			** PUBLIC DISCLOSURE COPY	* *							
	Ω	00	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047						
Form 99		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		"][]"]						
_			Do not enter social security numbers on this form as it ma		Open to Public						
Inter	nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection						
Α	For th	e 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and ending	<u>j</u> JUN 30, 202	3						
В	Check if applicab	C Name o	forganization	D Employer ident	ification number						
_	Addre										
]chang	e –	sey Center for Quality Cancer Care		100						
]chang	ge Doing b	usiness as	82-1547							
	returr Final		and street (or P.O. box if mail is not delivered to street address)	suite E Telephone numb 207-795							
	returr termi	ň-	owell Street 5		<u>-8250</u> 5,930,857.						
	ated Amer	ided T out	own, state or province, country, and ZIP or foreign postal code \texttt{ston} , \texttt{ME} 04240	G Gross receipts \$							
	returr Appli tion		nd address of principal officer:Cara Valentino	H(a) Is this a group for subordinat							
	tion pend		as C above	H(b) Are all subordinate							
<u> </u>	Tay.ov		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		a list. See instructions						
	Websi		dempseycenter.org	H(c) Group exempt							
					M State of legal domicile: ME						
	art I										
Activities & Governance	1		be the organization's mission or most significant activities: See Sche	edule O							
		5	· · · · · · · · · · · · · · · · · · ·								
rna	2	Check this bo	k this box if the organization discontinued its operations or disposed of more than 25% of its net assets.								
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3 12						
ۍ مح	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		12						
es	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5 64						
iviti	6		of volunteers (estimate if necessary)		-						
Acti			d business revenue from Part VIII, column (C), line 12								
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11								
				Prior Year	Current Year						
ne	8		and grants (Part VIII, line 1h)	3,959,996							
Revenue	9	•	ce revenue (Part VIII, line 2g)	0	-						
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)	-274,277 -72,098							
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,613,621							
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	453							
	13		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	433							
		· · · · · ·		2,673,279							
Expenses	162	Brofessional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 294,240.	0	. 0.						
per	h	Total fundrais	ind expenses (Part IX, column (D) line 25) $294,240$.								
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,464,967	. 1,425,432.						
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,138,699							
	19		expenses. Subtract line 18 from line 12	-525,078							
Or			· · · · · · · · · · · · · · · · · · ·	Beginning of Current Yea							
sets	20	Total assets (I	Part X, line 16)	8,767,958	. 7,475,261.						
ASt	21		(Part X, line 26)	252,618	. 541,641.						
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	8,515,340	. 6,933,620.						
P	art II	0									
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and si	tatements, 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

Sign	Signature of officer		Date					
Here	-	Cara Valentino, President & CEO						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Check PTIN					
Paid	Connor Smart	amon 04/26	/24 ^{if} p02285543					
Preparer	Firm's name Baker Newman & No	yes	Firm's EIN 01-0494526					
Use Only	Firm's address P.O. Box 507							
	Portland, ME 0411	.2	Phone no. (207)879-2100					
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No					
232001 12-	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2022)					

	Form 9 12-13-22 See Schedule O for Continuation(s)	JU (
	Total program service expenses 4,855,518.	20
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
10	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
łc	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	See Schedule O	
	revenue, if any, for each program service reported. (Code:) (Expenses \$4,855,518 • including grants of \$0 •) (Revenue \$3,210,120)	L 4
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
	prior Form 990 or 990-EZ? Yes	X
2	Did the organization undertake any significant program services during the year which were not listed on the	
	See Schedule O	
	Check if Schedule O contains a response or note to any line in this Part III	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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,		v	
	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	Х	
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		- 23	<u> </u>
C	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
D	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		x
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	1 10		_ <u>-</u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
232004	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		990	(2022)
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Form 990 (2022)
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			-	
			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	Х	
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		_ A
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? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		x	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35 2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	х	
232004	(gambling) winnings to prize winners?	Eorm		l (2022)
232004	5	1 Onn	550	(2022)
	-			

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Form 990	(2022)	Dempsey	Center	for	Quality	Cancer	Care
Part V	Statements	Regarding Ot	her IRS Fili	ings ai	nd Tax Com	oliance (cont	tinued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 64			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		<u> </u>
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	├ ──
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		x
h		70		- 23
		7.		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			(2022)
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Form 990 (2	2022)
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Section A. Governing Body and Management

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

Page **6**

Х

 Form 990 (2022)
 Dempsey
 Center
 for
 Quality
 Cancer
 Care
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 Page

