Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Number of independent voting members of the governing body (Part VI, line 1b)	L Year	(646) 861-203 G Gross receipts \$ H(a) Is this a group retu- for subordinates? H(b) Are all subordinates inclu- If "No," attach a list H(c) Group exemption of formation: 1996 M HE DEVELOPMENT OF than 25% of its net assess	3 4,460,366 Jrn Yes X No uded? Yes No st. See instructions number State of legal domicile: D1
Doing business as Number and street (or P.0. box if mail is not delivered to street address) 430 W. 14TH STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10014 F Name and address of principal officer: DENISE RICH SAME AS C ABOVE empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) e: WWW.GABRIELLESANGELS.ORG organization: X Corporation Trust Association Other Summary Briefly describe the organization's mission or most significant activities: TO ENC MORE EFFECTIVE THERAPIES FOR PATIENTS WITH LEUKEMIA, LYMPHON Check this box if the organization discontinued its operations or dispo Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	or 527 L Year OURAGE T: 1A sed of more	E Telephone number (646) 861-2033 G Gross receipts \$ H(a) Is this a group return for subordinates? H(b) Are all subordinates incluing If "No," attach a list H(c) Group exemption of formation: 1996 M HE DEVELOPMENT OF e than 25% of its net asses	4,460,366 urn Yes X No uded?Yes No st. See instructions number State of legal domicile:D1
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A- g F Name and address of principal officer: DENISE RICH SAME AS C ABOVE Pempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) e: WWW.GABRIELLESANGELS.ORG organization: X Corporation Trust Association Other Summary Briefly describe the organization's mission or most significant activities: TO ENC MORE EFFECTIVE THERAPIES FOR PATIENTS WITH LEUKEMIA, LYMPHON Check this box if the organization discontinued its operations or dispo Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	L Year	for subordinates? H(b) Are all subordinates inclu- If "No," attach a list H(c) Group exemption of formation: 1996 M HE DEVELOPMENT OF than 25% of its net assess	Yes X No uded? Yes No st. See instructions number State of legal domicile: D
Image: Provide and address of principal officer: DENTISE KTCH g SAME AS C ABOVE empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) e: WWW.GABRIELLESANGELS.ORG organization: X Corporation Trust Association Other Summary Briefly describe the organization's mission or most significant activities: TO ENC MORE EFFECTIVE THERAPIES FOR PATIENTS WITH LEUKEMIA, LYMPHON Check this box if the organization discontinued its operations or dispo Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	L Year	H(b) Are all subordinates inclu- If "No," attach a list H(c) Group exemption of formation: 1996 M HE DEVELOPMENT OF	uded? Yes No st. See instructions number State of legal domicile: Di
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MORE EFFECTIVE THERAPIES FOR PATIENTS WITH LEUKEMIA, LYMPHON Check this box if the organization discontinued its operations or dispo Number of voting members of the governing body (Part VI, line 1a)	1A sed of more	e than 25% of its net asse	ts
Check this box if the organization discontinued its operations or dispo Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)	sed of more		ts
Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			ts
Number of independent voting members of the governing body (Part VI, line 1b)			
Total number of individuals employed in calendar year 2022 (Part V, line 2a) \ldots			
			(
Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		(
			Current Year
•			2,578,53
		-	(
		/	109,540
		,	-223,925
			2,464,150
			1,180,500
		-	(
		· · · · · ·	363,312
		0.	(
		220 886	252.00/
		/	353,290
		, ,	1,897,102
Revenue less expenses. Subtract line 18 from line 12			567,048
	В		End of Year
	······		5,133,948
			3,764,159
		1,375,024.	1,369,789
			nowledge and belief, it is
t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	r has any knowledge.	
	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) 133, Other expenses (Part IX, column (D), line 25) 133, Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedule	Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) 133, 284. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Bat assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules and statem t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	Total unrelated business revenue from Part VIII, column (C), line 12 Ta Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Contributions and grants (Part VIII, line 1h) 2,338,866. Proor Year 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 164,867. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -102,921. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 1,948,000. Benefits paid to or for members (Part IX, column (A), lines 1-3) 1,948,000. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 441,131. Professional fundraising fees (Part IX, column (D), line 25) 133,284. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 338,776. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,727,907. Revenue less expenses. Subtract line 18 from line 12 -327,095. Beginning of Current Year 5,237,050. Total liabilities (Part X, line 26) 3,862,026. Net assets (Part X, line 16) 5,237,050. Total liabilities (Part X, line 21 from line 20 1,375,024. Signature Block 1,375,024. S

Sign	Signature of officer							
Here								
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN			
Paid	ALEXANDER LAZZARUOLO	Alexander Lazzaruolo	11/14/2023	if self-employed	P01775353			
Preparer	Firm's name CONDON O'MEARA MCGINTY & I	sEIN 13-	3628255					
Use Only	Firm's address ONE BATTERY PARK PLAZA, 7	TH FL.						
	NEW YORK, NY 10004 Phone no.212-6							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No		
					000			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	GABRIELLE'S ANGEL FOUNDATION FOR		
-	990 (2022) CANCER RESEARCH, INC.	13-3916689	Page 2
Pa			77
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: THE PURPOSE OF GABRIELLE'S ANGEL FOUNDATION FOR CANCER RESEARCH, INC.		
	(THE "FOUNDATION") IS TO ENCOURAGE THE DEVELOPMENT OF MORE EFFECTIVE		
	THERAPIES FOR PATIENTS WITH LEUKEMIA, LYMPHOMA AND RELATED CANCERS.		
	THE FOUNDATION FUNDS INNOVATIVE CLINICAL OR BASIC SCIENCE RESEARCH		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ye	s X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	leasured by expenses	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,658,772. including grants of \$1,180,500.) (Revenue)	•\$	
	FOUNDATION FUNDS INNOVATIVE CLINICAL OR BASIC SCIENCE RESEARCH THAT		
	WILL LEAD TO NOVEL THERAPEUTIC APPROACHES THAT COULD REPLACE, OR BE		
	USED IN COMBINATION WITH EXISTING EFFECTIVE THERAPIES FOR PATIENTS WITH		
	LEUKEMIA, LYMPHOMA AND RELATED CANCERS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	- ¢	,
40	(code) (expenses \$) (revenue	3 D	·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	≥\$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,658,772.		000
		Form	990 (2022)
232002	2 12-13-22		

Form	990 (2022) CANCER RESEARCH, INC. 13-3916	689	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effective of the section of the section for the sect	:		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	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			<u> </u>
0				x
0	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	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			
	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	x	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
13		19		x
20-	complete Schedule G, Part III			X
		0.01		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21		0.4	x	1
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i>			(2022)
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Form		916689	9	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			-	
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		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		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·····	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I		25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	·····	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controll				
~~	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? <i>If</i>		00-		x
L	"Yes," complete Schedule L, Part IV		28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>		00-	x	
200	"Yes," complete Schedule L, Part IV		28c 29	21	x
29 20	, ,	·····	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		30		x
31	contributions? If "Yes," complete Schedule M	·····	<u> </u>		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part 1</i>	·····	31		
32			32		x
33	Schedule N, Part II		52		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		00		
•••	Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	I	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		1
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	I	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?				
	• • • • • •		38	х	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	<u></u>	
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	15			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c	Х	
232004	¥ 12-13-22		Form	990	(2022)

