT						X		169,133.	0.	30,215.
(5) MAUREEN VIGNAUX	40.00									
CHIEF FINANCIAL OFFICER				Х				168,601.	0.	18,983.
(6) SEAN GREENBERG	40.00									
SR. SOFTWARE DEVELOPER						X		135,233.	0.	39,915.
(7) EVA MINKOFF	40.00									
SR. DIRECTOR OF EDUCATION AND COMMUN						Х		131,059.	0.	27,135.
(8) DAWN DRENTHE	40.00									
TREASURER						X		120,982.	0.	18,305.
(9) LAUREN DELACRUZ	40.00									
DIRECTOR OF CLIENT SERVICE						Х		112,160.	0.	546.
(10) GARY BARTON	0.25									
FINANCIAL CHAIR		X						19,000.	0.	0.
(11) HON. GLEN ASHWORTH	0.25									
CHAIRMAN		X						18,500.	0.	0.
(12) NHAT NGUYEN	0.25									
TRUSTEE		X						18,000.	0.	0.
(13) DAVID LEVINE	0.25									
TRUSTEE		X						17,000.	0.	0.
(14) SETH KAMBER	0.25									
TRUSTEE		X						15,300.	0.	0.
(15) ROBERT ZINKHAM	0.25									
TRUSTEE		X						14,807.	0.	0.
(16) BRUCE DOUGLAS SMITH	0.25									
MEDICAL CHAIR		X						1,500.	0.	0.
										000

232007 12-13-22 Form **990** (2022)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) Average			() Pos	C) ition	1		(D) (E)			(F)		
	Name and title	Average hours per		not c	heck	more	than o s both		Reportable compensation	Reportable compensatio			timat nount	
		week	offi				r/trus		from	from related			other	
		(list any	director						the	organization			pensa	
		hours for related	or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	iC/		om th	
		organizations	Individual trustee or	Institutional trustee		98	Highest compensated employee		1099-NEC)	1099-NEC)		_	aniza d relat	
		below	idual t	utiona	 	Key employee	est co	la la	133511237				ınizat	
		line)	Indiv	Instit	Officer	Key e	High	Former						
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	Cultinated								1,909,257.		0.	231	5 6	25.
	Subtotal Total from continuation sheets to Part VI								0.		0.	25.	<i>,</i> 0	0.
	Total (add lines 1b and 1c)								1,909,257.		0.	235	5.6	25.
2	Total number of individuals (including but n									000 of reportable				
	compensation from the organization						,		,	•				9
													Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated empl	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•		•					•	•	L			
_	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services	L	_		Х
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Schedule	e J fo	or st	ıch i	oers	on .					5		Λ
1	Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of comp		ion fro	m	
•	the organization. Report compensation for	· ·	-							•	, ci iodii	1011 110		
	(A)				.5				(B)		-	(C	;)	
	Name and business	address							Description of s	ervices	Co	omper		on
MII	LES & STOCKBRIDGE PC													
) LIGHT ST., BALTIMORE,							_	LEGAL COUNSE	<u> </u>	1	,074	4,8	48.
	ON CONSULTING LLC, 390			EB.	RI:	DG	E	- 1	INFORMATION					
	, SUITE 602, MCKINNEY,					_	- ~	_	TECHNOLOGY			738	3,9	96.
	ELISK GROUP STRATEGIC (NS	L	ĽС	- 1	MODIA DOLAGO	ONT C		10		2.0
	HAMBURG ROAD, CATSKII				-	ク F		_	MEDIA RELATIO	SMC		465	9,9	26.
	AFIK MARKETING COMMUNIC			, ע	0	⊿ ⊃			ማር ተመመል ነው። የለተመመል ነው	тт.Ормекти		28	1 0	35.
N. WASHINGTON STREET, SUITE 302, SOFTWARE DEVELOPMEN							TACTATEM T		204	≖,∪	J J •			

PRODUCTION

231,227.

LAV PRODUCTIONS, INC, 14665 MIDWAY ROAD,

Total number of independent contractors (including but not limited to those listed above) who received more than

SUITE 210, ADDISON, TX 75001

\$100,000 of compensation from the organization

		Check if Schedule O contains a response	or note to any line	a in this Part VIII			
		Office if Schedule O contains a response	or note to any line	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts		Federated campaigns 1a					
ar our	b	Membership dues 1b					
A,	С	Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations1d					
S, G	е	Government grants (contributions) 1e					
Sign		All other contributions, gifts, grants, and					
je je		similar amounts not included above	396,525,769.				
ğ	a	Noncash contributions included in lines 1a-1f	, ,				
Š	•	Total. Add lines 1a-1f		396525769.			
<u> </u>		Total: Add lines 1a 11	Business Code				
_	0 -	PROGRAM SERVICES	900099	3,329,041.	3,329,041.		
<u>i</u>	2 a		300033	3,323,041.	3,323,041.		
Program Service Revenue	b						
n S	С						
ra Se	d						
o F	е						
ਕੁ∣	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,329,041.			
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	484,707.			484,707.	
	4	Income from investment of tax-exempt bond					
	5	Royalties		462,936.			462,936.
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Not routel income or (loca)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	0.7 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	· ' '				
		, <u> </u>	•				
	b	Less: cost or other basis					
ng		and sales expenses 7b 64,156,506					
Revenue		Gain or (loss) 7c -40,265	1				
		Net gain or (loss)		-40,265.			-40,265.
þer	8 a	Gross income from fundraising events (not					
ಕ∣		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	1				
	b	Less: direct expenses 8					
	С	Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19	,				
	b	Less: direct expenses					
		Not in a sure out (lone) for our mounting and their					
		Gross sales of inventory, less returns					
	10 4	and allowances10					
	h	Less: cost of goods sold 10					
			D				
\dashv	С	Net income or (loss) from sales of inventory	Business Code				
SI	44 -		Duaniesa Code				
ne ge	11 a						
llan /en	b						
Miscellaneous Revenue	C						
Ξ̈́		All other revenue					
		Total. Add lines 11a-11d		400762188.	3 329 041.	0.	907 378.