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

					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any o	other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under t						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?		•	7b		X	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the y						
	The governing body?	-	-	8a	х		
b	Each committee with authority to act on behalf of the governing body?			8b	х	1	
-	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					1	
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I						
			,		Yes	No	
)a	Did the organization have local chapters, branches, or affiliates?			10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
а	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	5				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						
	on Schedule O how this was done			12c	x		
	Did the organization have a written whistleblower policy?			13	х		
ŀ	Did the organization have a written document retention and destruction policy?			14	Х		
5	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
а	The organization's CEO, Executive Director, or top management official			15a	х		
	Other officers or key employees of the organization			15b	х	1	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
Зa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a					
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	-	-				
	exempt status with respect to such arrangements?			16b			
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filedME , NH , MA						
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990,	and 990-T (se	ection 501(c)(3)s only) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.				-		
	X Own website Another's website X Upon request Other (explai	n on Schedu	le O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	nd finai	ncial		
	statements available to the public during the tax year.		, ,,				
0	State the name, address, and telephone number of the person who possesses the organization's b	ooks and rec	cords				
	Heather Ward - 207-795-8250						
	29 Lowell Street, 5, Lewiston, ME 04240						
2006	5 12-13-22			Form	1 990	(2022	
	7					•	
30	426 793251 29086 2022.05090 Dempsey Center	for O	uality	290	086_	1	
	1 2 1 1	~	-		-		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more	l than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer an	ss pe	rson	is bot	h an	compensation from	compensation	amount of other
	(list any	ctor						the	from related organizations	compensation
	hours for	or dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional 1		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Cara Valentino	55.00	-			Ť	1 0				
President & CEO	1.00	1		x				196,710.	0.	5,221.
(2) Heather Ward	55.00									
COO & CFO	1.00			Х				136,927.	0.	0.
(3) Lisa Balsam	55.00								_	
Chief Experience Officer	1.00					Х		122,360.	0.	8,093.
(4) Christine Penney	55.00								_	
Chief Advancement Officer	1.00					Х		123,961.	0.	5,221.
(5) Karen Bradbury	10.00									
Board Member	1.00	Х						0.	0.	0.
(6) Patrick Dempsey	10.00									
Director, Founder	5.00	X						0.	0.	0.
(7) Laurie Downey	10.00									
Board Member	1.00	X						0.	0.	0.
(8) Ann Drew	10.00								0	
Board Member	1.00	X						0.	0.	0.
(9) Peter Hayes	10.00							0	0	
Board Member	1.00	X						0.	0.	0.
(10) Peter Manning	10.00							0.	0	
Board Member	1.00	X						0.	0.	0.
(11) Lee Nelson	10.00	v						0.	0.	0.
Board Member (12) Renee Nicholas	10.00	X						0.	0.	0.
(12) Renee Nicholas Board Member	1.00	x						0.	0.	0.
(13) James Whitemore	10.00							0.	0.	0.
Board Member	1.00	x						0.	0.	0.
(14) Timothy Griffin	10.00	^						0.	0.	0.
(14) Himothy Griffin Chair	1.00	x		x				0.	0.	0.
(15) Benjamin Michaud	10.00	1		1		-		0.	0.	<u> </u>
Treasurer	1.00	x		x				0.	0.	0.
(16) Margaret LePage	10.00	<u> </u>		<u> </u>						<u> </u>
Secretary	1.00	x		x				0.	0.	0.
		1								
		1								

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Form 990 (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and Hilo Average Hours for week Postbor Hours for Week Postbor Hours for Hours for H			Dempsey	Center	fo	r Ç	Qua	1	ity	r (Cancer	Care	82-1	547	129	Pa	ge 8
Name and title Average (Bit and the local state of the local based of the local state of the local organizations (Bit and the local organization (Bit and the	Par	t VII Section A. Officers,	Directors, Tru	stees, Key En	nploy	vees	, and	d Hi	ghes	st C	Compensated	d Employe	es (continued)				
hours for display gradient display <t< td=""><td></td><td></td><td></td><td>Average hours per week</td><td>box offi</td><td>not c , unle</td><td>Posi heck</td><td>ition more rson i</td><td>than o is both</td><td>ı an</td><td>Report</td><td>able sation</td><td>Reportable compensatio</td><td>n</td><td>Est am</td><td>imateo ount o</td><td></td></t<>				Average hours per week	box offi	not c , unle	Posi heck	ition more rson i	than o is both	ı an	Report	able sation	Reportable compensatio	n	Est am	imateo ount o	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.				hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organiz (W-2/1099	ation 9-MISC/	(W-2/1099-MI	SC/	fro orga and	om the nizatic relate	on d
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					_												
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.					_												
c Total from continuation sheets to Part VII, Section A 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.																	
d Total (add lines tb and tc) 579,958. 0. 18,535. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Medalist Sports, LLC P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1b	Subtotal							<u> </u>		579				18	3,53	5.
compensation from the organization 4 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 4 X 5 Did any person listed on the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Complete Schedule J for such person (A) (B) (C) Compensation Compensation Medalist Sports, LLC Description of services Compensation P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the											579	•••			18	8,53	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (C) Medalist Sports, LLC Description of services Compensation P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1	2			not limited to t	hose	liste	ed al	bove	e) wh	o r	eceived more	than \$100),000 of reportab	le			4
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Medallist Sports, LLC Description of services Compensation P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1	3	Did the organization list any	/ former officer	, director, trus	tee, I	key e	empl	loye	e, or	hig	ghest comper	isated emp	bloyee on			Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Medalist Sports, LLC P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1	4	line 1a? <i>If "Yes," complete s</i> For any individual listed on	Schedule J for line 1a, is the s	such individua sum of reportal	/ 	omp	ensa	atior	n and	ot	her compens	ation from	the organization		3		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Medalist Sports, LLC P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5	Did any person listed on lin	e 1a receive or	accrue compe	ensat	ion f	from	any	unre							X	17
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Medalist Sports, LLC Description of services P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1	Sec			nplete Schedu	le J i	or si	uch	pers	son						5		<u>X</u>
(A) Name and business address (B) Description of services (C) Compensation Medalist Sports, LLC P.O. Box 415, Tyrone, GA 30290 Event Management 193,992. Image: Comparison of the comparison of the organization of the organizatio		Complete this table for you	r five highest c	-	-									npens	ation fr	om	
P.O. Box 415, Tyrone, GA 30290 Event Management 193,992.			(A)		/							(B)		С			
\$100,000 of compensation from the organization 1				30290							Event M	lanage	ment		193	8,99	12.
\$100,000 of compensation from the organization 1																	
\$100,000 of compensation from the organization 1																	
\$100,000 of compensation from the organization 1										_							
\$100,000 of compensation from the organization 1	2	Total number of independe	nt contractors	(including but	not li	mite	d to	tho	se lis	ter	d above) who	received n	ore than				
		-									,				Form C	90 (2)	022)