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	990 (2022) CANCER RESEARCH, INC.	13-39166	89	P	age 5		
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a	D				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b				
3a			3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		x		
h	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAB)					
5a			5a		x		
-	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		x		
b					<u> </u>		
C Co	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5</u> c		<u> </u>		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				x		
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	-					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•					
	to file Form 8282?		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
	sponsoring organization have excess business holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b			9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
 a	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
D	amounts due or received from them.)	11b					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041?	iza				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
			120				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
L	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	106					
	organization is licensed to issue qualified health plans	13b	-				
	Enter the amount of reserves on hand	13c					
14a			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	6 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
	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 ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						
232005	5 12-13-22		Forn	ן 990	(2022)		

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GABRIELLE'S	ANGEL	FOUNDATION	FOR

Form	990 (2022) CANCER RESEARCH, INC.			3-391668		P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below	, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	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		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?				2	х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?				3	х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	ooint	one or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	e following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed a	t the				
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)				
						Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates	,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	Detor	e tiling the	e form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				12b		
U		,			12c	x	
12	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	x	
14	Did the organization have a written document retention and destruction policy?				14	x	
14 15	Did the process for determining compensation of the following persons include a review and approval				14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by in	acpenden	L C			
а	The organization's CEO, Executive Director, or top management official				15a		х
b	Other officers or key employees of the organization				15b		х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (sectior	n 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O))			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict c	of interest	policy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	d records				
	JENNIFER RANIERI - (646) 861-2033						
	430 W. 14TH STREET, NEW YORK, NY 10014				-	000	(0000)
23200	5 12-13-22 1				Form	990	(2022)
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	GABRIELLE'S ANGEL FOUNDATION FOR		
Form 990 (2022)	CANCER RESEARCH, INC.	13-3916689	Page 7
Part VII Compen	sation of Officers, Directors, Trustees, Key Employ	yees, Highest Compensated	
Employe	es, and Independent Contractors		
Check if Sc	chedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated	d Employees	
 List all of the orga 	for all persons required to be listed. Report compensation for the e anization's current officers, directors, trustees (whether individuals , (E), and (F) if no compensation was paid.	, , ,	,
 List all of the orga 	anization's current key employees, if any. See the instructions for a	definition of "key employee."	
who received reportable \$100,000 from the orga	ion's five current highest compensated employees (other than an o e compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, an anization and any related organizations.	d/or box 1 of Form 1099-NEC) of more than	_
I ist all of the orga	anization's former officers, key employees, and highest compensat	ted employees who received more than \$100,000 (of

List all of the organization's former officers, key employees, and nignest 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,

• 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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector.						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		voldu	t con	~	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JENNIFER RANIERI	40.00				-		4			
EXECUTIVE DIRECTOR		1		x				167,263.	0.	37,418.
(2) MICHELE KEENE	40.00									
DIRECTOR OF DEVELOPMENT						х		103,390.	0.	34,585.
(3) DENISE RICH	3.00									
PRESIDENT & CO-FOUNDER		Х		х				0.	0.	0.
(4) BROOKE MILLSTEIN	3.00									
VICE CHAIR		Х		х				0.	0.	0.
(5) STAR JONES	3.00									
DIRECTOR		Х						0.	0.	0.
(6) PATRICIA QUICK	3.00									
DIRECTOR		Х						0.	0.	0.
(7) MICHELE RELLA	3.00									
DIRECTOR		Х						0.	0.	0.
(8) ILONA RICH SCHACHTER	1.00									
DIRECTOR		х						0.	0.	0.
(9) THOMAS C. QUICK	3.00									
DIRECTOR		Х						0.	0.	0.
(10) DANIELLA RICH KILSTOCK	3.00									
DIRECTOR		х						0.	0.	0.
(11) PAUL SCHINDLER	3.00									_
DIRECTOR		х						0.	0.	0.
(12) LORRAINE E. SCHWARTZ	3.00									
DIRECTOR		х						0.	0.	0.
(13) STEPHEN D. NIMER, M.D.	3.00									
DIRECTOR		х			<u> </u>			0.	0.	0.
		-								
			-	-	-	-				·
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		1								
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Form 990 (2022)

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GABRIELLE	'S	ANGEL	FOUNDATION	FOF
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	990 (2022) CANCER RESEAR	RCH, INC.								13-39	1668	9	P	age 8
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(C Pos	C)	,		(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck	more	than c		Reportable	Reportable			timate	
		week					s both pr/trust		compensation from	compensatio from related			nount other	
		(list any	ctor						the	organizations			pensa	
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS	I		om th	
		related	stee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations	al trus	onal ti		loyee	comp		1099-NEC)				d relat	
		below line)	dividu	stituti	Officer	Key employee	ghest ploye	Former				orga	anizati	ons
			-	=	of	ξe	e H	ß						
			•											
	Subtotal								270,653.		0.		72,	003.
	Total from continuation sheets to Part VII								0. 270,653.		0.		72	0. 003.
2	Total (add lines 1b and 1c) Total number of individuals (including but no								,	000 of reportable			, 2,	
	compensation from the organization						,							2
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual			4	X	
5	Did any person listed on line 1a receive or a													
Sec	rendered to the organization? <i>If</i> "Yes." com tion B. Independent Contractors	plete Schedule	e J fe	or sl	ich i	oers	on .					5		X
1	Complete this table for your five highest cor	mnensated inc	lene	nder	nt co	ontra	actor	s th	nat received more than \$	100 000 of comr	ensat	ion fro	m	
•	the organization. Report compensation for t										Chisat			
	(A)	,							(B)			(0)	
	Name and business	address							Description of s	ervices	С		nsatio	n
GC B	ALLROOM OPERATOR LLC													
	ALL ST, NEW YORK , NY 10005								EVENT AT CIRPRIANI	BALLROOM			187,	435.
	L MANAGEMENT GROUP, ONE LIBERTY H	PLAZA,												
	FLOOR, NEW YORK, NY 10006							_	EVENT PLANNING AND	MANAGEMENT			149,	355.
	HA ESCOFFREY PEACHTREE CIRCLE, ATLANTA, GA 303	309							CONSULTANT				130,	896
	, , , , , 												,	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2022)

