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Form	990

Department of the Treasury Internal Revenue Service

For the 0001 coloredor

EXTENDED TO NOVEMBER 15, 2022

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.

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



<u>A I</u>		and en	luing		
B	Check if applicabl	c Name of organization		D Employer identific	ation number
	Addre	• PHASE ONE - THE ROAD TO CURING CANCER			
	Name Chang			91-212931	L9
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	
	Final return	256 26TH ST. 20	01	(310) 393	3-6005
	return termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,206,543.
	Amen return	SANTA MONICA, CA 90402		H(a) Is this a group re	turn
	Applic distance	F Name and address of principal officer: ADDERIO VALNER		for subordinates'	
	pendi		402	H(b) Are all subordinates in	
1	Tax-ex	empt status: 🔀 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or	527	If "No," attach a	list. See instructions
		te: PHASE1LA.ORG		H(c) Group exemption	n number 🕨
K	orm o	organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year o	of formation: 2000 N	State of legal domicile: CA
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PRC	OVIDE	SUPPORT TO	PHASE 1
Governance		CLINICAL RESEARCH AND TREATMENT PROGRAMS.			
rna	2	Check this box 🕨 🥅 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)			20
se 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	6
viti	6	Total number of volunteers (estimate if necessary)		0	
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		756,255.	751,965.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		82,604.	169,840.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,966.	625.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		904,825.	922,430.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		776,720.	625,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		185,145.	135,491.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 135,493		144 000	150.000
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		144,999.	156,086.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,106,864.	916,577.
	19	Revenue less expenses. Subtract line 18 from line 12		-202,039.	5,853.
S OF				jinning of Current Year	End of Year
Assets (20	Total assets (Part X, line 16)		5,318,358.	5,459,236.
etA	1	Total liabilities (Part X, line 26)	-	0.	
ž		Net assets or fund balances. Subtract line 21 from line 20		5,318,358.	5,459,236.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date	
Here	ALBERTO VALNER, PRESID	ENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	DUSTIN GRIZZLE	DUSTIN GRIZZLE	11/10/22 self-employed P01474	4042
Preparer	Firm's name 🕒 MACIAS GINI & O'	CONNELL LLP	Firm's EIN ▶ 95-45490)78
Use Only	Firm's address 🖕 2029 CENTURY PAR	RK EAST STE 1500		
	LOS ANGELES, CA	90067-2935	Phone no. (310) 277-	-3373
May the I	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes	No No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form	990 (2021)

		ONE - THE ROAD TO CU	RING CANCER	91-2129319 Page 2
Par	t III Statement of Program S	ervice Accomplishments		
	Check if Schedule O contains a	response or note to any line in this Part	Ш	
1	Briefly describe the organization's miss			
		TO PHASE 1 CLINICAL	RESEARCH & TREATM	ENT PROGRAMS
	FOR THE CANCER THER	APY.		
2		nificant program services during the yea		
				Yes X No
	If "Yes," describe these new services of			
3	Did the organization cease conducting	g, or make significant changes in how it o	conducts, any program services?	Yes X No
	If "Yes," describe these changes on So	chedule O.		
4	Describe the organization's program se	ervice accomplishments for each of its t	hree largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organiz	ations are required to report the amoun	t of grants and allocations to othe	rs, the total expenses, and
	revenue, if any, for each program servi			
4a	(Code:) (Expenses \$	625,000. including grants of \$	625,000.) (Rever	
		PROVIDES SUPPORT TO		
	PROGRAMS AT VARIOUS	RESEARCH CENTERS IN	THE SOUTHERN CAL	IFORNIA AREA.
4b	(Code:) (Expenses \$	including grants of \$) (Rever	
	(, (,
4			\	
4c	(Code:) (Expenses \$	including grants of \$) (Rever	iue \$)
4d	Other program services (Describe on S	Schedule O.)		
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses	625,000.		
				Form 990 (2021)
132002	12-09-21			
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Form	990	(2021)	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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 X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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	•		v
•	Schedule D, Part III	8		X X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<u> </u>
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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 X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		0.000
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132003 12-09-21