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 expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 55,250. 55,250. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 355,572,073.355,572,073. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 785,277. 1,360,197. 390,390. 184,530. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,073,378. 2,310,804. 710,491. 52,083. Other salaries and wages 7 Pension plan accruals and contributions (include 4,873. 103,394. 70,764. 27,757. section 401(k) and 403(b) employer contributions) 509,966. 761,584. 217,050. 34,568. Other employee benefits 9 292,775. 181,344. 96,177. 15,254. 10 Payroll taxes Fees for services (nonemployees): Management 1,384,089. 1,377,121. 6,968. Legal 52,678. 50,044. 2,634. Accounting Lobbying Professional fundraising services. See Part IV, line 17 96,619. 96,619. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,127,866. 173,725. 912,283. 41,858. column (A), amount, list line 11g expenses on Sch O.) 26,963. 26,963. Advertising and promotion 12 80,547. 80,547. 13 Office expenses 713,538. 321,092. 321,092. 71,354. 14 Information technology Royalties 15 49,119. 491,185. 221,033. 221,033. 16 Occupancy 215,132. 32,270. 86,053. 96,809. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 266,970. 422,703. 741,583. 51,910. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 126,810. 57,065. 57,065. 12,680. Depreciation, depletion, and amortization 22 187,105. 168,394. 18,711. 23 Other expenses. Itemize expenses not covered 24 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.) 339,835. 339,835. COMMUNITY AND EDUCATION PHONE AND INTERNET 226,203. 101,791. 101,791. 22,621. 99,000. 99,000. MISCELLANEOUS EXPENSES 78,596. 1,540. d PRINTING AND PROCESSING 94,005. 13,869. e All other expenses 367,221,809,360,682,968. 5,844,366. 694,475. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			646,360.	1	375,621.
	2	Savings and temporary cash investments			71,219,705.	2	124,030,854.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			770,888.	4	8,699,414.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
Š	9				384,597.	9	489,123.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		64,199,803.			
	b	Less: accumulated depreciation	10b	62,085,624.	1,230,416.	10c	2,114,179.
	11	Investments - publicly traded securities	60,686,424.	11	35,983,248.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	_	14			
	15	Other assets. See Part IV, line 11	0.	15	2,054,862.		
	16	Total assets. Add lines 1 through 15 (must equ			134,938,390.	16	173,747,301.
	17	Accounts payable and accrued expenses			11,372,051.	17	14,472,910.
	18	Grants payable	105 000	18	116 200		
	19	Deferred revenue			105,000.	19	116,300.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
<u> </u>		controlled entity or family member of any of thes	-			22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-	·	194,091.	0.5	2,260,553.
	06	of Schedule D			11,671,142.	25 26	16,849,763.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ok bor	e X	11,0/1,142.	20	10,040,703.
S		and complete lines 27, 28, 32, and 33.	CK HEI	<u> </u>			
ű	27	• • • • • •			58,033,168.	27	71,390,856.
Sala	28			65,234,080.	28	85,506,682.	
Ā	20	Organizations that do not follow FASB ASC 9			00,201,0001	20	33/333/3321
Ξ		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				123,267,248.	32	156,897,538.
Z	33	Total liabilities and net assets/fund balances			134,938,390.	33	173,747,301.
		. Staapintios and not appoint fully balailous .			==,=30,000		

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	400,76				
2	Total expenses (must equal Part IX, column (A), line 25)	2	367,22				
3	Revenue less expenses. Subtract line 2 from line 1	3	33,54				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,26				
5	Net unrealized gains (losses) on investments	5	8	9,9	<u> 11.</u>		
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		-				
or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHRONIC DISEASE FUND INC. **Employer identification number**

61-1462062 Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 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 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on 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. 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. 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. 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sed	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	235462675	272663929	318719463	324647404	396525769	1548019240.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	235462675	<u> 272663929</u>	318719463	324647404	396525769	1548019240.			
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)						1374097015.			
6	Public support. Subtract line 5 from line 4.						173922225			
	ction B. Total Support				1	T				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	235462675	2/2663929	318/19463	32464/404	396525769	1548019240.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	1440066	1041070	1400675	1027650	404 707	CO14070			
	and income from similar sources	1448866.	1841072.	1402675.	1037659.	484,707.	6214979.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	633 191	1154542.	40,063.			1828099.			
44	assets (Explain in Part VI.)	055,494.	1134342.	40,005.			1556062318.			
	Gross receipts from related activities.	oto (coo instructio	une)			12	1330002310;			
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax						
10	organization, check this box and sto	- 1								
Sec	ction C. Computation of Publ									
	Public support percentage for 2022 (column (f))		14	11.18 %			
	Public support percentage from 2021					15	11.32 %			
	33 1/3% support test - 2022. If the					ore, check this box				
	stop here. The organization qualifies									
b	33 1/3% support test - 2021. If the									
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation						
17a	10% -facts-and-circumstances test									
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		X			
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	10% or			
	more, and if the organization meets t	he facts-and-circum	stances test, che	ck this box and s	top here. Explain i	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation				
18	rivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

