## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2022 calenda	ır year, or	tax year begir	nning		, and	ending			
В	Check if a	applicable:	C Name	of organization					D Emp	loyer iden	tification number
П	Address	change	ANCAN	FOUNDA	TION				81-	1588	152
П	Name ch	ange	Number an	nd street (or P.O.	box if mail is not de	elivered to street addre	ess)	Room/suite	E Tele	nber	
	Initial retu	urn	POB 8	151					(41	5)50	5-0924
Ħ	Final retu	urn/terminated	City or towr	n, state or provin	ce, country, and ZIP	or foreign postal code	е	•	F Grou	up Exemp	otion
	Amended	d return							Nun	nber	
$\Box$	Application	on pending	TUMAC	ACORI,	AZ 85640-	-8151					
G	Account	ing Method:	X Cash		Other (specify				H Check	c if th	he organization is <b>not</b>
1 1	<b>Nebsite</b>	anca	n.org	<del></del>					requir	ed to atta	ch Schedule B
J.	Гах-ехе	mpt status (cl	heck only on	e) - <b>X</b> 501(c)(3	3) 501(c) (	) (insert no.)	4947(a)(1) o	r 527	(Form	n 990).	
		organization:			Trust	Association	Other				
L,	Add line:	s 5b, 6c, and 7	7b to line 9	to determine g	ross receipts. If gr	oss receipts are \$20	00,000 or more	e, or if total as	sets		
				_		orm 990-EZ				\$	119,971.
_	art I					ssets or Fund B					
			•		•	to any question in the	•			,	
	1									1	119,971.
	2	Program ser	vice revenu	e including gov	ernment fees and	contracts				2	
	3	Membership	dues and a	assessments .						3	
	4									4	
	5 a						1				
	b				-					-	
	C									5c	
	6										
	a	•	_		hedule G if greate	r than					
ne	~						6a	1			
Revenue	b	,			(not including \$			of contribution	ns		
Re	~			-	e 1) (attach Sched	dule G if the					
			-			5,000)	6b	1			
	C		-			nts					
	d		•		-	s (add lines 6a and 6		 :t		-	
	"		. ,	•	-			•		6d	
	7 a						1			Ju	
	b		-				<b>—</b>			-	
	C		•			e 7b from line 7a)				7c	
	8	•	` ,		• (					8	
	9		•		,						119,971.
_										10	
	11									11	
s	12	•								12	
Expenses	13		-		•	ntractors				13	13,647.
be	14				•					14	13/01/
Щ	15			•						15	1,275.
	16	• .		-	•					16	27,807.
	17									17	42,729.
_	18					9)				18	77,242.
Net Assets	19					line 27, column (A)					,,,444.
٩ss	'3			•	• •		. ,			19	233,467.
et,	20	-	-			Schedule O)				20	233/10/6
Z	21	-				es 18 through 20 .				21	310,709.
	4	1101 000010 0	u.iu baiai	nood at ond or	, oar. Corribirio III le	~ .o unougn zo .				4	J_U, 103 •

Pa	Check if the organization used Schedu		any question in	this Part II		
	Official in the organization does Contour	io o to respond to	any queenen in	(A) Beginning of year	_	(B) End of year
22	Cash, savings, and investments			233,467.	_	310,709.
23	Land and buildings				23	0.
24	Other assets (describe in Schedule O)				24	0.
25	Total assets			233,467.	25	310,709.
26	Total liabilities (describe in Schedule O)				26	0.
27	Net assets or fund balances (line 27 of column (B) mu	ust agree with line 21)		233,467.	27	310,709.
Pa	rt III Statement of Program Service Accor	mplishments (see	the instructions	for Part III)		
	Check if the organization used Schedu	le O to respond to	any question in	this Part III X	],_	Expenses
What	t is the organization's primary exempt purpose? ${\tt { t to \; provid}}$	E ADVOCACY, NAVIO	GATION, SUPPORT	& EDUCATION		equired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomplish				orga	anizations; optional for
	neasured by expenses. In a clear and concise mann		vices provided, the	e number of	othe	ers.)
pers	ons benefited, and other relevant information for ea	ach program title.				
28	SEE SCHEDULE O					
		cludes foreign grants, ch	neck here		28a	13,964.
29	SEE SCHEDULE O					
		cludes foreign grants, ch	neck here		29a	8,536.
30	SEE SCHEDULE O					
	(Grants \$ ) If this amount inc	cludes foreign grants, ch	neck here		30a	2 272
31		dudes foreign grants, cr	ieck nere		308	2,272.
31	, ,	cludes foreign grants, ch	neck here		31a	487.
32	Total program service expenses (add lines 28a through				32	
	rt IV List of Officers, Directors, Trustees, and					
· u	Check if the organization used Schedu					
	<u> </u>	·	(a) Donortoble	(d)		
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ	/ee (e)	Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS(	<ul> <li>benefit plans, and deferred compensation</li> </ul>		other compensation
			1099-NEC) (if not paid, enter -0-)		11	
WI	LLIAM A FRANKLIN					
	ARD PRESIDENT	10.00				
RI	CHARD M DAVIS					
	P. BOARD MEMBER	50.00			_	
	ACY M VALENTINE					
	CRETARY/TREASURER	10.00			_	
	RB M GELLER (DEC APRIL 2023)	1000				
	ARD MEMBER	10.00			-	
	VID MUSLIN	1000				
BO	ARD MEMBER	10.00			+	
		<u> </u> -				
					-	
		-				
					+	
		-				
					+	
		1				
				1	+	
		1				
					$\top$	
		1				