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 Form 990 (2021)
 PHASE ONE - THE ROAD TO CURING CANCER
 91-2129319
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 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			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	3 0a		- 23
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	¥ 12-09-21	Form	990	(2021)

ar	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the colored by this return	2a 6			
h	filed for the calendar year ending with or within the year covered by this return		2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions		20		
3a			3a		x
	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
b	If "Yes," enter the name of the foreign country	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
ōa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?	1	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 co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
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		
3	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		
)	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
	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			
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b			
	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	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
Ŀ	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	401			
_	organization is licensed to issue qualified health plans	13b			
-	Enter the amount of reserves on hand	13c	14-		X
la h		- 0	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section (460 tax on payment(c) of more than \$1,000,000 in remunor		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x
	excess parachute payment(s) during the year?		15		
2	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		X
5	Is the organization an educational institution subject to the section 4968 excise tax on net investment		16		
7	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		17		

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Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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	22			
	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	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?	-		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
		·		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X X X
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		X
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					
	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			14		
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
a	The governing body?	, ,		8a	х	
_	Each committee with authority to act on behalf of the governing body?			oa 8b	X	
b			····· -	on	- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			•		x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue Code.)</u>				
			Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,	,			
			F	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the	e form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe				
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by independen	t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with 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 organic					
	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 \blacktriangleright CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section	501(c)(3)s	onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		1001(0)(0)0	ony)	avana	510
		an Cabadula ()				
19		on Schedule O)		finan		
13	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mot of interest	policy, and	man	JIAI	
00	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 book THE ORGANIZATION - (310) 393-6005	ks and records	-			
	256 26TH STREET, #201, SANTA MONICA, CA 90402					
	2JU 2010 DIREEI, W201, DANIA MONICA, CA 90402			_	990	1000
	3 12-09-21					200