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.)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	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								
C	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support		I	I	T		T		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
40	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,		
80	check this box and stop here ction C. Computation of Publi		contogo						
				1 (6)		45	0/		
	Public support percentage for 2022 (I		•	column (t))		15	<u>%</u>		
	Public support percentage from 2021 ction D. Computation of Inves					16	%		
	<u> </u>			no 12 polymp (fl)		17	0.4		
17									
18		e organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
198							/ 15 HUL		
Į.	more than 33 1/3%, check this box at						L		
r.	33 1/3% support tests - 2021. If the								
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization								
20	i ilvate loulluation. Il the organization	ni did fiot crieck a	DON OH HITE 14, 19	a, or roo, crieck tr	iio bux ai lu see II Is				

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion B. Type I Supporting Organizations		'	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			110
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations		'	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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? <i>If</i> "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst.	ruction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	<u>_</u> U		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	JU		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

6

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions)

10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

THIS STATEMENT IS ATTACHED IN ACCORDANCE WITH THE INSTRUCTIONS FOR

SCHEDULE A (FORM 990) REGARDING AN ORGANIZATION THAT BELIEVES IT IS

PUBLICLY SUPPORTED ACCORDING TO APPLICABLE REGULATIONS.

TREASURY REGULATION SECTION 1.170A-9(E)(3) PROVIDES THAT AN ORGANIZATION
WILL BE TREATED AS "PUBLICLY SUPPORTED" UNDER THE FACTS AND CIRCUMSTANCES

TEST EVEN IF IT FAILS TO MEET THE 33 1/3 PERCENT MECHANICAL TEST. UNDER

THE FACTS AND CIRCUMSTANCES TEST, AN ORGANIZATION WILL BE TREATED AS

PUBLICLY SUPPORTED IF IT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS

SUPPORT FROM GOVERNMENTAL UNITS, FROM DIRECT OR INDIRECT CONTRIBUTIONS

FROM THE GENERAL PUBLIC, OR FROM A COMBINATION OF THESE SOURCES, AND MEETS

CERTAIN OTHER REQUIREMENTS. THE PERTINENT FACTORS SET FORTH IN THE

REGULATIONS ARE DISCUSSED BELOW:

1) TEN PERCENT-OF-SUPPORT LIMITATION:

THE PUBLIC SUPPORT RECEIVED BY THE ORGANIZATION EQUALS AT LEAST 10% OF THE TOTAL SUPPORT RECEIVED BY THE ORGANIZATION.

2) ATTRACTION OF PUBLIC SUPPORT:

THE ORGANIZATION IS ORGANIZED AND OPERATED TO APPEAL TO A VARIETY OF

PUBLIC SUPPORTERS, BOTH NEW AND EXISTING ON AN ON-GOING BASIS. THE

ORGANIZATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM FOR SOLICITATION

OF FUNDS FROM THE GENERAL PUBLIC.

3) PERCENT OF FINANCIAL SUPPORT:

Schedule A (Form 990) 2022 CHRONIC DISEASE FUND, INC. 61-1462062 Page 1 - 1462062 Page 1 -	ge 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section 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.)	
REQUIREMENT FROM PUBLIC SOURCES, THE LESSER WILL BE THE BURDEN OF	
ESTABLISHING THE PUBLICLY SUPPORTED NATURE OF THE ORGANIZATION THROUGH	
OTHER FACTORS. THE PUBLIC SUPPORT PERCENTAGE FOR 2022 IS IN EXCESS OF 10%.	
OTHER THOTOLOGY THE TODELO BOTTOM TENDENTIAL TON EVER IN ENGLISH OF TOWN	
4) SOURCES OF SUPPORT:	
THE ORGANIZATION'S PURPOSE IS TO PROVIDE CO-PAY ASSISTANCE FOR THE	
UNDERINSURED, WHICH APPEALS TO A BROAD CROSS-SECTION OF THE POPULATION,	
AND THE ORGANIZATION RECEIVES SUPPORT FROM A VAST NUMBER OF UNRELATED	
DONORS.	
5) REPRESENTATIVE GOVERNING BODY:	
THE ORGANIZATION'S GOVERNING BODY REPRESENTS THE BROAD INTERESTS OF THE	
PUBLIC, RATHER THAN THE PERSONAL OR PRIVATE INTERESTS OF A LIMITED NUMBER	
OF DONORS.	
6) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN	
PROGRAMS OR POLICIES:	
THE ORGANIZATION PROVIDES SERVICES DIRECTLY FOR THE BENEFIT OF THE GENERAL	<u> </u>
PUBLIC ON A CONTINUING BASIS AND MAINTAINS A DEFINITIVE PROGRAM FOR	
ACCOMPLISHING THAT WORK NATIONWIDE.	
7) ADDITIONAL FACTORS PERTINENT TO MEMBERSHIP ORGANIZATIONS:	

Schedule A (Form 990) 2022 232028 12-09-22

THIS FACTOR IS NOT APPLICABLE TO THE ORGANIZATION BECAUSE IT IS NOT A

MEMBER

Schedule B

Schedule of Contributors

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2022

Employer identification number

CHRONIC DISEASE FUND 61-1462062 INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

CHRONIC DISEASE FUND, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$_369,000,000. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* 4,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$2,000,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CHRONIC DISEASE FUND, INC.