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					nte	r for Qu	ality Canc	er Care	82-1547	129 Page 9
Pa	rt V	/111								
			Check if Schedule O	contains a resp	onse	or note to any li		(D)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				1			
An G			Fundraising events			2,270,993	•			
Gift lar			Related organizations							
imi,		е	Government grants (contr	ributions) 1e						
er S		f	All other contributions, gifts,	grants, and						
Oth			similar amounts not included			1,204,804	-			
ont nd (-	Noncash contributions included in	lines 1a-1f	\$	72,345				
<u>a</u> C		h	Total. Add lines 1a-1f	<u></u>			3,475,797.			
•	•	_				Business Code				
Program Service Revenue	2	a h								
Ser		b c								
evel evel		d								
ogr		e								
Pr		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ	ding dividends,	intere	est, and				
			other similar amounts)				122,010.			122,010.
	4		Income from investment of							
	5		Royalties	(i) Rea		(ii) Personal				
	6	_	Cross ranta		.1	(II) Fersonal	-			
	0		Gross rents Less: rental expenses	6a 6b			-			
			Rental income or (loss)	6c			1			
			Net rental income or (loss)			•				
	7		Gross amount from sales of	(i) Securi		(ii) Other				
			assets other than inventory	7a 2,154,	713.					
		b	Less: cost or other basis							
evenue			and sales expenses	7b 2,445,			_			
eve			Gain or (loss)	7c - 290,						
r R	-		Net gain or (loss)				-290,963.			-290,963.
Other	8	а	Gross income from fundraisir including \$ 2,							
0			contributions reported on							
			Part IV, line 18		8a	129,560				
		b	Less: direct expenses				-			
			Net income or (loss) from				-97,129.			-97,129.
			Gross income from gamin							
			Part IV, line 19				-			
			Less: direct expenses							
			Net income or (loss) from		s	 I				
	10	а	Gross sales of inventory, I		10-	48,777.				
		h	and allowances Less: cost of goods sold			· · · · ·	-			
			Net income or (loss) from				433.			433.
10		-			. ,	Business Code				
Miscellaneous Revenue	11	а								
lan6 enu		b								
Sevel 1		с								
Mis			All other revenue							
			Total. Add lines 11a-11d					-	-	
	12		Total revenue. See instructio	ons			3,210,148.	0.	0.	-265,649.
23200	9 12	-13	-22							Form 990 (2022)

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Form 990 (2022)	Dempsey		for	Quality	Cancer	Care	82-1547129	Page 10
Part IX Statement of	Functional E	xpenses						

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 include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b,	9b, and 10b of Part VIII.		expenses	general expenses	expenses
	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16 enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	338,858.	203,315.	135,543.	
	impensation not included above to disqualified	,			
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages	3,100,445.	2,845,644.	114,849.	139,952
	nsion plan accruals and contributions (include				
se	ction 401(k) and 403(b) employer contributions)				
9 Ot	her employee benefits	393,304.	324,322.	26,648.	42,334
	ayroll taxes	259,731.	230,969.	18,041.	10,721
	ees for services (nonemployees):				
a Ma	anagement				
	gal	43,689.	42,559.	766.	364
		28,177.		28,177.	
	bbying				
	ofessional fundraising services. See Part IV, line 17	31,971.		31,971.	
	vestment management fees	51,971.		51,971.	
-	her. (If line 11g amount exceeds 10% of line 25, lumn (A), amount, list line 11g expenses on Sch 0.)	375,664.	373,405.		2,259
	dvertising and promotion	40,168.	37,081.		3,087
	fice expenses	202,815.	201,276.	51.	1,488
	formation technology	112,586.	108,622.	1,887.	2,077
	byalties	,		,	, -
	ccupancy	339,721.	331,122.	5,831.	2,768
	avel	15,802.	12,947.	131.	2,724
	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
19 Co	onferences, conventions, and meetings	7,439.	6,591.	92.	756
20 Int	terest				
2 1 Pa	ayments to affiliates				=
22 De	epreciation, depletion, and amortization	109,419.	107,681.	1,178.	560
2 3 Ins	surance	19,125.	16,351.	2,645.	129
	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If				
lin	e 24e amount exceeds 10% of line 25, column (A),				
	nount, list line 24e expenses on Schedule O.)	92,748.	7,638.	140.	84,970
	usiness licenses	4,371.	4,284.	140. 59.	28
	tate and local taxes	1,737.	1,711.	3.	23
c <u>5</u> d		±,,,,,,,,	±,/±±•	J•	23
	l other expenses				
	tal functional expenses. Add lines 1 through 24e	5,517,770.	4,855,518.	368,012.	294,240
	int costs. Complete this line only if the organization	-,,,,,,,	_,,		
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				
	2-13-22				Form 990 (202

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Dempsey Center for Quality Cancer Care Part X Balance Sheet

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

Form 990 (2022)

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		(A) Beginning of year		(B) End of year
1	Cash - non-interest hearing	536,514.	1	823,576.
2	Cash - non-interest-bearing Savings and temporary cash investments	189,598.	2	367,856.
3	Pledges and grants receivable, net	247,768.	3	249,448.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,		-	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	69,804.	9	136,223.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a2,130,073.Less: accumulated depreciation10b904,462.			
b	Less: accumulated depreciation 10b 904,462.		10c	1,225,611.
11	Investments - publicly traded securities	6,458,600.	11	3,768,736.
12	Investments - other securities. See Part IV, line 11		12	903,811.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,767,958.	16	7,475,261.
17	Accounts payable and accrued expenses	252,618.	17	541,641.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		22	
23	controlled entity or family member of any of these persons		22	
23 24	Secured mortgages and notes payable to unrelated third partiesUnsecured notes and loans payable to unrelated third parties		23 24	
25	Other liabilities (including federal income tax, payables to related third		27	
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	252,618.	26	541,641.
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	7,141,391. 1,373,949.	27	5,522,725.
28	Net assets with donor restrictions	1,373,949.	28	1,410,895.
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	8,515,340.	32	6,933,620.
33	Total liabilities and net assets/fund balances	8,767,958.	33	7,475,261.