Form 990 (2021)	PHASE ONE	- THE ROAL) TO CURING	CANCER	91-2129319	Page 7
Part VII Compens	ation of Officers, Dire	ectors, Trustee	s, Key Employe	es, Highest (Compensated	
Employee	es, and Independent (Contractors				
Check if Sch	edule O contains a respons	e or note to any line	e in this Part VII			
Section A. Officers, D	irectors, Trustees, Key Em	ployees, and High	est Compensated E	mployees		
1a Complete this table f	or all persons required to be	e listed. Report com	pensation for the cal	endar year endir	ng with or within the organization's	s tax year.
 List all of the organ 	nization's current officers, d	lirectors, trustees (v	vhether individuals or	organizations),	regardless of amount of compensation	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con /ee	_	1099-1420)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALBERTO VALNER	10.00				×	1 0	ш.			
PRESIDENT/CEO		x		x				0.	Ο.	0.
(2) MARK FREEMAN	10.00									
BOARD MEMBER		x						0.	Ο.	0.
(3) MERRITT ELLIOT	10.00									
BOARD MEMBER		x						0.	0.	0.
(4) LEANNA CREEL	10.00									
BOARD MEMBER		Х						0.	Ο.	0.
(5) JANET LONNER	10.00									
BOARD MEMBER		Х						0.	Ο.	0.
(6) NICOLE BLANK	10.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SHARI ROSENBLUM	10.00									
BOARD MEMBER		Х						0.	0.	0.
(8) AMANDA SALVADO	10.00									
SECRETARY		Х		Х				0.	0.	0.
(9) ALYSON FINE MARMUR	10.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MIEKE NEUMANN	10.00									
BOARD MEMBER		Х						0.	0.	0.
(11) EMILY CURRENT	10.00									
BOARD MEMBER		Х						0.	0.	0.
(12) BRADLEY MEADOW	10.00									
BOARD MEMBER		Х						0.	0.	0.
(13) DIANE V ALLEN	10.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JORDAN R BERNSTEIN	10.00									
BOARD MEMBER		Х						0.	0.	0.
(15) EDWARD WOODS	10.00									
BOARD MEMBER		Х						0.	0.	0.
(16) LINDA TOTH	10.00									
BOARD MEMBER		Х						0.	0.	0.
(17) STACY VALNER	10.00									_
BOARD MEMBER		Х						0.	0.	0.
132007 12-00-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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	<u>00 (</u> 2021)	PHASE	ONE	- THE	RC	AD	Т	0	CU	RI	NG	CANCER	91-2	129	319	Page 8
Part V	II Section A. Officer	s, Directors	s, Trust	ees, Key Em	oloy	ees,	and	Hig	ghes	t C	ompe	ensated Employe	es (continued)			
	(A) Name and tit	le		(B) Average hours per week	box	not ch , unles cer an	s per	tion nore son is	than o s both	an		(D) Reportable compensation	(E) Reportable compensatio	on	am	(F) timated tount of
			ŗ	(list any hours for related organizations below line)	tee or director	In stitutional trustee			Highest compensated employee		(^	from the organization V-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	is SC/	comp fro orga and	other bensation om the anization I related nizations
(18) M BOARD	ARC LEBOWITZ MEMBER			10.00	x							0.		0.		0.
(19) A BOARD	NDREA LUBLIN MEMBER		-	10.00	x							0.		0.		0.
(20) T BOARD	RIA MEISLER MEMBER			10.00	x							0.		0.		0.
	OBERT WHITE			10.00	x		x					0.		0.		0.
	IJAY DHAKA			10.00	x		21					0.		0.		0.
c To	ubtotal	sheets to I	Part VII,	Section A					I			0.		0.		0.
2 To	otal (add lines 1b and otal number of individua ompensation from the c	als (including	g but no							o re	eceive	0 • ed more than \$100	,000 of reportable	0.		0. 0 Yes No
lin	d the organization list and the organization list and the lack of "Yes," completor any individual listed of the lack of the la	te Schedule	J for su	ch individual								· · · · ·	-		3	X
ar	nd related organizations id any person listed on	s greater tha	an \$150,	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or suc	ch individual			4	<u> </u>
re	ndered to the organiza n B. Independent Con	tion? <i>If</i> "Yes													5	X
1 Co	omplete this table for y e organization. Report	our five high		-										oensa	tion fro	m
	H H		(A)			ONE						(B) Description of		С	(C Compen	
	otal number of indepen		-	-	ot lir	nited	l to t	hos: 0		ted	abov	e) who received m	ore than			
φ			Jiganizi					5							Form S	990 (2021)

132008 12-09-21

	n 990 () rt VII		HE ROAD I	O CURING	CANCER	91-2129	319 Page 9
ľ		Check if Schedule O contains a response of	or note to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$Total. Add lines 1a-1f1	58,827. 693,138.	751,965			
Program Service Revenue	•	All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond pr Royalties	st, and ► roceeds ►	125,150			125,150.
	c d	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) Gross amount from sales of	(ii) Other				
sevenue	с	assets other than inventory Less: cost or other basis and sales expenses7a 328,803.Tb 284,113.Gain or (loss)Net gain or (loss)		44,690			44,690.
Other Re	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a		·			
	с	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	····· >				
	с 10 а	Less: direct expenses9bNet income or (loss) from gaming activitiesGross sales of inventory, less returnsand allowancesLess: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a b	CASH BACK	Business Code 900099	625	. 625.		
Miscell Revo	c d e	All other revenue	▶	625			
13200	12 9 12-09-	Total revenue. See instructions	►	922,430	. 625.	0.	169,840. Form 990 (2021)