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		\$ <u>421,843.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	Total contributions \$ 21,844.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 10,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CHRONIC DISEASE FUND, INC.

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
13		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$5,113.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CHRONIC DISEASE FUND, INC.

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
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 23	Name, address, and ZIP + 4	Total contributions \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CHRONIC DISEASE FUND, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** CHRONIC DISEASE FUND, 61-1462062 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nam	ne of organization			Er	nployer identification number
	CHRONIC	DISEASE FUND, I	NC.		61-1462062
Ра	rt I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			
Pa	rt I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax			-	\$
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	\$
2	Enter the amount of the filing organ		•		
	exempt function activities				\$
3	Total exempt function expenditures			,	
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and emmade payments. For each organization				
	contributions received that were pro-				•
	political action committee (PAC). If				99
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter	contributions received and

Schedule C (Form 990) 2022	CHRONIC DIS	EASE FUND,	INC.	61-1	.462062 Page 2
Part II-A Complete if the org	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection under
section 501(h)).					
A Check if the filing organiza	ition belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and shar	re of excess lobbying e	expenditures).			
3 Check if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		
	ts on Lobbying Expe ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure	s (add lines 1c and 1d)			
f Lobbying nontaxable amount. Ente	er the amount from the	following table in both	n columns.		
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	<i>,</i>				
h Subtract line 1g from line 1a. If zer	o or less, enter -0				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	•				Yes No_
(Some organizations the	hat made a section 5	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Crassroots portsychic amazint					
d Grassroots nontaxable amount e Grassroots ceiling amount					
(150% of line 2d, column (e))					
(

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 CHRONIC DISEASE FUND, INC. 61-14620 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(1	o)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X	2.0	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		77	3(0,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?i Other activities?		X		
j Total. Add lines 1c through 1i			3(0,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		,, , ,
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ction	
501(c)(6).				
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from t 	the prior year	2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from to tart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	the prior year on 501(c)(2 ? 3 5), or see		2 io
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the political expenditures from from the political expenditures from the political expenditures from the political expenditures of nondeductible amounts of political expenditures from the politi	the prior year'on 501 (c) (s) I "No" OR tical ccess political	2 3 5), or sec (b) Part 2 2 2 2 2 5 A, lines 1 a	and 2 (See	3, is
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHRONIC DISEASE FUND, INC.

Employer identification number 61-1462062

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		nilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held	in donor advised fu	nds
	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 a	dvisors in writing that grant	funds can be used	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any o	other purpose confe	erring
				Yes No
Pai	TII Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	. —		storically important land area
	Protection of natural habitat		Preservation of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contributi	on in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	-			
C	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	•		
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or teri	minated by the orga	nization during the tax
4	Number of states where preparts subject to concernation and	annont in located		
4	Number of states where property subject to conservation eas		handling of	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		enforcing conservat	
Ü	otali and volunteer nours devoted to morntoning, inspecting,	riarialing or violations, and	critoroling conscivat	non casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfor	cing conservation e	easements during the year
				·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fir	nancial statements t	hat describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tusas		Oissilas Assata
Pai	t III Organizations Maintaining Collections of		sures, or Otner	Similar Assets.
	Complete if the organization answered "Yes" on Form			- Landa de la colonia de la co
па	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pub	, , , , , , , , , , , , , , , , , , ,		arice of public
	service, provide in Part XIII the text of the footnote to its finar			an alanak wasilan af
D	If the organization elected, as permitted under FASB ASC 95.	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtheran	ce of public service,
	provide the following amounts relating to these items:			¢.
	(i) Revenue included on Form 990, Part VIII, line 1			
•		an was as ather similar ass		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP.		-	, provide
_	the following amounts required to be reported under FASB A			¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			\$
IJ	, woods moluded in round ood, ratt A		<u></u>	Ψ