Form 990 (2022)

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2022) Dempsey Center for Quality Cancer Care	82-15	547129	Pag	ge 12
Pa	t 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	3,210),1	<u>48.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,51		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,30		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,515		
5	Net unrealized gains (losses) on investments	5	725	5,9	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,933	3,6	20.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	; O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		

Form **990** (2022)

232012 12-13-22

SCH	EDU	ILE	Α

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

I	2022
	Open to Public Inspection
Employer	identification numbe
<u>م</u>	0 1 5 4 5 1 0 0

L

OMB No. 1545-0047

Nam	e of t	the organization							identification number				
				for Quality					2-1547129				
Pa	rt I	Reason for Public	Charity Status.	All organizations must o	complete t	his part.) S	See instruction	าร.					
The	organ	ization is not a private found	lation because it is: (l	For lines 1 through 12, o	check only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches describe	d in sectic	on 170(b)(*	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forr	n 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in cor	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,				
		city, and state:											
5		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 go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	Ily receives a substa	ntial part of its support	from a gov	ernmental	unit or from	the general	public described in				
		section 170(b)(1)(A)(vi). (C											
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	unction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	e or				
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from				
		activities related to its exen											
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.				
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	afety. See	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). C	Check the box on				
		lines 12a through 12d that	describes the type o	f supporting organizatio	on and con	nplete lines	s 12e, 12f, an	d 12g.					
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting				
		organization. You must o	complete Part IV, Se	ctions A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	ts support	ed organizatio	on(s), by ha	ving				
		control or management o	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or mana	age the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,				
		its supported organizatio	n(s) (see instructions). You must complete	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	with its suppo	orted organi	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		requirement (see instruct	ions). You must con	plete Part IV, Section	s A and D,	, and Part	v .						
е		Check this box if the orga	anization received a v	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.							
f	Ente	er the number of supported o	organizations										
g	Pro	vide the following informatior		d organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your govern	inization listed ing document?	(v) Amount o	,	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)				
								I					
Tota	I												

(Form 990) 2022 Dempsey Center for Quality Cancer Care 82-1547129 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2022 Part II

(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.)

Sec	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.")	2,814,789.	4,657,729.	3,953,086.	3,959,996.	3,475,797.	18,861,397.		
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 \dots								
4	Total. Add lines 1 through 3	2,814,789.	4,657,729.	3,953,086.	3,959,996.	3,475,797.	18,861,397.		
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)						2,300,300.		
6	Public support. Subtract line 5 from line 4.						16,561,097.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	2,814,789.	4,657,729.	3,953,086.	3,959,996.	3,475,797.	18,861,397.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	136,053.	333,615.	323,891.	168,075.	122,010.	1,083,644.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	18,069.	4,343.	605.	4,001.	433.	27,451.		
11	Total support. Add lines 7 through 10						19,972,492.		
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12			
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)			
	organization, check this box and stop	here			-				
Sec	ction C. Computation of Publ								
14	Public support percentage for 2022 (I	line 6, column (f), c	livided by line 11,	column (f))		14	82.92 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box o	n line 13, and line [.]	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual								
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the fact								
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization	-			
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets th	-							
	organization meets the facts-and-circl								
18	Private foundation. If the organizatio						s		
							Form 990) 2022		

Schedule A (Form 990) 2022

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Dempsey Center for Quality Cancer Care 82-1547129 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar 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 \dots						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(0) 2020		(0) 2022	(i) rotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t		rst. second. third.	fourth. or fifth tax	vear as a section	501(c)(3) organ	ization.
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2	022 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ne 17 is not
more than 33 1/3%, check this box						L
b 33 1/3% support tests - 2021. If the						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in		
232023 12-09-22			16		Schedu	le A (Form 990) 2022

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Schedule A (Form 990) 2022

Dempsey Center for Quality Cancer Care 82-1547129 Page 4

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.)

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Dempsey Center for Quality Cancer Care 82-1547129 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
1	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		
<u> </u>	tion B. Type I Supporting Organizations			

Section B. Type I Supporting Organizations

1

direc effec orga	re supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ectors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) ectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> anization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the poported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
Supp	ported organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section 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		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes

1

2

1.4

.

No Yes

No

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Schedule A (Form 990) 2022

Dempsey Center for Quality Cancer Care 82-1547129 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	1 1		
	Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted	Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 instructions for short tax year or assets held for part of year): 7 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-y	Net short term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035.

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Dempsey Center for Quality Cancer Care 82-1547129 Page 7

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	•
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on 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			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	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, Ine 10, Part II, Ine 17a or 1 Part VI, Section D, Ines 1, 2, 3b, 3, 4d, 4c, 5a, 6, 8, 9, 90, 90, 51, 11, 15, and 17, 2art V, Section B, Ines 1a, and 15, Part V, Section B, Ines 1a, and 15, Part V, Section B, Ines 1a, and 3, and Part V, Section E, Ines 2, 5, and 6. Also complete this part for any additiona (See Instructions)	82-1547129 Pa
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 E, lines 2, 5, and 6. Also complete this part for any additiona	17b; Part III, line 12; and 2: Part IV, Section C.
Section D, lines E, 6, and 8; and Part V, Section E, lines 2; 5, and 6. Also complete this part for any additiona (See instructions.)	, Section B, line 1e; Part V
	al information.
2028 12-09-22	Schedule A (Form 990)
21 80426 793251 29086 2022.05090 Dempsey Center for Qua	-14+ 00000

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	82	2-1	54	71	29
--	----	-----	----	----	----

Organization type (check o	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Dempsey Center for Quality Cancer Care

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

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).

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

29086__1

Schedule B (Form 990) (2022) Name of organization

Dempsey Center for Quality Cancer Care

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 225,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 2 X Person Payroll 169,482. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 131,779. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 104,063. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 103,650. Noncash \$ (Complete Part II for noncash contributions.)

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2022.05090 Dempsey Center for Quality

223452 11-15-22

12280426 793251 29086

Employer identification number

82-1547129

Schedule B (Form 990) (2022)

Employer identification number

82-1547129

Dempsey Center for Quality Cancer Care

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 8 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) 223452 11-15-22

Schedule B (Form 990) (2022)

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2022.05090 Dempsey Center for Quality 29086_1

12280426 793251 29086

Name of organization

82-1547129

Dempsey Center for Quality Cancer Care

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			

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25 2022.05090 Dempsey Center for Quality 29086_1

ame of organiz	zation		Employer identification
	Center for Quality Ca		82-1547129
fror com	clusively religious, charitable, etc., contribution m any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, che e duplicate copies of Part III if additional s	through (e) and the following line en naritable, etc., contributions of \$1,000 o	n section 501(c)(7), (8), or (10) that total more than \$1,000 fo entry. For organizations or less for the year. (Enter this info. once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, ar		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 g	gift
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
3454 11-15-22			Schedule B (Form 9