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	625,000.	625,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	110,989.		83,242.	27,747
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,247.		10,685.	<u>3,562</u> 2,564
10	Payroll taxes	10,255.		7,691.	2,564
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	11,486.		11,486.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	16,554.		16,554.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,053.			2,053
13	Office expenses	10,624.		2,479.	8,145
14	Information technology	9,102.		2,496.	6,606
15	Royalties	- , -			
16	Occupancy	6,013.		4,510.	1,503
17	Traval	0,0101		1,0100	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
40					
19 20	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,124.		3,124.	
23	Insurance	5,124.		J,144.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	02 212			02 212
a	FUNDRAISING COSTS	83,313.		12 017	83,313
b	CONSULTING	13,817.		13,817.	
С	-				
d					
е	All other expenses	016		150.001	4.0- 4.0-
25	Total functional expenses. Add lines 1 through 24e	916,577.	625,000.	156,084.	135,493
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

PHASE ONE - THE ROAD TO CURING CANCER

132010 12-09-21

Form 990 (2021)

Part IX Statement of Functional Expenses

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Form 990 (2021)

91-2129319 Page 10

11251115 759947 PHASE1

0	Loans and other receivables from other disqualit	is and other receivables norm other disqualmed persons (as defined						
	under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6			
7	Notes and loans receivable, net				7			
8	Inventories for sale or use				8			
9	_			9,295.	9			
10a	Land, buildings, and equipment: cost or other							
	basis. Complete Part VI of Schedule D	10a						
b	Less: accumulated depreciation	10b			10c			
11	Investments - publicly traded securities			11				
12	Investments - other securities. See Part IV, line 1	4,061,010.	12					
13	Investments - program-related. See Part IV, line 1		13					
14	Intangible assets		14					
15	Other assets. See Part IV, line 11				15			
16	Total assets. Add lines 1 through 15 (must equa	al line 3	33)	5,318,358.	16			
17	Accounts payable and accrued expenses				17			
18	Grants payable				18			
19	Deferred revenue				19			
20	Tax-exempt bond liabilities				20			
21	Escrow or custodial account liability. Complete F				21			
22	Loans and other payables to any current or form	er, director,						
	trustee, key employee, creator or founder, substa	antial c	contributor, or 35%					
	controlled entity or family member of any of thes	ons		22				

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Pa	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	194,991.	1	183,097.
	2	Savings and temporary cash investments	1,053,062.	2	908,868.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	9,295.	9	9,295.

Liabilities

Net Assets or Fund Balances

23

24

25

26

27

28

29

30

31

32

33

of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

PHASE C	ONE –	THE	ROAD	то	CURING	CANCER
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4,357,976.

5,459,236.

23

24

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29

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31

32

33

0.

5,318,358.

5,318,358.

5,318,358.

5,459,236. Form **990** (2021)

5,459,236.

5,459,236.

0.