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets continued	_		DISEASE F							62062	Page 2
a	Par									(continu	ed)
a Public exhibition d Loan or exchange program b Scholarly research e Other	3		on, and other record	ds, check	any of the	following that	t make sigr	nificant u	ise of its		
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar essets to be sold to raise funds rather than to be eminatined as part of the organization's collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount to Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes No In It "Yes, "Spalin the arrangement in Part XIII and complete the following table: 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: 2 Bod the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability: 2 Bod the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability: 3 Bod the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability: 4 Beginning of year balance 1 Beginning of year balance 1 Beginning of year balance 1 Complete if the organization answered "Yes" on Form 990, Part XI, line 10. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 3 Board designated or quasi-endowment 96 Find of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: 3 Board designated or quasi-endowment 96 Find of year balance 97 Forvide the estimated percentage of the current year end balance (line 1g, column (al) held as: 1 Cerember of Part XIII the intended uses of the organizations is endowment funds. 1 Description											
c Preservation for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 10 be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Excove and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b is the organization include an amount on Form 990, Part X, line 21. 1c d Additions during the year 1d d	а		1								
## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. **To be sold to raise funds rather than to be maintained as part of the organization's collection?** **To be sold to raise funds rather than to be maintained as part of the organization's collection?** **To be sold to raise funds rather than to be maintained as part of the organization's collection?** **To be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or Form 990, Part IV, line 9, or Form 990, Part IV, line 9, or Form 990, Part X?* **To be sold to raise funds an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?* **To be sold to raise funds an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?* **To be sold to raise funds an agent, trustee, custodian or other intermediary for contributions or other assets not included an Annount or Form 990, Part X, line 21, for escrow or custodial account liability.** **To be sold funds for the organization include an annount on Form 990, Part X, line 21, for escrow or custodial account liability.** **To be sold to raise funds an annount on Form 990, Part X, line 21, for escrow or custodial account liability.** **To be sold to raise funds an annount on Form 990, Part X, line 21, for escrow or custodial account liability.** **To be sold the organization include an annount on Form 990, Part X, line 21, for escrow or custodial account liability.** **To be sold the organization include an annount on Form 990, Part X, line 21, for escrow or custodial account liability.** **To be sold the organization include an annount on Form 990, Part X, line 10. **To be sold the organization include an annount on Form 990, Part X, line 10. **To be sold the organization include an annount on Form 990, Part X, line 11. **To be sold the organiz	b	_ ′	•	e	Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. 1 a Is the organization analysis, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 a Is the organization analysis, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 a Is the organization analysis in the arrangement in Part XIII and complete the following table: 2 Beginning balance 3 Beginning balance 4 Beginning balance 5 Distributions during the year 6 Distributions during the year 7 Interpretation of the part XIII. Check here if the explanation has been provided on Part XIII. 8 Beginning of year balance 9 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1 Beginning of year balance 1 Ca) Current year 1 (b) Prior year 1 Ca) Two years back 2 Provided the sestimated percentage of the current year end balance (line 1g, column (a)) held as: 3 Board designated or quasi-endowment 9 Contributions 3 Board of year balance 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 1 Board designated or quasi-endowment 9 Creme nedowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (С										
to be sold for raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c	4								se in Part	XIII.	
Secrow and Custodial Arrangements. Complete if the organization an awered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5			,		•	er similar a	ssets		7	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, *explain the arrangement in Part XIII and complete the following table:	Da										No_
1	Par			lete if the	e organizatio	n answered '	"Yes" on F	orm 990	, Part IV, I	ine 9, or	
on Form 990, Part X? Yes	_										
b If "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance	па			•						٦.,	
Amount Additions during the year 1d									L	」 Yes	∟ No
c Beginning balance	D	if "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	abie:					Amount	
d Additions during the year 1d 1e 1e 1e 1e 1e 1e 1e		Destruction belones						4-		Amount	
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Ontributions C Net investment earnings, gains, and losses of G Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ive) The percentage of the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part V I Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1 Land b Buildings c Leasehold improvements 6 Conjugent 7 Conjugent 8 Conjugent 8 Conjugent 9 Co											
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years b											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provide on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Form 990, Part IV, line 10. (b) Contributions (e) Four years back (e) Four years bac	_										
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (Voc	□ No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		•					•	·		_ res	
Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years (e) Four yea											
1a Beginning of year balance		- Complete							ears back	(e) Four y	ears back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance	.,,			.,,,,				. , . ,	
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment f Aperiland Salij Salij											
e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
g End of year balance	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:					
Term endowment	а	Board designated or quasi-endowment		%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 4 Land 5 Buildings 5 Leasehold improvements 4 Leasehold improvements 5 107,659 47,136 60,523 60,523 601,029 72,633 601	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 107,659 47,136 60,523 600,523 673,662 601,029 72,633 673,662 601,029 72,633 673,662 601,029 72,633 673,662 601,000 60 60 60 60 60 60 60 60 60 60 60 60	С	Term endowment	%								
organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 107,659. 47,136. 60,523. d Equipment		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 107,659. 47,136. 60,523. d Equipment	3а	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administer	red for the				
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 107,659. 47,136. 60,523. 601,029. 72,633.		•								Y	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment 107,659. 47,136. 60,523. 601,029. 72,633.										3a(i)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation Land		(ii) Related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation b Buildings c Leasehold improvements 107,659. 47,136. 60,523. d Equipment 673,662. 601,029. 72,633.	b									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements 107,659. 47,136. 60,523. d Equipment 673,662. 601,029. 72,633.	_			owment f	unds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 107,659. 47,136. 60,523. 673,662. 601,029. 72,633.	Par			0 Dort IV	/ line 11e C	`aa Farm 000	Dort V liv	. 10			
basis (investment) basis (other) depreciation 1a Land Image: Control of the									.		
1a Land Buildings b Buildings 107,659. 47,136. 60,523. c Leasehold improvements 673,662. 601,029. 72,633.		Description of property	, ,				` '		ed	(d) Book	value
b Buildings 107,659. 47,136. 60,523. c Leasehold improvements 673,662. 601,029. 72,633.	4 -	Land	,	mem)	Dasis	(Other)	uepr	colation			
c Leasehold improvements 107,659. 47,136. 60,523. d Equipment 673,662. 601,029. 72,633.											
d Equipment 673,662. 601,029. 72,633.					1 0	7 659		17 13	36	60	523
						-					

Schedule D (Form 990) 2022

2,114,179.

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

	SEASE FUND, IN	NC. 61	-1462062 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Dort IV lin	o 11h Soo Form 000 Port V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(6) 20011 10.00	(2)	a or your marker raide
(0)			
(2) Closely held equity interests			
(A)	+		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u>ne 15.)</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11e or 11f See Form 990 Part X line 25	
() 5	Official 350, Fartiv, line	e Tre or Tri. Gee Form 930, Fart X, line 23	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			2,260,553
(3)			2,200,333
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

2,260,553.