Department of the Treasury Internal Revenue Service

(Form	990)
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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
2022
Ζυζζ
Open to Public
Inspection

Name of the organization

Dempsey Center for Quality Cancer Care

Employer identification number 82-1547129

Par		d Funds or Other Similar Fund	S or Accounts Complete if the
1 01	organization answered "Yes" on Form 990, Part IV, lir		
		(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		ised funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 📃 Preservation o	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic str		<u>2</u> c
d	Number of conservation easements included in (c) acquired		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year	e e e e e e e e e e e e e e e e e e e	
4 5	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ŭ		narialing of violations, and emotoring col	iscivation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		iai gain, provide
_	the following amounts required to be reported under FASB A	-	¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		ی Schedule D (Form 990) 2022
		3 101 1 0111 330.	Schedule D (Form 550) 2022
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		Center for				2-154			ge 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Simila	r Asset	S (contin	ued)	
3	Using the organization's acquisition, access	on, and other record	s, check any of the	following that make	e significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c					e in Part	XIII.		
5	During the year, did the organization solicit of		,	,					
De	to be sold to raise funds rather than to be m					<u> L</u>	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	on Form 990,	Part IV, III	ne 9, or		
10			lion for contribution	a ar athar acasta n	atioaludad				
Ia	Is the organization an agent, trustee, custod						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						res		NO
b		and complete the lo	nowing table.				Amount		
<u> </u>	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance				1f				
2a	Did the organization include an amount on F				bility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part X					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	ars back	(e) Four	years b	ack
1a	Beginning of year balance	3,403,886.	3,375,583.	2,317,254	. 2,39	2,958.		197,4	186.
b	Contributions		1,578,634.					093,0	
с	Net investment earnings, gains, and losses	508,034.	-1,311,643.	1,214,467	1	2,349.		143,4	12.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,149,090.	238,688.	156,138	. 6	3,355.		41,0	134.
f	Administrative expenses								
g	End of year balance	1,762,830.	3,403,886.		. 2,31	7,254.	2,	392,9	158.
2	Provide the estimated percentage of the cur			a)) held as:					
	Board designated or quasi-endowment Permanent endowment 69.3400	28.0200	_%						
	0 6400	%							
С									
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are hold a	nd administered for	r tha				
Ja	organization by:	ssion of the organiza	alion linal are neiu a	nu auministereu ioi	luie		Г	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumulated		(d) Book	value	
	-	basis (investn	· ·		lepreciation				
1a	Land			2,775.				2,77	
	Buildings			1,982.	106,24			5,74	
	Leasehold improvements			3,690.	580,23			3,45	
d	Equipment			2,726.	208,21			1,51	
	Other			8,900.	9,78			$\frac{1}{2}, 12$	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	<u></u>		.,225	-	
					S	chedule i	D (Form	990) 2	2022

Schedule D (Form 990) 2022 Dempsey Cent Part VII Investments - Other Securities. Complete if the organization answered "Yes"		ty Cancer Care	82-1547129 Page 3
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
	(b) BOOK Value		
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A) Corporate bonds	791,229.	End-of-Year M	Iarket Value
(B) Municipal bonds	21,160.	End-of-Year M	Iarket Value
(C) U.S. Government Agency			
_(D) bonds	91,422.	End-of-Year M	Iarket Value
(E)			
(F)			
(G)			
(H)	002 011		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	903,811.		
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 000 Port IV line :	11a Saa Farm 000 Dart V lin	o 12
(a) Description of investment	(b) Book value		Cost or end-of-year market value
	(b) BOOK 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"		11d. See Form 990, Part X, lin	
,	Description		(b) Book value
<u>(1)</u>			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Par	,
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
2. Liability for uncertain tax positions. In Part XIII, provide			tatements that reports the
organization's liability for uncertain tax positions under		•	

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Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 Dempsey Center for Quality Cancer Care	82-	-1547129 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	etur	'n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,288,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 725,902.		
b	Donated services and use of facilities 2b 109,366.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 275,033.		
е	Add lines 2a through 2d	2e	1,110,301.
3	Subtract line 2e from line 1	3	3,178,177.
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 31,971.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	31,971.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,210,148.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,870,198.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 109,366.		
b	Prior year adjustments 2b		
С			
d			
е	Add lines 2a through 2d	2e	384,399.
3	Subtract line 2e from line 1	3	5,485,799.
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 31,971.		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	31,971.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	5,517,770.
Pa	rt XIII Supplemental Information.		

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 V, line 4:

Earnings	from	endowment	funds	are	solelv	for	the	purpose	of
		011010 1110110		~~~ ~	202029		0110		~ -

mission-related program activities, including, but not limited to,

counseling and support services, complementary therapies, health and

wellness, education, and program support.

Part X, Line 2:

Dempsey Center is exempt from federal and state income tax under section

501(c)(3) of the Internal Revenue Code. Accordingly, no provision for

income taxes has been recorded in the financial statements.

Tax-exempt org	ganizations	could be	required	to record	l an d	obligation f	or
----------------	-------------	----------	----------	-----------	--------	--------------	----

232054 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Dempsey Center for Quality Cancer Care 82-1547129 Page 5 Part XIII Supplemental Information (continued) income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board (FASB), assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

Dempsey Center has evaluated the position taken on its filed tax returns. Dempsey Center has not taken, nor does it expect to take any uncertain tax positions in any income tax return.

Part XI, Line 2d - Other Adjustments:	
Fundraising Event Expenses	226,689.
Merchandise Expenses	48,344.
Total to Schedule D, Part XI, Line 2d	275,033.
Part XII, Line 2d - Other Adjustments:	
Fundraising Event Expenses	226,689.
Merchandise Expenses	48,344.

Total to Schedule D, Part XII, Line 2d

Schedule D (Form 990) 2022

275,033.