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part IX, column (A), line 12) 2 2 Total expenses (must equal Part IX, column (A), line 25) 2 916, 577. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 653. 4 Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 318, 358. 5 Donated services and use of facilities 5 135, 025. 6 Other changes in net assets or fund balances (explain on Schedule O) 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 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 5, 4559, 236. Part XII Financial Statements and Reporting 10 5, 4559, 236. Check if Schedule O contains a response or note to any line in this Part XII 10 5, 4559, 236. Part XII Financial Statements and Reporting 10 5, 4559, 236. 2a X 11 Yees No <td< th=""><th>Form</th><th>990 (2021) PHASE ONE - THE ROAD TO CURING CANCER</th><th>91-2</th><th>129319</th><th>Pag</th><th>_{ge} 12</th></td<>	Form	990 (2021) PHASE ONE - THE ROAD TO CURING CANCER	91-2	129319	Pag	_{ge} 12
1 Total revenue (must equal Part VII, column (A), line 12) 1 922,430. 2 Total expenses (must equal Part IX, column (A), line 25) 2 916,577. 3 Revenue less expenses. Subtract line 2 from line 1 3 5,853. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,318,358. 5 Net unrealized gains (losses) on investments 6 6 7 revenue for a diust of facilities 7 7 8 Prior period adjustments 8 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 11 Yees No Separate basis	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 916, 577. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 853. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 318, 358. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 7 8 6 7 8 9 0ther 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 5, 459, 236. Check if Schedule O contains a response or note to any line in this Part XII 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 7 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X If "Yes," check a box below to indicate whether the financial statements for t		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 916, 577. 3 Revenue less expenses. Subtract line 2 from line 1 3 5, 853. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 318, 358. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 7 8 6 7 8 9 0ther 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 5, 459, 236. Check if Schedule O contains a response or note to any line in this Part XII 7 7 Check if Schedule 0 contains a response or note to any line in this Part XII 7 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 7 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X If "Yes," check a box below to indicate whether the financial statements for t						
3 Revenue less expenses. Subtract line 2 from line 1 3 5,853. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5,318,358. 5 Net unrealized gains (losses) on investments 5 135,025. 6 7 1 8 7 8 9 0. 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 5,459,236. Part XIII Financial Statements and Reporting - - 10 5,459,236. Part XIII Financial Statements completed or a prior year or checked "Other," explain on Schedule O. - Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other - If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. - 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 Both consolidated and separate basis, consolidated basis Both consolidated an	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5, 318, 358. 5 Net unrealized gains (losses) on investments 5 I 135, 025. 6 Donated services and use of facilities 6 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other," explain on Schedule O. 2were the organization's financial statements compiled or reviewed by an independent accountant? 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 O consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis, Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis,	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 135,025. 6 7 6 7 8 6 8 7 8 9 0.1 9 0.1 10 Net assets or fund balances (explain on Schedule O) 9 0.1 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 5,459,236. Part XII Financial Statements and Reporting 10 5,459,236. Check if Schedule O contains a response or note to any line in this Part XII 10 10 5,459,236. 2a X Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 16 Trees, '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: 2a X 16 Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X <t< th=""><th>3</th><td>Revenue less expenses. Subtract line 2 from line 1</td><td>3</td><td></td><td></td><td></td></t<>	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 5, 459, 236. Part XII Financial Statements and Reporting 10 5, 459, 236. Part XII Financial Statements and Reporting 10 5, 459, 236. Check if Schedule O contains a response or note to any line in this Part XII 10 5, 459, 236. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Mere the organization's financial statements audited by an independent accountant? 2b X X 1 Mere the organization's financial statements audited by an independent accountant? <t< th=""><th>4</th><td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td><td>4</td><td></td><td></td><td></td></t<>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting intencial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Both consolidated basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Both consolidated and separate basis c If "Yes," to	5	Net unrealized gains (losses) on investments	5	135	5,02	<u>25.</u>
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting method used to prepare the Form 990: X Cash 1 Accounting intencial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Both consolidated basis c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Both consolidated and separate basis c If "Yes," to	6	Donated services and use of facilities	6			
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 5,459,236. Part XII Financial Statements and Reporting 10 5,459,236. Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 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 Both consolidated and separate basis 2b X b Were the organization's financial statements and lede by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X b Were the organization's financial statements and election of an independent accountant? 2c 2c X If "Yes," check a box below to indicate whether the financial statements for t	7		7			
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or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Act and OMB Circular A-133?		3a		<u> </u>
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