(6) (7) (8) (9)

Part XI	Reconciliation of Revenue per	Audited Financial	Statements Wi	th Revenue per Returr

Pai	Reconciliation of Revenue per Audited Financial State	ments with H	revenue per Rei	urn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			I	
1	Total revenue, gains, and other support per audited financial statements			1	400,755,	480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains (losses) on investments		89,911.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e		911.
3	Subtract line 2e from line 1			3	400,665,	569.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	96,619.			
b	Other (Describe in Part XIII.)	4b]	
С	Add lines 4a and 4b			4c		619.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	400,762,	188.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	etur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			I	
1	Total expenses and losses per audited financial statements			1_	367,125,	190.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	367,125,	190.
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	96,619.			
b	Other (Describe in Part XIII.)	4b]	
С	Add lines 4a and 4b			4c		619.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	367,221,	809.
	rt XIII Supplemental Information.			Ť		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE (THE "CODE") AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE MORE LIKELY THAN NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT

OR EXPENSE IN THE CURRENT YEAR. RECONCILIATION IS NOT PROVIDED HEREIN,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

			S II.W W W. II.S	1906/1 0111000	the latest mildina				
Nam	Name of the organization CHRONIC DI	CHRONIC DISEASE FUND	ND. INC.					Employer identification number $61-1462062$	number 2062
Part I	General Informa	nd Assistance	1						
-	Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the g	grantees' eligibility 1	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	Ē	
	criteria used to award the grants or assistance?	stance?						X Yes	%
7	Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit	oring the use of grant	of grant funds in the United States.	States.				
Pai	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be distributed fit additional snace is needed.	Domestic Organi:	zations and Domestic be duplicated if addition	: Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any of if additional space is needed	IV, line 21, for any	
	1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance	ant
60FE 711 HARR	60FEET6 FOUNDATION 711 N 2ND STREET, SUITE 2 HARRISBURG, PA 17102	47-1944917 501(C)(3)	501(C)(3)	°°	.0000	orner)		SUPPORT FOR THEIR MISSION	NOISSIM
0	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government orc	ganizations listed in the	e line 1 table					
H ∃	Enter total number of otner organizations listed in the 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line , see the Instructi	Table ons for Form 990.					Schedule I (Form 990) 2022	90) 2022

CHRONIC DISEASE FUND, INC.

Schedule I (Form 990) 2022

Part III

INC.

Page 2

61 - 1462062

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CO-PAYMENTS OF FDA APPROVED DRUGS	195935	353,843,855.	.0		
PREMIUM ASSISTANCE	205	1,467,061.	.0		
TRAVEL ASSISTANCE	715	261,157.	.0		
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING THE USE C	OF GRANTS:	••			

THE PROCESS BY WHICH GOOD DAYS APPROVES AND PROVIDES INDIVIDUALS WITH

THE FINANCIAL ASSISTANCE ENSURES THAT ALL FUNDS ARE BEING USED ONLY FOR

A CHRONIC OR LIFE-ALTERING DISEASE. THE PROCESS BY WHICH GOOD DAYS

PURPOSE OF OBTAINING FDA-APPROVED DRUGS NECESSARY FOR THE TREATMENT

O 된

APPROVES FINANCIAL ASSISTANCE IS AS FOLLOWS: (1) AN INDIVIDUAL IS

DIAGNOSED WITH A CHRONIC OR LIFE-ALTERING DISEASE BY A DOCTOR OF THEIR

232102 10-31-22

OWN CHOOSING; (2) THE INDIVIDUAL RECEIVES A PRESCRIPTION FROM THEIR

DOCTOR FOR AN FDA-APPROVED DRUG FOR TREATMENT OF THE DISEASE; (3) THE

INDIVIDUAL CONTACTS GOOD DAYS SEEKING FINANCIAL ASSISTANCE FOR THE

PURPOSE OF PAYING THE CO-PAY FOR THE MEDICATION PRESCRIBED BY THEIR

DOCTOR; AND (4) GOOD DAYS VERIFIES THAT THE DIAGNOSED CONDITION IS

COVERED BY THE ORGANIZATION'S CO-PAY ASSISTANCE PROGRAM, AND THAT THE

MEDICATION PRESCRIBED FOR THE TREATMENT OF THE CONDITION IS AN

FDA-APPROVED DRUG FOR TREATMENT OF THE INDIVIDUAL'S DIAGNOSED

CONDITION. FOR THE OTHER ASSISTANCE PROGRAMS: TRAVEL, PREMIUM,

DIAGNOSTIC AND EMERGENCY RELIEF, THE CRITERIA FOR APPROVAL ARE THE SAME

AS FOR CO-PAYMENT EXCEPT MEDICATION IS NOT CONSIDERED.

IN MOST CASES, AFTER DETERMINING THAT AN INDIVIDUAL QUALIFIES FOR

ASSISTANCE, THE ORGANIZATION ENSURES THAT ALL ASSISTANCE IS ONLY USED

TO PAY FOR THE PRESCRIBED TREATMENT OR APPLICABLE SERVICE BY MAKING ALL

PAYMENTS DIRECTLY TO THE PHARMACY, PROVIDER OR PHYSICIAN THAT DISPENSES

THE MEDICATIONS OR PROVIDES THE SERVICE TO QUALIFYING INDIVIDUALS. IN

SITUATIONS WHERE GOOD DAYS IS UNABLE TO PAY THE PHARMACY OR PROVIDER

DIRECTLY, THE ORGANIZATION ENSURES THAT ALL ASSISTANCE IS ONLY USED TO

PAY FOR THE PRESCRIBED TREATMENT OR APPLICABLE SERVICE BY REIMBURSING

QUALIFYING INDIVIDUALS UPON DOCUMENTATION OF THE PURCHASE AND COST OF

THE PRESCRIBED MEDICATION OR APPLICABLE SERVICE. FOR TRAVEL ASSISTANCE,

GOOD DAYS UTILIZES SUBMITTED RECEIPTS FROM THE INDIVIDUAL, AND MAPS TO

CALCULATE AND REIMBURSE THE INDIVIDUAL FOR TRAVEL COSTS. IF AN

OVERNIGHT STAY IS REQUIRED, GOOD DAYS PAYS FOR LODGING BY UTILIZING AN

ONLINE HOTEL BOOKING SITE.