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SCHEDULE G	Suppleme	ntal Information Re	garding	Fun	drais	ing or Gaming	Activ	/ities	OMB No. 1545-0047	
(Form 990)			rganization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if anization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to F							Open to Public	
Internal Revenue Service		o www.irs.gov/Form990	for instrue	ctions	and t	he latest informatio			Inspection	
Name of the organization		Conton for C				am Cama		Employer id 82-154	entification number	
Part I Fundrais		Center for Q Complete if the organization					lino 1			
	complete this par		lion answe		63 01	rronn 330, r arriv,		r. i onn 330-i		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations blicitations on have a written o ted in Form 990, P) highest paid indiv	g or oral agreement with any art VII) or entity in connec viduals or entities (fundrais	Solicitat Solicitat Special individual tion with p	tion of tion of fundra (inclue rofess	non-g gover aising o ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, ?	Ye		
(i) Name and address or entity (fund	s of individual	(ii) Activity		(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
				Yes	No					
		l		<u> </u>						
 List all states in wh or licensing. 	ich the organizatio	n is registered or licensed	l to solicit (contrib	outions	s or has been notifie	d it is	exempt from	registration	

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

Schedule G (Form 990) 2022

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Dempsey Center for Quality Cancer Care 82-1547129 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				In Good	None	(add col. (a) through
				Taste		col. (c))
ē			(event type)	(event type)	(total number)	(-)/
Revenue	1	Gross receipts	2,325,788.	74,765.		2,400,553.
	2	Less: Contributions	2,211,828.	59,165.		2,270,993.
	3	Gross income (line 1 minus line 2)	113,960.	15,600.		129,560.
	4	Cash prizes	0.	0.		
<i>(</i> 0	5	Noncash prizes	16,853.	0.		16,853.
oenses	6	Rent/facility costs	1,421.	15,838.		17,259.
Direct Expenses	7	Food and beverages	867.	3,632.		4,499.
Ē	8	Entertainment	35,000.			36,501.
	9	Other direct expenses	151,463.	114.		151,577.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			226,689.
		Net income summary. Subtract line 10 from li	ine 3, column (d)			-97,129.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						

Reve									
æ	1	Gross revenue							
es	2	Cash prizes							
ens	_								
Exp	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
Di	•								
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	Νο				
	_								
	1	Direct expense summary. Add lines 2 through	1 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)						
	-		(u)						
9	9 Enter the state(s) in which the organization conducts gaming activities:								
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	lf "	No," explain:							

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022	Dempsey Center	for Quality	Cancer C	are 82-1	<u>54712</u> 9	Page 3
	ct gaming activities with nonmember	s?			Yes	No
	beneficiary or trustee of a trust, or a		•		<u> </u>	—
13 Indicate the percentage of ga	ng?				Ves	└── No
					13a	%
					13b	%
14 Enter the name and address	of the person who prepares the orga	nization's gaming/spe	cial events books	and records:		
N						
Name						
Address						
15a Does the organization have a	contract with a third party from who	m the organization rec	eives gaming reve	enue?	Yes	No No
b If "Yes," enter the amount of of gaming revenue retained b	gaming revenue received by the orga	anization \$	ar	nd the amount		
c If "Yes," enter name and add						
Name						
Address						
Address						
16 Gaming manager information:	:					
Name						
Gaming manager compensati	ion \$					
	···· •					
Description of services provic	led					
Director/officer	Employee	Independent contra	ctor			
17 Mandatory distributions:	ndor atata law ta maka aharitahla dir	tributions from the ge	mina procodo to			
	nder state law to make charitable dis e?	-	• ·		Yes	No No
	ons required under state law to be d					
organization's own exempt ad	<u> </u>					
	formation. Provide the explanation, as applicable. Also provide any ad			(iii) and (v); and Pa	t III, lines 9,	9b, 10b,
	, as applicable. Also provide any ad	ditional mormation. S	ee instructions.			
Schedule G, Part	II, Line 9					
Ohlen dinert some						
	nses include profe				lces	
tor the bempsey t	hallenge and peer-	co-peer run	uraising	SOLLWALE		
applications.						
232083 10-27-22				Schedu	ıle G (Form	990) 2022
		34				

Schedule G	(Form 990) Supplemental Infe	Dempsey	Center	for	Quality	Cancer	Care	82-1547129	Page 4
								Schedule G (F	orm 990)
232084 04-01-	22				35				

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sc	HEDULE J	Compensation Information	L	OMB No.	1545-00	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	2022				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
Depa	tment of the Treasury	Attach to Form 990.		Open to			
Interr	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	e of the organization		Employer i			mber	
		Dempsey Center for Quality Cancer Care	82-1	54712	9		
Pa	rt I Question	s Regarding Compensation				<u> </u>	
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		eation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ur, chef)				
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16	х		
2		provision of all of the expenses described above? If "No," complete Part III to explain		1b	- 23		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х		
	trustees, and onice						
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's	e				
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
		compensation consultant X Compensation survey or study					
	X Form 990 of o		ommittee				
		, , , , , , , , , , , , , , , , ,					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?		4a		Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X	
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the r					37	
а	The organization?			5a		X	
b		ation?		5b		X	
~		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	on				
	contingent on the r					x	
		ation				X	
a		ation?		6b			
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment:	c				
'		nes 5 and 6? If "Yes," describe in Part III		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t					
0		prion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9		id the organization also follow the rebuttable presumption procedure described in				<u> </u>	
5		a 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990)) 2022	
		·		• • • •	- /	. –	

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.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Cara Valentino	(i)	178,123.	0.	18,587.	0.	5,221.	201,931.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a:

For the period covered by this Form 990, the Organization maintained an

employment contract with its President and CEO. This contract included an

allowance for moving expenses of up to \$10,000, as well as additional

payments for tax indemnification and gross-up payments on such reimbursed

expenses. As such reimbursed moving expenses were deemed to be taxable

compensation, such reimbursements were provided with an additional tax

gross-up amount. Moving expenses were reimbursed on an accountable plan and

documented by receipts. The Organization's CEO received a total of \$18,587

in reimbursed moving expenses and associated indemnification payments

during, as included in the CEO's 2022 Form W-2 and reported on this Form

990, Schedule J, Column B(iii).