SCHE	DULE A	ULE A OMB No. 1545-0047 Dublic Charity Status and Public Support OMB No. 1545-0047									
(Form 9	90)			ization is a section 501					2021		
				47(a)(1) nonexempt cha					202 I		
Department o Internal Reve	of the Treasury			Attach to Form 990 or F					Open to Public		
			► Go to www.irs.go	/Form990 for instruction	ons and th	e latest ir	nformation.	Employer	Inspection		
Name of	the organization						,		identification number 1-2129319		
Part I	Beason			E ROAD TO CU				ر ک	1-2129319		
				For lines 1 through 12, c				3.			
1		-		n of churches described	•	-	()(A)(i)				
2				Attach Schedule E (Forn			יለጥለባን				
3				anization described in so		(b)(1)(A)(ii	ii).				
4			1 0	njunction with a hospital			,)(iii). Enter	the hospital's name,		
	city, and state	-	·								
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	An organizati	on that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in		
	-		omplete Part II.)								
8				1)(A)(vi). (Complete Par	,						
9	-	-		in section 170(b)(1)(A)(-		-	-		
	-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
10 X	university:	on that norma		than 33 1/3% of its supp	ort from o	optribution	no momborch	in foos and	aross receipts from		
10 [21]				t to certain exceptions; a							
				(less section 511 tax) fro					•		
			mplete Part III.)			000 0040		Junization a			
11				vely to test for public sa	fetv. See	section 50)9(a)(4).				
12	-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or		
	more publicly	supported or	ganizations describe	d in section 509(a)(1) d	r section	509(a)(2).	See section	509(a)(3). C	heck the box on		
	lines 12a thro	ugh 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
a	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving		
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting		
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.							
b 🗌			-	or controlled in connect			-		-		
		-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	oorted		
	¬ ~	.,	t complete Part IV,						al		
с	••	-	• • • •	g organization operated				ly integrate	d with,		
d		•	.,.). You must complete I porting organization oper			-	tod organiz	ration(s)		
u	_ //		•	ation generally must sat				U			
			•	nplete Part IV, Sections	•		•	anatonii			
e	- ·		,	written determination fro				II. Type III			
				nally integrated supporti			31 / 31	<i>,</i> ,			
f Ent	er the number o										
			about the supporte		(iii) is the error	ainstin a linted					
	 (i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	-	(vi) Amount of other support (see instructions)		
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		

Total

Schedule A	A (Form 990) 2021	PHASE	ONE	- T	HE R	ROAD	то	CURING	CANCER	91-2129319	Page 2
Part II	Support Schedule for	or Organia	zations	Des	scribed	d in Se	ectio	ns 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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
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									
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.									
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)				
_	organization, check this box and stop									
	ction C. Computation of Publi		-							
14	Public support percentage for 2021 (I					14	%			
15	Public support percentage from 2020					15	%			
16a	33 1/3% support test - 2021. If the c									
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2020. If the c									
	and stop here. The organization qual									
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the fact			-	-	VI how the organiz	ation			
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	-					0% or			
	more, and if the organization meets th						. —			
40	organization meets the facts-and-circu		•		• •					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2021			

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Schedule A (Form 990) 2021 PHASE ONE - THE ROAD TO CURING CANCER 91-2129319 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 920,961 933,048. 1080591. 756,255. 751,965. 4442820. include any "unusual grants.") 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 4442820. 920,961. 933,048. 1080591. 756,255. 751,965 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 262,250. 204,000. 141,434 69,520 677,204. c Add lines 7a and 7b 262,250. 204,000. 141,434. 69,520 677,204. 3765616. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 933,048. 751,965 4442820. 920,961 1080591. 756,255 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 136,626. 145,463. 82,604. 169,840. 96,088. 630,621. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 96,088. 136,626. 145,463. 82,604. 169,840. 630,621. 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 65,966. 625. 66,591. assets (Explain in Part VI.) 1017049. 1069674. 1226054. 904,825. 922, 430. 5140032. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► Section C. Computation of Public Support Percentage 73.26 % Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 15 65.75 Public support percentage from 2020 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 12.27 17 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) % 12.72 18 18 Investment income percentage from 2020 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021 132023 01-04-22

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2

3a

3b

3c

4a

4b

4c

Yes No

Part IV | Supporting Organizations

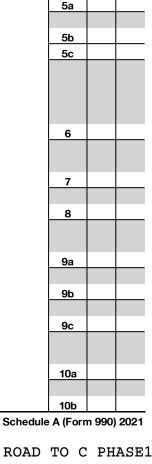
Schedule A (Form 990) 2021

(Complete only if you checked a box in line 12 on 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