232008 12-13-22

				CER	RESEARCH	, IN	с.			13-391668	9 Page 9
Pa	rt \	VIII	Statement of Re	even	ue						
			Check if Schedule O	cont	ains a respo	onse	or note to any line				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						
iran Dun		b	Membership dues		1b						
Contributions, Gifts, Grants and Other Similar Amounts		с	Fundraising events		1c		1,953,942.				
ar /		d	Related organizations		1d						
is, imil			Government grants (cont				41,667.				
an S S		f	All other contributions, gifts,	-							
D H			similar amounts not include	d abov			582,928.				
un di		g	Noncash contributions included in	n lines	1a-1f 1g	\$		0 550 535			
ה כ		h	Total. Add lines 1a-1f					2,578,537.			
							Business Code				
20	2	a b									
ue ver		b c									
ven ven		d									
Program Service Revenue		e									
2		f	All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclu								
			other similar amounts)					144,936.			144,936.
	4	ŀ	Income from investment								
	5	5	Royalties	<u></u>							
					(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
			Less: rental expenses	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss								
	7	' a	Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	1,102,	/26.					
		b	Less: cost or other basis		1,138,	1 2 2					
nu		-	and sales expenses		1						
Revenue			Gain or (loss) Net gain or (loss)					-35,396.			-35,396.
	9		Gross income from fundrais			·····					
Other	0		including \$1,								
			contributions reported or								
			Part IV, line 18			8a	508,755.				
		b				8b	858,094.				
		с	Net income or (loss) from	fund	Iraising eve	nts		-349,339.			-349,339.
	9	a	Gross income from gamin	ng ac	tivities. See	,					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	ı gam	ing activitie	s					
	10	a	Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold			-					
		С	Net income or (loss) from	sale:	s of invento	ry					
2			OTHER INCOME				Business Code 900099	125 /12	125 412		
ne	11						300033	125,412.	125,412.		
ven		b									
Revenue		c d	All other revenue								
ž			Total. Add lines 11a-11d				L	125,412.			
	12		Total revenue. See instructi					2,464,150.		0.	-239,799.
		-						, , ,	, -•		, , ,

232009 12-13-22

Form **990** (2022)

o not include (), 8b, 9b, and Grants and and domes Grants an individuals Grants an organizati individuals Benefits p Compensat persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Information Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis line 24e am another expen a CONFERED	1(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	ete all columns. All othe	r organizations must com	ipiete column (A).	
o not include b not include b 8b, 9b, and Grants and and domes Grants an individuals Grants an organizati individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tab Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office expl Informatic Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expel above. (Liss Insurance OthEREI		and the second	In the David IV		[]
a) 8b, 9b, and Grants and and domes Grants and and domes Grants an individuals Grants an organizati individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office expl Informatic Royalties Occupand Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expei above. (Liss Insurance Other Expl BPUBLIC 1 above. (Liss OTHER		se or note to any line in t (A)	(B)	(C)	<u>(</u> D)
and domes Grants an individuals Grants an organizati individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tay Fees for s a Managem b Legal c Accountin d Lobbying Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (List ine 24e am amount, lis <u>CONFEREJ</u> b <u>PUBLIC 1</u> c OTHER	clude amounts reported on lines 6b, b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Grants an individuals Grants an organizati individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis ine 24e am amove, Isi	s and other assistance to domestic organizations				
individuals Grants an organizati individuals Benefits p Compensat trustees, a Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis line 24e am amount, lis <u>CONFEREI</u> b <u>PUBLIC I</u>	lomestic governments. See Part IV, line 21	1,180,500.	1,180,500.		
Grants an organizatii individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciatii Insurance Other expel above. (Liss Insurance Other expel above. (Liss	ts and other assistance to domestic				
organizati individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expel above. (Liss Insurance Other expel above. (Liss	iduals. See Part IV, line 22				
individuals Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tay Fees for s Managem b Legal c Accountin d Lobbying Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Liss Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Depreciation Insurance Other expents Insurance Other expents Insurance Other expents Insurance Other expents Insurance Other expents Insurance Other expents Insurance Other expents Insurance I	ts and other assistance to foreign				
Benefits p Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tay Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis line 24e am amount, lis <u>CONFEREI</u> b <u>PUBLIC 1</u> c OTHER	nizations, foreign governments, and foreign				
Compensat trustees, a Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis line 24e am amount, lis <u>CONFEREI</u> b <u>PUBLIC 1</u> c OTHER	iduals. See Part IV, lines 15 and 16				
trustees, a Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis line 24e am amount, lis <u>CONFEREI</u> b <u>PUBLIC 1</u>	fits paid to or for members				
Compensat persons (as persons de Other sala Pension pla section 401 Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Liss Insurance Other expen above. (Liss	pensation of current officers, directors,	204 680	155 005	26 702	21 0
persons (as persons de Other sala Pension pla section 401 Other emp Payroll tau Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Liss line 24e am amount, lis <u>PUBLIC 1</u> c OTHER	ees, and key employees	204,680.	155,925.	26,793.	21,9
persons de Other sala Pension pla section 401 Other emp Payroll tay Fees for s a Managem b Legal c Accountin d Lobbying Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expel above. (Lis line 24e am amount, lis <u>PUBLIC 1</u> c OTHER	pensation not included above to disqualified				
Other sala Pension pla section 401 Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Liss Los Payments Depreciati Insurance Other expen above. (Liss Los Public I Conference Interest Payments Depreciati	ons (as defined under section 4958(f)(1)) and				
Pension pla section 401 Other emp Payroll tay Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Lis line 24e am amount, lis CONFEREI	ns described in section 4958(c)(3)(B)	102 200	79 760	12 524	11 0
section 401 Other emp Payroll tay Fees for s a Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Liss line 24e am amount, lis <u>CONFEREI</u> b <u>PUBLIC 1</u> c OTHER	r salaries and wages	103,390.	78,762.	13,534.	11,0
Other emp Payroll tax Fees for s Managem b Legal c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupanc Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expension above. (Liss line 24e am mount, lis <u>PUBLIC 1</u> c OTHER	on plan accruals and contributions (include	3,932.	2 005	515.	4
Payroll tay Fees for s A Managem b Legal c Accountind Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expel above. (Lis line 24e am amount, lis <u>PUBLIC 1</u> c OTHER	on 401(k) and 403(b) employer contributions)		2,995.		
Fees for s Managem Legal C Accountin Lobbying Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expen above. (Liss line 24e am amount, lis <u>CONFEREI</u> b <u>PUBLIC I</u> c OTHER	r employee benefits	30,655.	23,353.	4,013.	3,2
 Managem Legal Accountin Lobbying Professiona Investmer Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fed Conference Interest Payments Depreciati Insurance Other expel above. (Liss Insurance ONFEREI PUBLIC I OTHER 	oll taxes	20,655.	15,735.	2,704.	2,2
 b Legal c Accountin c Accountin d Lobbying e Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Information Royalties Occupand Travel Payments for any fed Conference Interest Payments Depreciati Insurance Other expel above. (Liss Insurance Depreciati Insurance Depreciati E CONFEREI b PUBLIC I 	for services (nonemployees):				
 Accounting Lobbying Professiona Investmer Other. (If I column (A) Advertisin Office explicit of the state of	agement	1 740		1 740	
d Lobbying Professiona f Investmer g Other. (If I column (A) Advertisin Office exp Informatio Royalties Occupano Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expension above. (Liss line 24e am amount, lis PUBLIC I COTHER	۱	1,748.		1,748.	
 Professiona Investmer Other. (If I column (A) Advertisin Office explicition Normatice Royalties Occupance Travel Payments for any fee Conference Interest Payments Depreciation Insurance Other expension Other expension CONFEREI PUBLIC I OTHER 	punting	35,270.		35,270.	
f Investmer g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expel above. (Liss line 24e am amount, lis <u>PUBLIC 1</u> c OTHER	bying				
g Other. (If I column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expet above. (Liss line 24e am amount, lis CONFEREI D PUBLIC I COTHER	ssional fundraising services. See Part IV, line 17	360.		360.	
column (A) Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other exper above. (Liss line 24e am amount, lis CONFEREI DepLIC 1 COTHER	stment management fees			500.	
Advertisin Office exp Informatic Royalties Occupand Travel Payments for any fed Conference Interest Payments Depreciati Insurance Other expel above. (Liss line 24e arr amount, lis CONFEREI b PUBLIC I	r. (If line 11g amount exceeds 10% of line 25,	209,501.	125,456.	1,584.	82,4
Office exp Informatio Royalties Occupant Travel Payments for any fee Conference Interest Payments Depreciati Insurance above. (Lis line 24 am amount, lis CONFEREI b PUBLIC I C OTHER	nn (A), amount, list line 11g expenses on Sch O.)		125,450.	1,504.	02,4
Informatic Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expension above. (Liss line 24e am amount, lis CONFEREI D PUBLIC I COTHER	ertising and promotion	20,737.	14,268.	4,196.	2,2
Royalties Occupand Travel Payments for any fee Conference Interest Payments Depreciate Insurance Other expension above. (Liss line 24e am amount, lis CONFEREI PUBLIC I COTHER		1,513.	1,059.	4,150.	2,2
Occupand Travel Payments for any fee Conference Interest Payments Depreciate Insurance Other expension ine 24e am amount, lis CONFEREI Depreciate Insurance Other expension ine 24e am amount, lis CONFEREI		1,313.	1,035.		
Travel Payments for any fee Conference Interest Payments Depreciati Insurance Other expel above. (Lis line 24 am amount, lis CONFEREI b PUBLIC I					
Payments for any fec Conference Interest Payments Depreciati Insurance Other expel above. (Lis line 24 am amount, lis CONFEREI D PUBLIC 1 C OTHER		2,577.	902.	1,391.	2
for any fee Conference Interest Payments Depreciati Insurance Other expen- above. (Lis- line 24e arr amount, lis CONFERED PUBLIC 1 COTHER		2,377.	502.	1,351.	
Conference Interest Payments Depreciati Insurance Other experi- above. (Lis- line 24e arr amount, lis CONFERED D PUBLIC 1 C OTHER	nents of travel or entertainment expenses				
Interest Payments Depreciati Insurance Other expei above. (Lis line 24e am amount, lis CONFEREI D PUBLIC 1 C OTHER	ny federal, state, or local public officials				
Payments Depreciati Insurance Other exper above. (Liss line 24e am amount, lis CONFEREI PUBLIC 1 COTHER	erences, conventions, and meetings				
Depreciati Insurance Other expen- above. (Lis- line 24e arr amount, lis CONFERED PUBLIC 1 COTHER	F				
Insurance Other expen- above. (Lis- line 24e am amount, lis CONFERED D PUBLIC 1 C OTHER	nents to affiliates eciation, depletion, and amortization				
Other expension above. (Lisine 24e arramount, lisine 24e arramount, lising CONFERED b PUBLIC 1 c OTHER		7,985.	6,083.	1,045.	8
above. (Lis line 24e am amount, lis CONFEREI D PUBLIC 1 C OTHER	rance	,,505.	0,005.	1,013.	0
CONFERENCE DEPUBLIC DE COTHER	e. (List miscellaneous expenses on line 24e. If 4e amount exceeds 10% of line 25, column (A), int, list line 24e expenses on Schedule 0.)				
b PUBLIC I c OTHER	FERENCE AND MEDICAL	33,215.	33,215.		
C OTHER	LIC RELATIONS & PROM	25,500.	9,180.	9,945.	6,3
·		14,884.	11,339.	1,948.	1,5
				,	_ / -
e All other e	ther expenses				
	functional expenses. Add lines 1 through 24e	1,897,102.	1,658,772.	105,046.	133,2
	costs. Complete this line only if the organization	, , ,	, , ,	, ,	/
educational	ted in column (B) joint costs from a combined				