Part IV Supplemental Information
OF DIRECTORS, THAT DESCRIBES HOW THE ORGANIZATION OPERATES ITS
ASSISTANCE PROGRAMS. ADDITIONALLY, GOOD DAYS MUST ENROLL APPLICANTS FOR
FUNDING ON A FIRST-COME, FIRST-SERVED BASIS (TO THE EXTENT THAT FUNDING
IS AVAILABLE) IF SEVERAL CRITERIA ARE MET, INCLUDING THE FOLLOWING:
(1) THE APPLICANT QUALIFIES FOR FINANCIAL NEED IN ACCORDANCE WITH
ESTABLISHED CRITERIA; (2) THE APPLICANT IS DIAGNOSED WITH A DISEASE OR
CONDITION SUPPORTED BY THE ORGANIZATION; AND (3) (FOR MEDICATION
ASSISTANCE ONLY) AN FDA-APPROVED PRESCRIPTION DRUG THAT TREATS SUCH
DISEASE OR CONDITION ALREADY HAS BEEN PRESCRIBED FOR THE APPLICANT BY A
PROVIDER OF HIS OR HER CHOICE. THE POLICY ALSO REQUIRES GOOD DAYS TO
PAY AN INDIVIDUAL'S FINANCIAL ASSISTANCE DIRECTLY TO THE APPLICABLE
PHARMACY OR PROVIDER WHENEVER ADMINISTRATIVELY FEASIBLE. HOWEVER, WHEN
DIRECT PAYMENT TO SUCH PROVIDER IS NOT ADMINISTRATIVELY FEASIBLE, THE
POLICY PERMITS GOOD DAYS TO REIMBURSE THE INDIVIDUAL UPON SUBMISSION OF
ACCEPTABLE DOCUMENTATION THAT HE OR SHE HAS PAID THE PROVIDER DIRECTLY.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

CHRONIC DISEASE FUND, INC.

Employer identification number 61-1462062

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: X a The organization? 5a X Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a Х b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CLORINDA WALLEY	Ξ	361,700.	70,000.	0	3,612.	26,015.	461,327.	0
PRESIDENT / CEO	⊞	0	0	0.	• 0	0.	0	0
(2) RANDALL ODEBRALSKI	Ξ	246,600.	64,529.	0.	4,832.	26,015.	341,976.	0
CHIEF OPERATING OFFICER	⊞	0	0	0.	• 0	0.	0	0
(3) TRICIA FREELS	Ξ	187,956.	37,197.	0	4,328.	35,724.	265,205.	0
SECRETARY, VP HR & COMPLIA	(ii)		0	0.	• 0	0.	0.	0
(4) CHARLES MOORMAN	Ξ	158,702.	10,431.	0.	5,260.	24,955.	199,348.	0
DIRECTOR OF DEVELOPMENT	⊞	0	0	0.	• 0	0.	0	0
(5) MAUREEN VIGNAUX	Ξ	138,441.	30,160.	0.	5,098.	13,885.	187,584.	0
CHIEF FINANCIAL OFFICER	⊞	0	0	0.	• 0	0.	0	0
(6) SEAN GREENBERG	Ξ	130,534.	4,699.	0.	4,212.	35,703.	175,148.	0
SR. SOFTWARE DEVELOPER	€	0	0	0	0	0.	0.	0
(7) EVA MINKOFF	Ξ	123,974.	7,085.	0	3,016.	24,119.	158,194.	0
SR. DIRECTOR OF EDUCATION AND COMMUN		0	0	0.	0	0	0.	0
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Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Name of the organization

CHRONIC DISEASE FUND, INC.

Employer identification number 61-1462062

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S GOAL IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF

QUALIFYING INDIVIDUALS WHO ARE DIAGNOSED WITH A CHRONIC OR LIFE

ALTERING DISEASE BY PROVIDING CO-PAY, PREMIUM, AND/OR TRAVEL

ASSISTANCE.

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

THROUGH ITS OPERATIONS OF A CO-PAY ASSISTANCE PROGRAM, GOOD DAYS

PROVIDES FINANCIAL ASSISTANCE TO INDIVIDUALS WITH LOW OR MODERATE

INCOME WHO ARE SUFFERING FROM CHRONIC DISEASES, CANCER, OR OTHER

LIFE-ALTERING CONDITIONS SO THAT SUCH INDIVIDUALS CAN AFFORD AND OBTAIN

THE FDA-APPROVED DRUGS NECESSARY FOR THE TREATMENT OF THEIR CONDITION.

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

THE PREPARED FORM 990 IS FIRST REVIEWED BY THE ORGANIZATION'S EXECUTIVE

TEAM. THEN A COPY OF THE FORM 990 IS SENT TO THE BOARD OF DIRECTORS TO

REVIEW PRIOR TO BEING FILED.