17



91-2129319 Page 5 THE ROAD TO CURING CANCER PHASE ONE Schedule A (Form 990) 2021 Part IV Supporting Organizations (continu

				Yes	No
11	Has the	organization accepted a gift or contribution from any of the following persons?			
а	A perso	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	ow, the governing body of a supported organization?	11a		
b	A famil	/ member of a person described on line 11a above?	11b		
с	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail ir	Part VI.	11c		
Sec	ction B.	Type I Supporting Organizations			
				Vas	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization is activities. If the organization had more than one supported organization is activities.						
	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.						
2	Did the organization operate for the benefit of any supported organization other than the supported			l			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l			

Sec	ction C. Type II Supporting Organizations	
		_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	

or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All Type III Supporting	Organizations	
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supervised or controlled the supporting organization

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
•		(000 110 1 00 1010)

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supporte	d a governmental entity	. Describe in Part VI how	you supported a	governmental entity	, (see instruction <u>s).</u>
---	--	---------------------------	-------------------------	---------------------------	-----------------	---------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Yes No

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18

Sche	dule A (Form 990) 2021 PHASE ONE - THE ROAD TO			91-2129319 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion 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		
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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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	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		
е	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		
Sect	ion 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		
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-function	ally integrate	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990) 2021

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	PHASE	ONE	_	THE	ROAD	то	CURING	CAN	CER	
tio	nally Inte	egrate	d 5	09(a)(3	3) Suppo	orting	g Organizat	tions	(continue	~

		HE ROAD TO CUR		9	1-2129319 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	I
Secti	on D - Distributions				Current Year
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	3	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 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

91-2129319 Page 7

Part VI	Form 990) 2021 Supplemental Info			AD TO CU			91-2129319	Page
Failvi	Supplemental Infor Part IV, Section A, lines	rmation. Provide t	he explanations r	equired by Part I	I, line 10; Part II,	line 17a or 1 n B lines 1 a	7b; Part III, line 12;	n C
	line 1; Part IV, Section D,	, 2, 30, 30, 40, 40, 50 . lines 2 and 3: Part I\	A, 0, 9A, 9D, 9C, 1 /. Section E. lines	1c. 2a. 2b. 3a. a	and 3b: Part V. lir	ne 1: Part V.	Section B. line 1e: F	Part V.
	Section D, lines 5, 6, and	8; and Part V, Section	on E, lines 2, 5, a	nd 6. Also compl	ete this part for a	any additiona	l information.	,
	(See instructions.)				-			
32028 01-04-22	2						Schedule A (Form	990) 202
				21				
	759947 PHASE1						ROAD TO C	

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(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		AD TO CURING CANCER	91-2129319
Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		ľ – –
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		historically important land area
	Protection of natural habitat		certified historic structure
			certified historic structure
•	Preservation of open space	ind an an atting a stability diam in the former of	
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
a			
b			
С	Number of conservation easements on a certified historic stru-		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located 🕨	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.		
Par		Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
Ia	of art, historical treasures, or other similar assets held for pub	, 1	
	service, provide in Part XIII the text of the footnote to its finan		lan a sha shu sha sh
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