SCHEDULE L	Tran
(5	

sactions With Interested Persons

OMB No. 1545-0047
0000

(Form 990) Complete if the organizat									art V, line 38a		20, 21,	20a,		2	U Z	Ζ.
epartment of the Trea	asury			4	ttach t	o Fo	orm 99	90 or F	orm 990-EZ.					pen T		olic
ernal Revenue Servi		Go	to ww	/w.irs.gov/l	orm99	90 fo	r instr	ructio	ns and the lat	est information.				spect		
ame of the orga	anization	Demose		ontor	for	01	1121	i+.,	Cancer	Care			rident 471		on nu	imbe
Part I Ex	cess Be									ction 501(c)(29) o				27		
										, or Form 990-EZ						
(a) Name of	disqualifi	ed person	(b) F	Relationship				ified	(c) Description of tr	ansacti	on		(d)	Corre	cted
	aloqualiti			person a	nd orga	Iniza	tion		(5	, becomption of a				<u> </u>	es	No
Entor the av	mount of t	tax incurred by	/ tho o	ragnization	manag	lore (or disc	nualifio	d porcons du	ing the year unde)r					
section 495		-		-	-				-			\$				
B Enter the ar																
					<u></u>											
		and/or From							/ line 29e or F	orm 000 Dart IV	line OG:	or if th		nizati	~~	
	-	amount on For						, Part v	/, line soa or r	Form 990, Part IV,	ine ∠o,	ornu	le orga	mzau	on	
(a) Nam	ne of	(b) Relatio	onship	(c) Purpo	ose (d		an to or	•) Original	(f) Balance due) In	(h) Ap	proved ard or	(i) V	Vritten
interested	person	with organ	ization	of loar	or	rganiz	ation?	princ	ipal amount				default? comm		agree	
						То	From				Yes	No	Yes	No	Yes	No
																+
											_					–
																+
											_					<u> </u>
tal									\$		_					<u> </u>
art III Gra	ants or	Assistance	e Ber	nefiting I	nteres	sted	d Per	rsons								
Cor	mplete if t	he organizatio	n ansv	wered "Yes	" on Foi	rm 9	90, Pa	art IV, I	ine 27.							
(a) Name c	of interest	ed person		(b) Relation interested				•) Amount of assistance	(d) Ty assist			• •) Purp assista		f
				the org			-				anoc			2001011		
			+													
HA For Paper	work Red	duction Act N	otice.	see the Ins	structio	ons f	for Fo	rm 990) or 990-EZ.			Sche	dule L	. (Forr	n 990)) 202

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Schedule L (Form 990) 2022 Der	mpsey Center for Qualit	y Cancer Ca	re 82-1547	129 Pag	ge 2					
Part IV Business Transactions I	nvolving Interested Persons.									
Complete if the organization and	swered "Yes" on Form 990, Part IV, line 28a, 2	28b, or 28c.								
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues	ŏn's					
					No					
Ann Drew	Board Member	14,580.	Ann Drew se	<u> </u>	ζ					
Part V Supplemental Information	on. or responses to questions on Schedule L (see	instructions).								
Sch L, Part IV, Busines	ss Transactions Involvi	ng Interest	ed Persons:							
(a) Name of Person: Ann	n Drew									
(d) Description of Tra	nsaction: Ann Drew serv	ed on the O	rganization	ı's						

Board of Directors during the fiscal year covered by this tax return.

During this reporting period, the Organization engaged Cape Construction,

Inc. for contracted construction services at the Claytons House. Ms.

Drew's spouse is the owner of Cape Construction. The Organization

compensated Cape Construction \$14,580 for these services. The transaction

was reviewed in advance by the board and determined the fees to be a

reasonable and at arm's-length.

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE	Μ
(Form 990)	

Department of the Treasury

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Internal Revenue Service Name of the organization

		Employer identification number
r	Care	82-1547129

Dempsey Center for Quality Cancer Care

Pa	דון וא	pes of Property							
			(a)	(b)	(C)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of d noncash contrib		•	· c
			applicable		Form 990, Part VIII, line 1g	Honcash contrib	ution a	nount	3
1	Art - Works	s of art							
2		ical treasures							
3	Art - Fracti	onal interests							
4		I publications							
5	Clothing a	nd household goods							
6	Cars and o	other vehicles							
7		planes							
8		l property							
9		- Publicly traded	Х	1	31,708.	Gift Date I	FMV		
10		- Closely held stock							
11	Securities	- Partnership, LLC, or							
	trust intere	ests							
12		- Miscellaneous							
13		onservation contribution -							
	Historic st	ructures							
14		onservation contribution - Other							
15	Real estate	e - Residential							
16	Real estate	e - Commercial							
17	Real estate	e - Other							
18	Collectible	s							
19	Food inver	ntory							
20	Drugs and	medical supplies							
21	Taxidermy								
22		artifacts							
23	Scientific s	specimens							
24	Archeolog	ical artifacts			40.00				
25	Other	(Supplies)	X	8	40,637.	Value per 1	book		
26	Other)							
27	Other	()							
28	Other ()			<u> </u>				
29		Forms 8283 received by the organ							
	for which t	he organization completed Form 82	283, Part V, I	Donee Acknowledg	jement 29		,		
	- · · · ·							Yes	No
30a		year, did the organization receive b							
		for at least 3 years from the date of			•				v
		rposes for the entire holding period	l?				30a		X
	,	escribe the arrangement in Part II.	n allas de si		of any name and so the			x	
31		organization have a gift acceptance					31		
32a		organization hire or use third parties		0			00-	x	
Ŀ.	contributio						32a	^	
	-	escribe in Part II.	oolumn (o) f-	r a turna of arona	v for which column (a) is the	akad			
33	-	nization didn't report an amount in (r a type of propert	y for which column (a) is che	ukea,			
	describe ir	iraill.							

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M (Form 990) 2022 Dempsey Center for Quality Cancer Care 82-1547129 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

The Organization uses a third-party investment broker to process gifts

of stock and securities.

Non-cash gifts of supplies are incorporated into the Organization's

programs or fundraising events, or are disposed of in an appropriate

and responsible manner.