232010 12-13-22

CANCER RESEARCH, INC.

Form 990 (2022)

13-3916689 Page **11**

		Check if Schedule O contains a response or note to any line in this Part	<			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		473,251.	1	227,767
	2	Savings and temporary cash investments		475,012.	2	1,477,916
	3	Pledges and grants receivable, net		417,848.	3	592,814
	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 359	6			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined	Γ			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
s	7	Notes and loans receivable, net	Г		7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		45,095.	9	58,784
	10a	Land, buildings, and equipment: cost or other	F			
		basis. Complete Part VI of Schedule D 10a	٥.			
	b	Less: accumulated depreciation 10b		0.	10c	
	11	Investments - publicly traded securities		3,824,871.	11	2,775,256
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	Г		14	
	15	Other assets. See Part IV, line 11		973.	15	1,411
	16	Total assets. Add lines 1 through 15 (must equal line 33)		5,237,050.	16	5,133,948
	17	Accounts payable and accrued expenses		65,359.	17	31,159
	18	Grants payable		3,755,000.	18	3,733,000
	19	Deferred revenue		, ,	19	, ,
	20	Tax-exempt bond liabilities			20	
	21				21	
	22	Loans and other payables to any current or former officer, director,	·····			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 359	6			
		controlled entity or family member of any of these persons			22	
Гіа	23	Converse and a star a such to the unrelated third a string	Г		23	
	24	Unsecured notes and loans payable to unrelated third parties	·····		24	
	25	Other liabilities (including federal income tax, payables to related third	·····			
	20	parties, and other liabilities not included on lines 17-24). Complete Part >				
		of Schedule D		41,667.	25	C
	26	Total liabilities. Add lines 17 through 25	·····	3,862,026.	26	3,764,159
	20	Organizations that follow FASB ASC 958, check here		, , -		, ,
es		and complete lines 27, 28, 32, and 33.				
Net Assets or Fund Balances	27	Net assets without donor restrictions		1,075,024.	27	944,385
sale	28	Net assets with donor restrictions		300,000.	28	425,404
	20	Organizations that do not follow FASB ASC 958, check here	Ϋ́΄΄΄΄ Ι		20	
LUL		and complete lines 29 through 33.	-			
5	29	Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund			30	
227	30 31	Retained earnings, endowment, accumulated income, or other funds			31	
et /				1,375,024.	32	1,369,789
Ź	32 22	Total net assets or fund balances		5,237,050.	32	5,133,948
	33	Total liabilities and net assets/fund balances		5,257,050.	აა	Form 990 (202