ı art	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part	V		П
		•	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: ; section 4912: ; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: TRACY M. VALENTINE Telephone no. (408)	)66	5-6	147
	Located at: 33503 SAMUEL JAMES LANE AVON, OH ZIP+4 4401	1		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		

46   Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for populic citizes ("Twis, complete Schedule C. Part I									res	NO
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  47 Did the organization engage in loobying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  48 Is the organization engage in loobying activities or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule E					• •					
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  Check if the organization used Schedule O to respond to any question in this Part VI  7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III.  8 Is the organization as achors als described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  8 Is the organization and section section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  9 If "Yes," the section of the section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  9 If "Yes, "An advertised organization or section 27 organization?  9 If "Yes, "An advertised organization or section 27 organization?  9 If "Yes, "An advertised organization or section 27 organization?  9 If "Yes, "An advertised organization or section 27 organization?  9 If "Yes, "An advertised organization or section 27 organization?  9 If "Yes, "An advertised organization								46		X
Check if the organization used Schedule O to respond to any question in this Part VI  The organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  The organization as should as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48 is the organization make any transfers to an ensure prochamitation of the section 22 organization?  49 Did the organization make any transfers to an ensure prochamitation evidend organization?  50 Complete this table for the organization is five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  60 Name and title of each employee  61 Total number of other employees paid over \$100,000  62 Estimated amount of other complete schedule A organization in the high process of the organization organization or the organization or the organization organization organization organization organization or the organization or the organization or the organization or	Part V			a 47 40h and 50 and		h a 4ablaa 4	مال ما			
Check if the organization used Schedule O to respond to any question in this Part VI  7			must answer question	is 47-490 and 5∠, and	a complete t	ne tables i	or line	es		
Total number of other employees paid over \$100,000 . United by the state of other employees and received more than \$100,000 of compensation from the organization is each independent contractor.   (a) Name and business address of each independent contractor.   (b) Type of service   (c) Compensation completes Schedule R.   (d) Name and business address of each independent contractor.   (e) Did the organization completes Schedule R.   (e) Compensation   (e) Part   (e) P			edule O to respond to	any question in this I	Part \/I					П
147    Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.   148    St. the organization as action 28 described in section 170(b)(1)(A)(ii)" if "Yes," complete Schedule E   48    X    49a    X      149    Did the organization make any transfers to an exempt non-charitable related organization?   49b    X      16    St.		Cricox ii iilo organization dood Con	sadio o to respend to	any quodicin in tino i	art vi					No
## Sear of the properties Schedule C, Part II.  ## Sit he organization a school and described in section \$70(b)(1)A)(ii)? If Yes, "complete Schedule E	<b>47</b> [	Did the organization engage in lobbying activities	s or have a section 501(h)	election in effect during	the tax		I			
49a   X   49b   1   1   1   1   1   1   1   1   1				_				47	X	
b If Yes," was the related organization a section \$27 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter *None.*  (a) Name and title of each employee  (b) Name and title of each employee  (c) Reportable (c) Reportable combustions are presented employees (d) Personal Compensation (Porns Service)  (d) Peanlis benefits, our distinct compensation (Porns Service)  (e) Reportable combustions of combustions to employee enterli plans, and observed compensation (Porns Service)  (e) Reportable (d) Peanlis benefits, our distinct compensation (Porns Service)  (f) Reportable (d) Peanlis benefits, our distinct compensation (Porns Service)  (g) Name and title of each employee paid over \$100,000	<b>48</b> I	s the organization a school as described in secti	on 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule E				48		х