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

PROCESS TO MONITOR COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

GOOD DAYS HAS A CONFLICT OF INTEREST POLICY ("POLICY") COVERING MEMBERS OF
GOOD DAYS' BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES ("COVERED
INDIVIDUALS"). PURSUANT TO THE POLICY, EACH COVERED INDIVIDUAL SHALL FILE
WITH THE BOARD OF DIRECTORS A STATEMENT OF DISCLOSURE ON A FORM PROVIDED BY
THE ORGANIZATION PRIOR TO THE COVERED INDIVIDUAL'S INITIAL ELECTION,

OR HIRING. ADDITIONALLY, EACH COVERED INDIVIDUAL IS REQUIRED

APPOINTMENT,

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization CHRONIC DISEASE FUND, INC.

Employer identification number 61-1462062

TO FILE AN ANNUAL STATEMENT OF DISCLOSURE. THE INITIAL AND ANNUAL STATEMENT

OF DISCLOSURE REQUIRES COVERED INDIVIDUALS TO DISCLOSE ALL MATERIAL FACTS

RELATING TO:

(1) ALL ENTITIES IN WHICH THE COVERED INDIVIDUAL IS AN OFFICER, DIRECTOR, TRUSTEE, MEMBER, OR OWNER; (2) ANY GOOD DAYS TRANSACTIONS IN WHICH THE COVERED INDIVIDUAL MAY HAVE A CONFLICTING INTEREST; AND (3) ANY OTHER FACTS OR CIRCUMSTANCES THAT MIGHT CONSTITUTE A CONFLICT OF INTEREST, INCLUDING BUT NOT LIMITED TO: (A) ANY OUTSIDE EMPLOYMENT OR CONSULTING ACTIVITIES WHICH MAY RESULT IN A CONFLICT OF INTEREST; AND (B) ANY AFFILIATION WITH OTHER ENTITIES WHICH MAY CONSTITUTE A CONFLICT OF INTEREST. UPON DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS WILL MAKE A DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS. IN SITUATIONS WHERE THE BOARD OF DIRECTORS DETERMINES THAT A CONFLICT OF INTEREST EXISTS WITH RESPECT TO A TRANSACTION, THE BOARD WILL DOCUMENT ITS DETERMINATION REGARDING THE EXISTENCE OF A CONFLICT OF INTEREST IN ITS MEETING MINUTES AND THE CONFLICTED INDIVIDUAL WILL BE REQUIRED TO RECUSE THEMSELVES FROM ALL DISCUSSIONS AND DECISIONS RELATED TO THE TRANSACTION. SUCH RECUSAL PROHIBITS THE PRESENCE AND PARTICIPATION OF THE CONFLICTED INDIVIDUAL IN ANY BOARD OR COMMITTEE DELIBERATIONS ON THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST, AND PROHIBITS THE CONFLICTED INDIVIDUAL FROM MAKING ANY OTHER ATTEMPT TO INFLUENCE THE DELIBERATION OR VOTE ON THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST.

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

COMPENSATION REVIEW:

THE PROCESS BY WHICH GOOD DAYS APPROVES THE AMOUNT OF COMPENSATION PROVIDED

TO ITS PRESIDENT, CLORINDA WALLEY, FOLLOWS THE GUIDANCE PROVIDED IN

TREASURY REGULATIONS SECTION 53.4958-6 RELATED TO THE REBUTTABLE

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization CHRONIC DISEASE FUND, INC.

Employer identification number 61-1462062

PRESUMPTION OF REASONABLENESS. AS SUCH, THE PROCESS BY WHICH GOOD DAYS'
BOARD OF DIRECTORS DETERMINES AND APPROVES THE APPROPRIATE AMOUNT OF
COMPENSATION TO PROVIDE TO ITS PRESIDENT INCLUDES: (1) APPROVAL BY
INDEPENDENT MEMBERS OF GOOD DAYS' BOARD OF DIRECTORS PRIOR TO PAYMENT; (2)
THE CONSIDERATION OF APPROPRIATE COMPARABILITY DATA IN DETERMINING THE
TOTAL AMOUNT OF COMPENSATION TO BE PROVIDED TO THE PRESIDENT; AND (3) THE
DOCUMENTATION OF ITS DECISION AND THE BASIS FOR ITS DECISION REGARDING THE
AMOUNT OF COMPENSATION PROVIDED TO GOOD DAYS' PRESIDENT. THE REVIEW IS
COMPLETED ANNUALLY, AND THE DOCUMENTATION IS RECORDED IN THE BOARD MINUTES.

GOOD DAYS HIRED A THIRD-PARTY COMPENSATION ADVISORY FIRM TO EVALUATE BOARD COMPENSATION IN 2022.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT

VA,WV,WI

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

GOOD DAYS COMPLIES WITH THE PUBLIC INSPECTION REQUIREMENTS OF INTERNAL REVENUE CODE SECTION 6104 BY MAKING ITS FORM 1023, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, DETERMINATION LETTER FROM THE IRS, AND ITS FORMS 990 FOR ITS THREE MOST RECENT COMPLETED TAX PERIODS AVAILABLE TO THE PUBLIC. HOWEVER, AS SECTION 6104 DOES NOT REQUIRE AN ORGANIZATION EXEMPT UNDER SECTION 501(C)(3) TO DISCLOSE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, OR FINANCIAL STATEMENTS, GOOD DAYS HAS CHOSEN NOT TO MAKE SUCH INFORMATION AVAILABLE FOR PUBLIC INSPECTION.