	GABRIELLE'S ANGEL FOUNDATION FOR				
Form	1990 (2022) CANCER RESEARCH, INC.	13-391668	9	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,464,	150.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,897,	102.
3	Revenue less expenses. Subtract line 2 from line 1	3		567,	048.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,375,	024.
5	Net unrealized gains (losses) on investments	5		-572,	283.
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	1	,369,	789.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	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		1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	ĺ		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2022)

(Fo Depar Intern	rm 99 tment o al Rever	f the Treasury nue Service	Co	omplete if the orga 49 A	nization is a section 501 hization is a section 501 247(a)(1) nonexempt cha attach to Form 990 or Fo /Form990 for instruction	l(c)(3) orga iritable tru orm 990-E	anization (Ist. Z.	or a section		OMB No. 1545-0047
Nan	ne of t	the organizati	ON GABRIE	LLE'S ANGEL FO	UNDATION FOR				Employe	r identification number
_				RESEARCH, INC						13-3916689
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of chu	urches, or associati	on of churches described	l in sectio	on 170(b)(1	l)(A)(i).		
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)				
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in co	onjunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat								
5		-	-		ollege or university owned	d or operat	ed by a go	vernmental u	nit describ	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		-		•	mental unit described in			.,		
7	X				antial part of its support fi	rom a gove	ernmental	unit or from th	ne general	public described in
_				omplete Part II.)						
8	H			•)(1)(A)(vi). (Complete Par	,			1	
9		-	•		d in section 170(b)(1)(A)(-		-	-
		university:	or a non-land-g	frant college of agric	culture (see instructions).		name, city	, and state of	the college	
10			on that normal	lly receives (1) more	e than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees an	d aross receipts from
10		-		•	ct to certain exceptions; a				-	•
					e (less section 511 tax) fro	• •				
				mplete Part III.)	(,,,,,,,,,				,	
11					sively to test for public sa	fety. See	section 50)9(a)(4).		
12					sively for the benefit of, to				rry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o	-			•	
		lines 12a thro	ugh 12d that d	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority c	of the direc	tors or truste	es of the si	upporting
		organizatio	n. You must c	omplete Part IV, S	ections A and B.					
b		Type II. A s	supporting orga	anization supervise	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
			0		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the sup	ported
		¬ ۲	.,	•	, Sections A and C.					
С			-	• • • •	ng organization operated				lly integrate	ed with,
ام		¬ ··	•	. , .	s). You must complete I			-	tod organi	-otion(o)
d			-		porting organization oper zation generally must sat				-	
				0	mplete Part IV, Sections			•	anallenti	VEILESS
е		-	-		written determination fro				II Type III	
			•		onally integrated supporti			1900, 1900	n, 19po m	
f	Ente									
				about the support						
		 Name of supp 	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
										-
Tota	al									

	GA	ABRIELLE'S ANG	EL FOUNDATION	FOR			
Sch		ANCER RESEARCH				13-39166	i ugo 🖬
Pa	rt II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	
	(Complete only if you checked						
	fails to qualify under the tests	listed below, pleas	se complete Part III	.)			
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2013	(0) 2020	(u) 2021	(e) 2022	(1) 10tai
	membership fees received. (Do not	2 074 525	2 972 210	0.01 0.11	2 220 066	2 570 527	10 956 969
_	include any "unusual grants.")	2,074,535.	2,873,319.	991,011.	2,338,866.	2,578,537.	10,856,268.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,074,535.	2,873,319.	991,011.	2,338,866.	2,578,537.	10,856,268.
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)						1 201 /11
~							1,301,411.
	Public support. Subtract line 5 from line 4.						9,554,857.
				I			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,074,535.	2,873,319.	991,011.	2,338,866.	2,578,537.	10,856,268.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	133,660.	119,565.	117,038.	164,867.	144,936.	680,066.
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.)	93,018.	299.	11,779.	35,213.	125,412.	265,721.
11	Total support. Add lines 7 through 10	, -	-	, -	, -	, -	11,802,055.
			une)			12	,,,
12	Gross receipts from related activities,	-		ourth or fifth toy y			
13	First 5 years. If the Form 990 is for the	-		-			
800	organization, check this box and stor ction C. Computation of Publi						
				- L			80.96 %
14	Public support percentage for 2022 (I					14	,,,
15	Public support percentage from 2021					15	/0
16a	33 1/3% support test - 2022. If the c						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this b	box and stop here	e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	licly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qual	lifies as a publicly s	supported organiz	ation	
<u>18</u>	Private foundation. If the organizatio						
							(Form 990) 2022

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GABRIELLE'S	ANGEL	FOUNDATION	FOR
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Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

CANCER RESEARCH, INC.

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021		(e) 2022	(f) Total	
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support			•					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021		e) 2022	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
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.)								
	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(organizatio	n,	
0	check this box and stop here							<u></u>	
	ction C. Computation of Public		•						
	Public support percentage for 2022 (I					15			<u>%</u>
-	Public support percentage from 2021					16			%
	ction D. Computation of Invest								
	Investment income percentage for 20			ne 13, column (f))		17			%
	Investment income percentage from					18			%
19a	33 1/3% support tests - 2022. If the						%, and line 17	7 is not	
	more than 33 1/3%, check this box an							L	
b	33 1/3% support tests - 2021. If the								
	line 18 is not more than 33 1/3%, che			•			0	L	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structio		<u></u>	
23202	23 12-09-22						Schedule A	(Form 990) 2	2022

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Yes No

Schedule A (Form 990) 2022

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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1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

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	GABRIELLE'S ANGEL FOUNDATION FOR			
Sche	dule A (Form 990) 2022 CANCER RESEARCH, INC.	13 - 3916689	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	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			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I		
			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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instructior	· ·	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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

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3b | | Schedule A (Form 990) 2022

2a

2b

3a

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GABRIELLE'S ANGEL FOUNDATION FOR

CANCER RESEARCH, INC.