Complete this table for the organizations five highest compensated employees (other than officers, directors, trustess, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter *None.*  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Reportable (Forms W-2/1099-MSC)  (d) Health benefits.  (e) Reportable (Forms W-2/1099-MSC)  (forms w-2/								49a		X
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None,"  (a) Name and title of each employee  (b) Average hours per week devoked to position  (b) Average hours per week devoked to position  (compensation (Forms W-21009-MEC).  (d) Health sund distinct of employees and desired compensation for the organization of the position of the po			-				,	49b		
(a) Name and title of each employee		-					∋у			
(a) Name and title of each employee how devoted to position (Forms W-2109-MISC) periodizations to employee benefit plans, and deferred of other compensation of which compensation (Forms W-2109-MISC) benefit plans, and deferred of the compensation of which position (Forms W-2109-MISC) benefit plans, and deferred of the compensation of which properties and deferred of the compensation	- Ε	employees) who each received more than \$100,	000 of compensation from							
devoted to position   Content paras, and anewtro   Compensation		(a) Name and title of each employee		compensation			(e) Es	stimated	d amou	ınt of
f Total number of other employees paid over \$100,000 O  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and business address of each independent contractor (b) Type of service (e) Compensation  d Total number of other independent contractors each receiving over \$100,000 O  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A service and the search of the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is rue, correct, and complete Declaration of prepare		(a) Name and title of each employee					oth	er com	pensat	ion
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.				1000 (420)	Compe	isalion	_			
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.			1							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.			1							
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.										
Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  d Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.			_							
d Total number of other independent contractors each receiving over \$100,000		:100,000 of compensation from the organizatio	n. If there is none, enter "l	None."						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No   Note: All section 501(c)(3) organizations must attach a completed Schedule A.		(a) Name and business address of each independent	dent contractor	(b) Type of serv	rice	(c	) Comp	ensatio	n	
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No				-						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No				-						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.    X Yes   No   No				-						
completed Schedule A	<b>d</b> T	otal number of other independent contractors e	each receiving over \$100,0	)00	. 0					
completed Schedule A.	<b>52</b>	Did the organization complete Schedule A? No.	ote: All section 501(c)(3)	organizations must attac	:h a					
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	-	completed Schedule A		<u> </u>			<u>X</u>	Yes		No
Sign Here    Signature of officer							wledge	and be	lief, it is	s
TRACY VALENTINE, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer Use Only  TREASURER  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Prim's signature  Prim's EIN  Phone no.		T								
TRACY VALENTINE, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer Use Only  TREASURER  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Print/Type preparer's name  Prim's signature  Prim's EIN  Phone no.	Sian	Signature of officer			Date	Э				
Type or print name and title  Paid Preparer Use Only  Type or print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if self-employed  Firm's name  Firm's EIN  Phone no.	_		REASURER							
Preparer Use Only Firm's name Firm's address Firm's address Phone no.			TELLIS OTTELL							
Preparer Jse Only Firm's name Firm's address Firm's address Firm's address Phone no.	Daid	Print/Type preparer's name	Preparer's signature	Da	ate	Check	] if [	PTIN		
Jse Only Firm's name Firm's address Phone no.		er				_	yed			
Firm's address Phone no.	•	Firm's name			Firn	n's EIN				
		Firm's address			Pho	ne no.				
May the IRS discuss this return with the preparer shown above? See instructions								1		

#### **SCHEDULE A**

(Form 990)

## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

**Employer identification number** Name of the organization 81-1588152 ANCAN FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 🕱 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental						
	unit or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support			ı	I	1	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
_	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10	(i	:>			40	
12	Gross receipts from related activities, etc	•					4 (-) (0)
13	First 5 years. If the Form 990 is for the congruence should this have and stone be						
Cooti	organization, check this box and stop he	rt Doroontoe	<u> </u>	<u> </u>			· · · · · · <u>     </u>
	on C. Computation of Public Suppo Public support percentage for 2022 (line of			11 column (f)	1)	14	%
14 15	Public support percentage from 2021 Sch		•		•	15	——————————————————————————————————————
16a	33 1/3 % support test–2022. If the organ						
IVa	box and <b>stop here.</b> The organization qua						
b	33 1/3 % support test–2021. If the organ						
D	check this box and <b>stop here</b> . The organ						
17a	10%-facts-and-circumstances test–202	=			=		
174	10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	organization			_	ion qualifico ac	a pasiony sup	
h	10%-facts-and-circumstances test–202						····∟ and line
b	15 is 10% or more, and if the organizatio	•			•		
	Explain in Part VI how the organization m						
						quamiioo ao a p	
18	<b>Private foundation.</b> If the organization d					ck this box and	see
	instructions						

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	` ,	` ,	• •	. ,	,	
	received. (Do not include any "unusual grants.")	84,787.	33,311.	48,992.	112,244.	119,971.	399,305.
2	Gross receipts from admissions, merchandise	•	•	•	•	-	•
	sold or services performed, 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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	84,787.	33,311.	48,992.	112,244.	119,971.	399,305.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	5,620.	1,050.	700.	1,976.	9,273.	18,619.
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	5,620.	1,050.	700.	1,976.	9,273.	18,619.
8	Public support. (Subtract line 7c from						
	line 6.)						380,686.
	on B. Total Support					1	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	84,787.	33,311.	48,992.	112,244.	119,971.	399,305.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	4.0	0.45	1 200	050		2 245
	royalties, and income from similar sources	48.	841.	1,302.	850.		3,041.
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	48.	841.	1,302.	850.		3,041.
11	Net income from unrelated business	40.	041.	1,302.	850.		3,041.
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
		84,835.	34,152.	50,294.	113,094.	119,971.	402,346.
14	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppo	rt Percentag	е				<u>,                                     </u>
15	Public support percentage for 2022 (lin						94.62%
16	Public support percentage from 2021			5		. 16	96.00%
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2022			-			00.76%
18	Investment income percentage from 202						00.99%
19a	3						
	line 17 is not more than 331/3%, check this						
b	331/3 % support tests—2021. If the organization 18 is not more than 231/20// sheek this let						
20	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	u not check a t	JUX UN IINE 14,	198, 01 190, 0	THECK THIS DOX	and see instru	CHOIIS · · ·

#### 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
----------------	------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If</i> "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- FL		
_	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11 a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
Section	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	Щ	
<u>Jecti</u>	on B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
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		Yes	No
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If</i> "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	;).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b C	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental einstructions).	ntity (	see	
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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? <i>If "Yes" or "No," provide details in Part VI.</i>	2-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3a		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in <b>Part VI</b> ).
See instructions. All other Type III non-functionally integrated supporting of	organ	nizations must complete S	Sections A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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>b</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		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
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 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see

UYA Schedule A (Form 990) 2022

Scriedui	e A (Form 990) 2022 ANCAN FOUNDATION				T-T388T37 Lade 1
Part	Type III Non-Functionally Integrated 509(a)(	<ol><li>Supporting Organ</li></ol>	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t 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 whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in <b>Part VI</b> ). See instr.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				

**d** Excess from 2021 . . . . **e** Excess from 2022 . . . .

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

#### Schedule B (Form 990)

#### Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number ANCAN FOUNDATION 81-1588152 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3** ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13. 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

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

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

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

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

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

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

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

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

Name	of organization	·		Employer identi	fication number	
AN(	CAN FOUNDATION			81-1588	3152	
Pa	t I-A Complete if the	e organization is exempt u	nder section 501	(c) or is a section 527	organization.	
1	Provide a description of the org definition of "political campaign	anization's direct and indirect political activities."	campaign activities in	Part IV. See instructions for		
2	Political campaign activity expe	nditures. See instructions			\$	0.
3	Volunteer hours for political car	npaign activities. See instructions				0
Pa	t I-B Complete if the	e organization is exempt u	nder section 501	(c)(3).		
1		tax incurred by the organization under				0.
2	Enter the amount of any excise	tax incurred by organization manager	rs under section 4955 .		\$	0.
3	•	ection 4955 tax, did it file Form 4720 f	•		_	☐ No
					L	No
	If "Yes," describe in Part IV.					
Pa	•	e organization is exempt u				
1		nded by the filing organization for sect	•		\$	0.
2		ganization's funds contributed to other	•	·		_
						0.
3		ures. Add lines 1 and 2. Enter here ar				0.
4		orm 1120-POL for this year?				X No
5		d employer identification number (EII				
	· ·	n listed, enter the amount paid from t				3
		d directly delivered to a separate politic	•	as a separate segregated fund	or a political action	
	committee (PAC). Il additional s	space is needed, provide information	III Fail IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of polit	ical
	(a) Name	(b) Address	(6) Env	filing organization's	contributions receiv	ed and
				funds. If none, enter -0	promptly and dir delivered to a ser	
				Tanasi ii nono, cino. c	political organiza	
					If none, enter	-0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