132051 10-28-21

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	dule D (Form 990) 2021 PHASE OI								.2931		age 2
Par	t III Organizations Maintaining C	ollections o	f Art, His	torical Tr	easures, c	or Other S	Similar	Asset	s _{(contir}	nued)	
3	Using the organization's acquisition, accession	on, and other re	cords, chec	k any of the	following that	at make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition		d	Loan or ex	change progi	ram					
b	Scholarly research		е 🗌								
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and e	xplain how t	hey further t	he organizati	on's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit or		-	-	-						
	to be sold to raise funds rather than to be ma	intained as par	t of the orga	nization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			5				, , ,	,		
1a	Is the organization an agent, trustee, custodia	an or other inte	rmediarv for	contribution	ns or other as	sets not ind	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a							····· ∟			
~			ie ienewing	abio.					Amoun	t	
^	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
							1f				
	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-	•	····· ∟			
Par											
		(a) Current ye		Prior year	(c) Two yea			ears back	(e) Four	r vears	hack
10	Beginning of year balance	(4) canon y	()	, nor your	(0)		,		(0) : 00	Jouro	buon
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
-	and programs										
t	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		alance (line 1	g, column (a	a)) held as:						
-	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posses	ssion of the org	anization the	at are held a	and administe	ered for the	organiza	tion	1		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								. 3b		
4	Describe in Part XIII the intended uses of the	organization's	endowment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Forn	n 990, Part I	V, line 11a.	See Form 99	0, Part X, Iir	ne 10.				
	Description of property	1	t or other		st or other	1	umulate	d	(d) Boo	k valu	ie
		· ·	vestment)	basis	s (other)	depr	eciation				
1a	Land										
	Buildings										
с	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990.	Part X. colui	<u>mn (B). line</u>	10c.)		<u></u> .				0.
	· · · · ·				-			Schedul	e D (Forn	n 990)) 2021

Schedule D (Form 990) 2021 PHASE ONE – Part VII Investments - Other Securities. Complete if the organization answered "Yes" o	THE ROAD TO C		91-2129319 Page 3 2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	4 9 5 5 9 5 6		
(A) FIDELITY	4,357,976.	END-OF-YEAR MAI	RKET VALUE
(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.	4,357,976.		
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" o		1d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1) (2)			
(2)(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		🕨
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X.	. line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must aguel Form 2000 Part X, agl. (D) line	05)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line. 2. Liability for uncertain tax positions. In Part XIII, provide t			ments that reports the
organization's liability for uncertain tax positions under F		-	

Schedule D (Form 990) 2021

132053 10-28-21

Scheo	lule D (Form 990) 2021 PHASE ONE - THE ROAD TO		91-2129319 Page 4
Par	XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5
Par	XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b		4c
-	Total evenences Add lines 2 and 4 articles in the second bull		
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 1</i> t XIII Supplemental Information.	<u>8.)</u>	5

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.

34

132054 10-28-21

SCHEDULE I (Form 990)	OMB No. 1545-0047						
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization PHASE ONE	- THE RO	AD TO CURINO	G CANCER				Employer identification number 91-2129319
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis	stance?						
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					nization answard "V	oo" op Form 000. Dod	IV line 21 for any
recipient that received more than \$	•			1 0	anization answered f	es on Form 990, Fan	TV, III e ZT, IOF ally
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
CITY OF HOPE 1500 DUARTE RD							
DUARTE, CA 91010	95-3435919	501(C)(3)	350,000.	0.			RESEARCH
THE REGENTS OF UNIVERSITY OF CA 11000 KINROSS AVE-BOX 951506 LOS ANGELES. CA 90024	95-6006143		125,000.	0.			RESEARCH
CHILDRENS HOSPITAL L.A 4650 SUNSET BLVD LOS ANGELES, CA 90027			150,000.	0.			RESEARCH
			,				
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 		•	e line 1 table			I	└

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Schedule I (Form 990) 2021

Schedule I (Form 990) 2021 PHASE ONE - THE ROAD TO CURING CANCER

91-2129319

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.

(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
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash grant (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Amount of no	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image:

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

SCHEDULE O (Form 990)

Name of the organization

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.



PHASE ONE - THE ROAD TO CURING CANCER 91

Employer identification number 91-2129319

FORM 990, PART VI, SECTION A, LINE 2:

ALBERTO VALNER AND STACY VALNER ARE HUSBAND AND WIFE.

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

THE FORM 990 IS REVIEWED BY FISCAL OFFICERS BEFORE IT IS SUBMITTED TO THE

BOARD FOR APPROVAL OF FILING.

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

ON AN ANNUAL BASIS THE MEMBERS OF THE BOARD DOCUMENT THAT THEY HAVE NO

CONFLICT OF INTEREST.

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

THE ORGANIZATION MAKES AVAILABLE GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2021