Schedule A (Form 990) 2022

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

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

Schedule A (Form 990) 2022

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	dule A (Form 990) 2022 CANCER RESEARCH, INC				13-3916689	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continu	ued)		
Sect	ion D - Distributions				Current Y	/ear
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	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	ne 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	1		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributa Amount for	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
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					
	Applied to 2022 distributable amount					
	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, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
_8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

Schedule A (Form 990) 2022

		GABRIELLE'S ANGE	L FOUNDATION FOR		
Schedule A	(Form 990) 2022	CANCER RESEARCH,	INC.	13-3916689	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, S	explanations required by Part II, line 10; P 5, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S ection E, lines 1c, 2a, 2b, 3a, and 3b; Par E, lines 2, 5, and 6. Also complete this par	Section B, lines 1 and 2; Part IV, Section t V, line 1; Part V, Section B, line 1e; Pa	n C,
232028 12-09-2	22		2.0	Schedule A (Form	990) 2022

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<form><form></form></form>	SC	HEDULE D		Supplementa	al Financial Statement	S		OMB No. 15	45-0047
Construction Colo to wraveling outpenditions and the latest information Open to Public Name of the organization Colo to wraveling outpenditions and the latest information Implementation Color advised Implementation Color advised 12 - 3126562 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Color advised funds (b) Funds and other accounts 12 - 3126562 I Total number at end of year (a) Donor Advised funds (b) Funds and other accounts (b) Funds and other accounts I Aggregate value of contributions to (during year) (a) Gonor advised funds (b) Funds and other accounts I Ordit organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donors advisor, or for any other purpose conferring impermisable purposes and not for the benefit of the donor advisors in refurs on the organization informal grantees, donors, and donor advisors in refurs on purpose conferring impermisable purposes and not for bubic use for example, recreation or education Presentation of a bubic during the site of the advisor. I Purposet jo conservation easements 2a		Form 990) Complete if the organization answered "Yes" on Form 990,						202) 7
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CANCER RESERVED. INC. Compare a the compared from Set (Compared from Set (Compar	Interna	Revenue Service				ation.			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 980, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) aggregate value of contributions to (during year) (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Punds and other accounts 4 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Punds and other accounts 5 Dd the organization inform all grantess, denors, and donor advisors in writing that grant funds can be used only for charitable private basements. (c) Punds (during year) (c) Punds (during year	Nam	e of the organizati			IN FOR				number
organization answered "Yes" on Form 980, Part IV, Ine 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of end year Aggregate value of end year Yes No Content of prove the end of one exactions of end or advisors of ror any other purpose contening immerrisets purposes and not for the benefit of the organization (here at that apply). Preservation of an for public use for example, recreation or education) Preservation of a historical lymportant link dress Aggregate value of end year Aggregate value value of end year Aggregate value value of end year Aggregate value of end year Aggregate value value of end year Aggregate value end	Par	t I Organiza		1	d Funds or Other Similar Funds	or Ac			e
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Aggregate value at end of year Def the organization inform all donors addivers in writing that the assets held in donor adviced funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only tor charalise purposes and to for the benefit To purpose(s) of conservation easements held by the organization answered "Yes" on Form 900, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and tor public use (for example, recreation or education or a more purpose). Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat To a nature of conservation easements held by the organization contribution in the form of a conservation easement on the last day of the tax year. Total anneed of conservation easements Total anneed of the hostical tructure included in (a) Aumber of conservation easements Total anneed of the hostical tructure included in (b) explained at a duy 25.2006, and not on a historic attructure lister in the haltonal Register Number of scale submergery subject to conservation easements in active Number of the sequence and anneed assements in located Number of scale submergery subject to conservation easements in description, handling of violations, and enforcement of the conservation easements active held at the form of the sequence anneed of the period assements active the property subject to conservation easements in discreption, handling of violations, and enforcement of the conservation									
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	1a	If the organization	ected, as permi	tted under FASB ASC 95	i8, not to report in its revenue statement a	and bala	nce sheet w	orks	
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art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22 		service, provide in	art XIII the text	of the footnote to its final	ncial statements that describes these iten	ns.			
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22	b	-							
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X ELHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 				-	exhibition, education, or research in furt	herance	of public se	rvice,	
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 		•		•			¢		
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22									
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22	2	.,					Ψ rovide		
a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ 232051 09-01-22 \$	-								
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22	а	-	-	-	-		\$		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22									
	LHA	For Paperwork R	uction Act Not	ice, see the Instruction	s for Form 990.		Sche	dule D (Form	990) 2022
	232051	09-01-22			36				

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	GABRIELLE'S	ANGEL FOUNDATI	ON FOR						
	dule D (Form 990) 2022 CANCER RESE			_		13-391		P	age 2
Par	rt III Organizations Maintaining C						contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that make s	significant us	e 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 co	llections and explain	how they further th	ne organization's exe	empt purpose	in Part	XIII.		
5	During the year, did the organization solicit or			•			-		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" o	n Form 990, I	Part IV, I	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		•				-		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amoun	t	
	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance						_		
	Did the organization include an amount on Fo				• · · · · · · · · ·	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	rt V Endowment Funds. Complete in			1		un hanlı	(-) [haali
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea		(e) Fou		
1a	Beginning of year balance	300,000.	5,683.	13,129.		8,681.		156,	
b	Contributions	441,667.	455,000.		35	5,000.		15,	000.
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities	21.6 0.62	1 6 9 6 9 9					100	050
	and programs	316,263.	160,683.	7,446.	65	5,552.		128,	250.
	Administrative expenses	405 404	200.000	5 (0)	1.1	100		4.2	<u> </u>
-	End of year balance	425,404.	300,000.		13	3,129.		43,	681.
2	Provide the estimated percentage of the curre	,)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment 100 g								
•	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	ne			Yes	No
	organization by:							res	No
	(i) Unrelated organizations						3a(i)		X
-	(ii) Related organizations						3a(ii)		X
	If "Yes" on line 3a(ii), are the related organizat						3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipme		vment tunds.						
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 000 Part X	line 10				
	Description of property	(a) Cost or of basis (investm			Accumulated epreciation		(d) Boo	k valu	Э
4-	Land		Joing Dasis		problation				
	Land								
	Buildings					-+			
	Leasehold improvements								
	Equipment								
	Other								٥.
iota	I. Add lines 1a through 1e. (Column (d) must ea	uai ⊢orm 990. Part)	к. column (B). line 1	UC.)					۰.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D	(Form 990) 2022 CANCER RESEARCH,	INC.		13-3916689	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financi	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	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, line 15.	(1) -	<u> </u>
	(a)	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	e 15.)			
FailA	Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 or 11f Coo Form 000 Dort V line	05	
	(a) Description of liability	on Form 990, Fart IV, inte	The of Th. See Form 990, Fart A, line	(b) Book	
<u>1.</u>					value
	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col. (B) line			· · · · ·	
Liability	r for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statement	s that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2022

232053 09-01-22

	GABRIELLE'S ANGEL FOUNDATION FOR				
Sche	dule D (Form 990) 2022 CANCER RESEARCH, INC.			13-3916689	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,891,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-572,283.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-572,283.
3	Subtract line 2e from line 1			3	2,463,790.
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	360.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	360.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			-	2,464,150.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With I	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements			1	1,896,742.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		4	
b	Prior year adjustments	2b		4	
С	Other losses	2c		4	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,896,742.
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	360.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	360.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,897,102.
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:

TEMPORARILY RESTRICTED NET ASSETS REPRESENT EXPENDABLE GRANTS, WHICH ARE

RESTRICTED BY THE DONOR OR PERTAIN TO FUTURE PERIODS. WHEN THE FUNDS ARE

SPENT, THEY ARE RELEASED FROM THEIR RESTRICTION.