	dule C (Form 990) 2022 ANCAN FOU					588152 Page 2	
Pa	rt II-A Complete if the organization	is exempt u	nder section 50	)1(c)(3) and file	d Form 5768 (ele	ection under	
	section 501(h)).						
A	Check if the filing organization belongs to an aff	iliated group (and	d list in Part IV each a	affiliated group memb	er's name, address, E	IN, expenses,	
	and share of excess lobbying expenditures).						
В	Check if the filing organization checked box A a	nd "limited contro	ol" provisions apply.				
	Limits on Lobby	ing Expenditur	es		(a) Filing	(b) Affiliated	
	(The term "expenditures" mea	ins amounts pa	nid or incurred.)		organization's totals	group totals	
1	a Total lobbying expenditures to influence public op	inion (grassroot	s lobbying)				
	Total lobbying expenditures to influence a legislat	ive body (direct l	obbying)		400.		
	Total lobbying expenditures (add lines 1a and 1b)				400.		
	d Other exempt purpose expenditures				500.		
	Total exempt purpose expenditures (add lines 1c	and 1d)			900.		
	Lobbying nontaxable amount. Enter the amount fr	om the following	table in both columns	3.	180.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:			
	Not over \$500,000	20% of the amo	ount on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000		10% of the excess ov				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess over				
	Over \$17,000,000	\$1,000,000.					
	g Grassroots nontaxable amount (enter 25% of line	1f)			45.		
	h Subtract line 1g from line 1a. If zero or less, enter	r -0					
	Subtract line 1f from line 1c. If zero or less, enter	-0			220.		
	If there is an amount other than zero on either line	e 1h or line 1i, die	d the organization file	Form 4720			
	reporting section 4911 tax for this year?						
	4-Year Averaging Period Under Section 501(h)						
	(Some organizations that made a se	ection 501(h) ele	ection do not have t	o complete all of th	e five columns belov	v.	
	See the separate instructions for lines 2a through 2f.)						
	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total	
	2a Lobbying nontaxable amount				180.	180.	

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total	
2a Lobbying nontaxable amount				180.	180.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					270.	
c Total lobbying expenditures				400.	400.	
d Grassroots nontaxable amount				45.	45.	
e Grassroots ceiling amount (150% of line 2d, column (e))					68.	
f Grassroots lobbying expenditures						

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	3	
For 6	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)	
	ription of the lobbying activity.	Yes	No	1	Amoui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including					
	any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	Х				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	Х				
е	Publications, or published or broadcast statements?	Х				
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х			4	100
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L	Х			
i	Other activities?	Х				500
j	Total. Add lines 1c through 1i				9	00
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912		_			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d Dow	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\	0" 004	otion		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	,)(ɔ),	or sec	Juon		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .	<u></u>		3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Ol answered "Yes."	R (b)	Part I	·II-A,	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses					
	for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the					
	organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next y	ear?	4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Part	IV Supplemental Information					
Provide	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1;	ines 1	and 2 (S	3ee ins	tructio	ıns);
and Pa	rt II-B, line 1. Also, complete this part for any additional information.					
P2-	3, Ln 1 ANCAN FOUNDATION PARTICIPATES IN LOBBYING ACTIVITIES	REL	ATED	TO I	TS	
D0 :	7					
PZ	3, Ln 1 EXEMPT PURPOSE BY SUPPORTING LEGISLATION & CAUSES WH	ICH	EXPAN	D AC	CESS	
P2-	3, Ln 1 TO BENEFICIAL TREATMENTS AND SUPPORTS GOVERNMENT SPO	NSOR	ED RE	SEAR	CH.	
D2-1	3, Ln 1 THESE ACTIVITIES CONSIST OF ADDING THE ORGA	ΔNTT	'אידר	יו דו כי	<b>NT 7. 1</b>	w E
<u> </u>	3, Ln 1 THESE ACTIVITIES CONSIST OF ADDING THE ORGA	711 T	MITO	74 D	TALT	خدد
<u>P2-</u>	3, Ln 1 TO SIGNATURE CAMPAIGNS AND INFORMING SUPPORT GROUP P	ARTI	CIPAN	TS O	F	
P2-	3, Ln 1 PENDING LEGISLATION. ANCAN VOLUNTEERS INCLUDING THE	FOU	NDER	MAY	MEET	<u>.                                    </u>