Schedule M (Form 990) 2022

232142 09-09-22

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OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number 82-1547129 Dempsey Center for Quality Cancer Care Form 990, Part I, Line 1, Description of Organization Mission: The Dempsey Center is committed to making life better for people managing the impact of cancer. Through the provision of a wide range of services known to ease the side effects of cancer, the Dempsey Center works with youth and adult cancer patients, survivors and caregivers. Services include complementary therapies like oncology massage and acupuncture, individual and family counseling, nutrition education, movement and fitness classes, support groups and Cancer Resource Navigation programs. Dempsey Center services are provided in-person as well as virtually. Dempsey Center services provide people with cancer-related knowledge, skills and tools.

Form 990, Part III, Line 1, Description of Organization Mission: With clients at the heart of all we do, the Dempsey Center interdisciplinary team of oncology professionals meets clients where they are in their cancer journey, and offers curated support that complements medical cancer treatments and supports care partners, patients, survivors, and their families equally. All services at the Dempsey Center are provided at no cost to our clients.

Form 990, Part III, Line 4a, Program Service Accomplishments:					
The Dempsey Center embraces whole-person care using a collaborative and					
holistic approach. We offer a full range of support, education,					
complementary therapies, and prevention resources related to improving					
the vitality of those managing a cancer impact. In 2022, more than					
17,900 client visits were provided, a 52% increase from the prior year.					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022					
232211 10-28-22 43					

 $12280426 \ 793251 \ 29086$

4

2022.05090 Dempsey Center for Quality 29086_1

Schedule O (Form 990) 2022	Page 2					
Name of the organization Dempsey Center for Quality Cancer Care	Employer identification number 82-1547129					
Total unique clients served in 2022 were 2,206. In July 2	022, the					
Dempsey Center opened Clayton's House, a hospitality home	for clients					
and their care partner to stay at when receiving treatment in the						
Greater Portland region. The Dempsey Center provides its	services					
in-person and virtually, giving clients choice and reduci	ng access to					
barriers. All of these services are provided at no cost t	o the client					
and supported by charitable giving including grants and individual						
contributions.						

Form 990, Part VI, Section B, line 11b:

The return is initially reviewed by management and with the assistance of an independent accounting firm. An updated draft is then reviewed by the executive finance committee as well as the executive committee in detail. A final copy of the return is then provided to the board of directors for their review and comment prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Annually, each director, officer, and member of any committee with
board-delegated powers shall sign a statement which affirms that such
person has received a copy of the conflict of interest policy, has read and
understands the policy, has agreed to comply with the policy. Each
director, officer, and member also understands that the Corporation is a
charitable organization and that in order to maintain its federal
tax-exempt status it must engage primarily in activities which accomplishes
one or more of its tax-exempt purposes.

Form 990, Par	t VI, Se	ection B, 1	Line 15:				
Compensation	for the	President	+ CEO i	.s evalua	ited and	approved by	y the Board
232212 10-28-22						Schedul	e O (Form 990) 2022
2280426 793251	29086	202	2.05090	44 Dempsey	Center	for Quality	290861

Schedule O (Form 990) 2022	Page 2
Name of the organization Dempsey Center for Quality Cancer Care	Employer identification number 82-1547129
of Directors. Compensation market assessments were conduc	ted by a
third-party HR consulting firm in 2022 for all paid posit	ions, including
the President + CEO. Compensation data sources were deriv	ed from
CompAnalyst, Economic Research Institute, Bureau of Labor	Statistics, and
other industry specific surveys.	
Form 990, Part VI, Section C, Line 19:	
The Center makes many of its financial reports, including	its Annual
Report, Audited Financial Statements, and Forms 990, avai	lable on its
website at the following web address:	
https://www.dempseycenter.org/about/financial-transparenc	у/
Other documents that are required to be open for public i	nspection are made
available upon request within the timeframe required by 1	aw.

Form 990, Part XII, Line 2c:

The audit process has not changed from the previous year.

232212 10-28-22

SCH	EDULE R
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(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

22 Open to Public Inspection

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

Name of the organization

Department of the Treasury Internal Revenue Service

Dempsey Center for Quality Cancer Care

Employer identification number 82-1547129

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
Clayton's House LLC					
29 Lowell Street, Suite 5]				Dempsey Center for
Lewiston, ME 04240	Client hospitality house	Maine	34,171.	1,470,443.	Quality Cancer Care

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
	4						

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

Schedule R (Form 990) 2022

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	Predomi	(e) nant income	Share	(f) of total	Sha	g) ire of		h) ortionate	(i) Code V-UE	3 Gi	(j) eneral or	(⊧ Perce	ntag
of related organization		(state or foreign country)	entity	(related, excluded fr sections	, unrelated, rom tax under s 512-514)	inc	ome	end-c	of-year sets		tions?	amount in b 20 of Sched K-1 (Form 10	ox ^m ule ^p	anaging artner?	owne	rshi
		country)								Tes			00) 1			
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		-		_										_		
	-															
IV Identification of Related C	Jrganizations Taxable	as a Corp	pration or Trust. C	 omplete if t	he organizat	ion ansv	vered "Yes	s" on For	m 990, P	I art IV,	l line 34	l 4, because it h	ad on	e or m	l ore rel	ate
organizations treated as a d	corporation or trust duri	ng the tax	-	()	- (n							()				
(a) Name, address, and	EIN	Prim	(b) ary activity	(c) Legal domicile	(d) Direct con		(e) Type of	entity	(f) Share c			(g) Share of		h) entage	(i Sec 512(b contr) tion 5)(13
of related organizat	ion			(state or foreign country)	entit	у	(C corp, s or tru		inco	me		end-of-year assets	owne	ership	ent	ity?
				country)											Yes	N
																1

Schedule R (Form 990) 2022 Dempsey Center for Quality Cancer Care

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
с	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved
(1)			
_(2)			
<u>(</u> 3)			
<u>(</u> 4)			
<u>(</u> 5)			
_(6)			

Schedule R (Form 990) 2022 Dempsey Center for Quality Cancer Care

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)(orgs.5 Yes N	II sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes No	(k) Percentage ownership
			,		10			163	NO			

Schedule R (Form 990) 2022

Part VII Supplemental Information	
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Provide additional information for responses to questions on Schedule R. See instructions.

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