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, c	or if the	2022
Department of the Treasury		Attach to Form 990 of						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information			Inspection
Name of the organization	GABRIELLE'S CANCER RESE	S ANGEL FOUNDATION FOR					13-3916	dentification number
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17		
	complete this part		, ou i	00 01	i i oni oco, i arriv, i			
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							
		viduals or entities (fundraisers) pursu			•	ne funo		
compensated at le	ast \$5,000 by the	organization.		-				
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (or fi	Amount paid r retained by undraiser ed in col. (i)	y) to (or retained by)
			Yes	No				
				I				
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	xempt from	registration
or licensing.								

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

Schedule G (Form 990) 2022

232081 10-27-22

CANCER RESEARCH, INC. 13-3916689 Schedule G (Form 990) 2022 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 (add col. (a) through YP EVENT ANGEL BALL 1 (event type) (total number) (event type) 2,101,883 235,343. 125,471 Gross receipts 2 Less: Contributions 1,737,799 216,143. Gross income (line 1 minus line 2) 364,084 19,200. 125,471 Cash prizes Noncash prizes

Expense	6	Rent/facility costs	187,438.			187,438.
Direct Exp	7	Food and beverages				
	8	Entertainment	338,973.			338,973.
	9	Other direct expenses	244,461.	68,296.	18,926.	331,683.
	10	Direct expense summary. Add lines 4 through	858,094.			
	11	Net income summary. Subtract line 10 from li	-349,339.			

11 Net income summary. Subtract line 10 from line 3, column (d)

Part III Gaming. Complete if the organization answered "Yes" on Form 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	1	Gross revenue				
s	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E)	4	Rent/facility costs				
Ō	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac				
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	lf "	Yes," explain:				
	_					

232082 10-27-22

Revenue

1

3

4

5

'n

Schedule G (Form 990) 2022

Page 2

(d) Total events

col. (c))

2,462,697.

1,953,942.

508,755.

	GABRIELLE'S ANGEL FOUNDATION FOR			
Sch	edule G (Form 990) 2022 CANCER RESEARCH, INC. 13-3	391668	9	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	NameAddress			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	No No
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$		Yes	□ No
Pa	TEXTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lin	es 9,	9b, 10b,
_				

232083 10-27-22

hedule G	(Form 990))

GABRIELLE'S ANGEL FOUNDATION FOR CANCER RESEARCH INC

Schedule G	(Form 990) CANCER RESEARCH, INC.	13-3916689	Page 4
Part IV	(Form 990) CANCER RESEARCH, INC. Supplemental Information (continued)		
		Schedule G	Form QQAN
		Concure u	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization GABRIELLE'S AN CANCER RESEARC							Employer identification number 13-3916689
Part I General Information on Grants an	d Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro- 	ance? cedures for monite	oring the use of grant	funds in the United	States.			X Yes N
Part II Grants and Other Assistance to D recipient that received more than \$	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVE - CINCINATTI, OH 45229	13-1083393	501(C)(3)	225,000.	0.			RESEARCH GRANT
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - 660 S. EUCLID AVENUE - ST. LOUIS, MO 63110	43-0653611	501(C)(3)	225,000.	0.			RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD BALTIMORE, MD 21211	52-0595110	501(C)(3)	225,000.	0.			RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215-5450	04-2263040	501(C)(3)	225,000.	0.			RESEARCH GRANT
NYU GROSSMAN SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241-5026	13-5562308	501(C)(3)	225,000.	0.			RESEARCH GRANT
MD EDUCATION USA LLC M4600 140TH AVENUE NORTH, SUITE 180 CLEARWATER, FL 33762	87-2463188	LLC	7,500.	0.			RESEARCH GRANT
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations 		, 					······

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

Schedule I (Fo	orm 990)	CANCER	RESEARCH,	INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF TEXAS MD ANDERSON 1515 HOLCOMBE BLVD UNIT 207								
HOUSTON, TX 77030-4017	74-6001118	501(C)(3)	25,000.	0.			RESEARCH GRANT	
							l	

Schedule I (Form 990)

Schedule I (Form 990) 2022

CANCER RESEARCH, INC.

13-3916689

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTEES SIGN A CONTRACT AND EACH YEAR SUBMIT A PROGRESS REPORT WHICH IS

APPROVED BY BOARD BEFORE RELEASE OF 2ND AND 3RD YEAR GRANTS.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)		
		Compensated Employees		20	22	-		
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organization	GABRIELLE'S ANGEL FOUNDATION FOR	Employer ic	lentificatio	on nu	mber		
		CANCER RESEARCH, INC.	13-39	916689				
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		nal use					
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	at the following the experimetion used to establish the companyation of the experimetion's						
3	•	ny, of the following the organization used to establish the compensation of the organization's actor. Check all that apply. Do not check any boxes for methods used by a related organization of the second sec						
			JITIO					
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract Independent compensation consultant Compensation survey or study							
			ommittee					
	X Form 990 of other organizations Approval by the board or compensation committee							
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	•	e payment or change-of-control payment?		4a		x		
b		eive payment from a supplemental nonqualified retirement plan?				X		
с	-	eive payment from an equity-based compensation arrangement?		4-		x		
	•	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r	evenues of:						
а	The organization?			. 5a		x		
	Any related organiz					X		
	If "Yes" on line 5a c	or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the n	et earnings of:						
а	The organization?			. 6a		X		
b	Any related organiz	ation?				X		
	If "Yes" on line 6a c	or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	1e					
	initial contract exce	ption 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						
		1 53.4958-6(c)?	<u></u>	9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990)) 2022		

232111 10-18-22

CANCER RESEARCH, INC.

13-3916689

Page **2**

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JENNIFER RANIERI	(i)	167,263.	0.	0.	6,691.	30,727.	204,681.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

CANCER RESEARCH, INC.

Schedule J (Form 990) 2022

Page 3

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.