UYA Schedule C (Form 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

ANCAN FOUNDATION

Employer identification number

81-1588152

PART III LINE 28
PROVIDED APPROXIMATELY 30 VIRTUAL SUPPORT EVENTS EACH MONTH. ABOUT 50% OF

PROGRAMS ADDRESSED PROSTATE CANCER. OTHER CANCER SUPPORT DIRECTED TOWARDS

THYROID, BLOOD, PANCREATIC AND RENAL MEDULLARY CARCINOMA. OUTSIDE OF

ONCOLOGY, ANCAN ALSO PROVIDES SUPPORT TO THOSE FACING MULTIPLE

SCLEROSIS AND SARCOIDOSIS. MENTAL HEALTH SUPPORT WAS EXPANDED AND

GROUPS WERE ADDED TO HELP VETERANS NAVIGATE THEIR HEALTHCARE.

DEPENDING ON THE GROUP, ATTENDANCE VARIED BETWEEN 3 TO OVER 50.

SOME GROUP SESSIONS WERE RECORDED FOR PLAYBACK ON ANCAN'S YOUTUBE

CHANNEL, WHICH HOUSES OVER 650 INTERNALLY GENERATED VIDEOS WITH ALMOST

20K VIEWS, REPRESENTING OVER 5K HOURS. VIEWS ON THE CHANNEL HAVE INCREASED

12% SINCE MID-2022.

PART III LINE 29

HOSTED VIRTUAL ART LESSONS DESIGNED TO BE ACCESSIBLE TO ALL AND TO

PROMOTE CAMARADERIE, RELAXATION AND CREATIVITY. 12 SESSIONS OCCURRED

DURING 2022, WITH ATTENDANCE RANGING BETWEEN 20 AND 60 EACH.

PART III LINE 30

PROVIDED EDUCATION, ADVOCACY AND AWARENESS THROUGH REPRESENTATION

AT INDUSTRY CONFERENCES AND OPEN FORUM PRESENTATIONS CONDUCTED BY

BY RECOGNIZED EXPERTS IN TOPICS RANGING FROM GENETIC TESTING TO

BPH TO MENTAL HEALTH SUPPORT FOR MS. 8 WEBINARS WERE CONDUCTED DURING

2022.

PART III LINE 31

HOSTED SOLO ARTS HEAL IN PARTNERSHIP WITH MARSHSTREAM PUBLIC

BROADCASTING 9 TIMES DURING 2022. THE SOLO ARTS HEAL PROGRAM PROVIDES

TRANSFORMATIONAL EXPERIENCES, OUTREACH, EDUCATION AND ADVOCACY THROUGH

STORIES THAT CELEBRATE THE HEALING POWER OF THE ARTS.

Schedule O (Form 990) 2022 Page 2

Name of the organization	Employer identification number
ANCAN FOUNDATION	81-1588152
Part I Line 16	
Advertising and promotion \$5578.00	
Part I Line 16	
Information technology \$1025.00	
Part I Line 16	
Travel \$2477.00	
Part I Line 16	
Conferences, conventions, and meetings \$589.00	
Part I Line 16	
Insurance \$3867.00	
Part I Line 16	
PROGRAM EXPENSES \$13402.00	
Part I Line 16	
PAYPAL FEES \$859.00	
Part I Line 16	
STATE REGISTRATION FEES \$10.00	
Part I Line 13	
PROFESSIONAL SERVICES \$10894.00	
<u> </u>	

UYA Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization	Employer identification number
ANCAN FOUNDATION Part III	81-1588152
Expenses: \$487.00 including grants of: \$0.00 Revenue:	\$0.00
Part III HOSTED SOLO ARTS HEAL IN PARTNERSHIP WITH MARSHSTREAM	BROADCASTING X TIMES
Part III DURING 2022.	

UYA Schedule O (Form 990) 2022