Schedule J (Form 990) 2022

(Form 990) Complete if the organization arcsever d'Yes' on Form 980, Part IV, line 25a, 25b, 26, 27, 28a, 200, 200, 200, 200, 200, 200, 200, 20	SCHEDULE L	•	Trans	actior	ns M	Vith	Int	erested		ersons			O	ИВ No. ⁻	1545-004	47
Construction Construction Image: construction Image: construction Name of the organization OABRITELLE'S ANOLE, FOUNDATION FOR Employee identification number Concernent (a) Same of disqualified person (b) PartUL Excess Benefit Transactions (section 501(c)(2), and section 501(c)(2) organization only, Complete if the organization answered "Ves" on Form 300, Part V, line 25 or 25b, or Form 300 CZ, Part V, line 40b. (c) Description of transaction (d) Corrected? 1 (a) Name of disqualified person (b) Person and organization (c) Description of transaction (d) Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4956 \$	(Form 990)												2	02	2	
Name of the organization CARCER RESERVEL, INC. Employee' identification number CARCER RESERVEL, INC. 13-3916689 Part1 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Ver' on Form 980, Part V, line 26, or 25b, or Form 980-EZ, Part V, line 40b. Idl Corrected? 1 (a) Name of disqualified person (b) Relationship between disqualified persons and organization (c) Description of transaction Idl Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \$ \$ (a) Name of disqualified persons \$ \$ \$ \$ 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ \$ \$ \$ (a) Name of ungenization answered 'Vers' on Form 980-EZ, Part V, line 38a or Form 980, Part N, line 26, or if the organization \$ \$ \$ \$ (a) Name of tax, if any, on line 2, above, reimbursed by the organization \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ <td></td> <td>lic</td>																lic
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interested person with organization or loan organization? To From To From Yes No Yes N					(d) Lo	an to or	(6	e) Original	(1) Balance due	(g) In			(1) **	
Image: Second	interested person			of loan			prine	cipal amount	`	default?					agree	ment?
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interested person and the organization assistance assistance assistance										(d) Type	of		(e) Purp	ose o	f
Image: second			inte	rested pers	son and			assistance		assistand	ce					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.			t	he organiz	ation											
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	LHA For Paperwork Re	eduction Act No	tice. see t	he Instruc	tions f	or For	m 990) or 990-F7		1		Sche	dule I	(For	n 990) 2022

232131 11-01-22

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 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 of organization's revenues?		
				Yes	No	
MICHELE RELLA	BOARD MEMBER	49,000.	CONSULTING		X	

Part V Supplemental Information.

Schedule L (Form 990) 2022

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHELE RELLA

(D) DESCRIPTION OF TRANSACTION: CONSULTING SERVICES

Schedule L (Form 990) 2022

232132 11-01-22

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	J-EZ	OMB No. 1545-0047
. ,	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Den to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organizatio	GABRIELLE'S ANGEL FOUNDATION FOR	Employer	identification number
	CANCER RESEARCH, INC.	13-39	16689
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
THAT WILL LEAD TO	NOVEL THERAPEUTIC APPROACHES THAT COULD REPLACE, OR		
BE USED IN COMBINA	TION WITH, EXISTING EFFECTIVE THERAPIES. SUCH		
THERAPEUTIC APPROA	CHES COULD INCLUDE INTEGRATIVE (INTEGRATIVE /		
COMPLEMENTARY) MEI	ICINE. THE FOUNDATION FUNDS RESEARCH TO IMPROVE THE		
EFFICENCY OF CANCE	R TREATMENTS, REDUCE THEIR TOXICITY AND IMPROVE THE		
QUALITY OF LIFE OF	PATIENTS WITH LEUKEMIA OR LYMPHOMA. THE FOUNDATION		
ALSO SUPPORTS LIMI	TED SCIENTIFIC INTERCHANGE BETWEEN SELECT LEADERS IN		
DIFFERENT AREAS OF	BIO AND INTEGRATIVE MEDICAL RESEARCH TO DEVELOP		
UNIQUE AND IMPORTA	NT COLLABORATIVE EFFORTS THAT WILL LEAD TO		
IMPROVEMENTS IN TH	E TREATMENT AND CARE OF PATIENTS WITH LEUKEMIA AND		
LYMPHOMA.			
FORM 990, PART VI,	SECTION A, LINE 2:		
TRICIA AND TOM QUI	CK (DIRECTORS), DENISE RICH (CO-FOUNDER), DANIELLA RICH		
KILSTOCK (DIRECTOR) AND ILONA RICH SCHACHTER (DIRECTOR).		
FORM 990, PART VI,	SECTION A, LINE 3:		
GABRIELLE'S ANGEL	FOUNDATION FOR CANCER RESEARCH, INC. HAS AN EMPLOYMENT		
MANAGEMENT AGREEME	NT WITH A PROFESSIONAL EMPLOYMENT ORGANIZATION ("PEO")		
WHICH PROVIDES A C	OMPREHENSIVE PERSONNEL MANAGEMENT SYSTEM ENCOMPASSING A		
BROAD RANGE OF SEF	VICES, INCLUDING BENEFITS AND PAYROLL ADMINISTRATION,		
HEALTH AND WORKER	S COMPENSATION INSURANCE PROGRAMS, PERSONNEL RECORDS		
MANAGEMENT, EMPLOY	ER LIABILITY MANAGEMENT, ETC. EMPLOYEES ARE INCLUDED IN A		
FORM W-3, TRANSMIT	TAL OF WAGE AND TAX STATEMENTS, ISSUED DIRECTLY BY THE		
	GABRIELLE'S ANGEL FOUNDATION FOR CANCER RESEARCH, INC.		
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schee	dule O (Form 990) 2022
232211 10-28-22			

Name of the organization GABRIELLE'S ANGEL FOUNDATION CANCER RESEARCH, INC.	N FOR	Employer identification number 13-3916689
DOES NOT ISSUE A FORM W-3 OR FORM W-2.		
FORM 990, PART VI, SECTION A, LINE 8B:		
THE FOUNDATION DOES NOT HAVE COMMITTEES THAT ACT	ON BEHALF OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:		
THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD FOR	R REVIEW PRIOR TO FILING	
WITH THE INTERNAL REVENUE SERVICE.		
FORM 990, PART VI, SECTION B, LINE 12C:		
THE POLICIES ARE REVIEWED ANNUALLY, OFFICERS AND	DIRECTORS ARE GIVEN THE	
OPPORTUNITY TO DISCLOSE ANY CONFLICTS AT THIS TIM	ИЕ.	
FORM 990, PART VI, SECTION C, LINE 19:		
THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUME	ENTS, CONFLICT OF INTEREST	
POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
CONSULTING:		
PROGRAM SERVICE EXPENSES	116,238.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	81,163.	
TOTAL EXPENSES	197,401.	
PAYROLL PROCESSING:		
PROGRAM SERVICE EXPENSES	9,218.	
MANAGEMENT AND GENERAL EXPENSES	1,584.	
FUNDRAISING EXPENSES	1,298.	

Schedule O (Form 990) 2022 Page 2							
Name of the organization	GABRIELLE'	S ANGEL FOUND EARCH, INC.	ATION FOR		Employer identification number 13-3916689		
TOTAL EXPENSES				12,100.			
TOTAL OTHER FEES ON F	ORM 990, P.	ART IX, LINE	11G, COL A	209,501.			
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