MARTIN, DECRUZE & COMPANY

JUNE 7, 2022

SUSAN D. FLYNN ONCOLOGY NURSING DEVELOPMENT PROGRAM, INC. 123 HARBOR DRIVE, UNIT 302 STAMFORD, CT 06902

DEAR FRED:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2021 FORM 990-EZ

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

BEST REGARDS,

Joh On This

MARTÍN DECRUZE & COMPANY

			EXTENDED TO NOVEMBER	15,	20)22					
	00	90-EZ	Short Form	. –			-			OMB No. 154	5-0047
Form	13:		Return of Organization Exemp	tFr	om	Incom		ax		200	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve	nue C	ode (e	except private	e foun	dations	5)	202	<u> </u>
			Do not enter social security numbers on this for	rm, as	it ma	y be made pu	ublic.			0	
Depa	rtment	of the Treasury								Open to P	
Intern	al Reve	enue Service	Go to www.irs.gov/Form990EZ for instruction	s and	the la	test informat	ion.			Inspecti	on
	or the		year, or tax year beginning		and	ending					
B C	pplicab	ole: UN	ame of organization				DEm	ployer i	dentific	cation numbe	er
	Addr	-	JSAN D. FLYNN ONCOLOGY NURSING							0.4.6	
	7	Num	EVELOPMENT PROGRAM, INC. ber and street (or P.O. box if mail is not delivered to street address)			Doom/ouito		<u>31–32</u> lephone			
	Final	i i otari i	All sheet (01			Room/suite		•		-4824	
	7	City	or town, state or province, country, and ZIP or foreign postal code				-	oup Exer			
	7		CAMFORD, CT 06902					imber 🕨	•		
GA		ation pending SI	X Cash Accrual Other (specify) ►							if the organiz	vation is
			SDFONDP • COM							tach Schedul	
			eck only one) $ \mathbf{X}$ 501(c)(3) $\mathbf{\Sigma}$ 501(c) () $\mathbf{\triangleleft}$ (insert no.)	49	947(a)	(1) or 527		orm 990			00
				Other	<i>y</i> 11 (u)		1 (/-		
LA	dd lin	es 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	r more,	or if to	otal assets (Part	11,				
C	olumr	n (B)) are \$500,0	000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets or Fund			·····		▶ \$		177,	579.
Pa	nrt I	Revenue	e, Expenses, and Changes in Net Assets or Fund	Bala	nces	s (see the inst	ruction	s for Par	tl)		
		Check if the	organization used Schedule O to respond to any question in this Part I		<u></u>						<u> </u>
	1		gifts, grants, and similar amounts received					1		<u> 177,</u>	579.
	2		ce revenue including government fees and contracts					2			
	3		ues and assessments					3			
	4		ome		 I			4			
	5a		from sale of assets other than inventory					-			
	D		ther basis and sales expenses	5b				50			
	6	. ,	from sale of assets other than inventory (subtract line 5b from line 5a) ndraising events:					5c			
	-	-	from gaming (attach Schedule G if greater than								
Revenue				6a							
eve	b		from fundraising events (not including \$	of co	ntributi	ions					
č			ng events reported on line 1) (attach Schedule G if the sum of such								
		gross income a	and contributions exceeds \$15,000)	6b							
	C		penses from gaming and fundraising events	6c							
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and sub		ne 6c)			6d			
			inventory, less returns and allowances					-			
		Less: cost of g	oods sold	7b							
	C		(loss) from sales of inventory (subtract line 7b from line 7a)					7c			
	8	Total revenue	(describe in Schedule 0)					8 9		177	579.
	9 10	Grante and ein	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ilar amounts paid (list in Schedule 0)	E S	СНЕ		. 💌	10		<u> </u>	593.
	11	Benefits naid to	o or for members	- P	للددي			11		,	
s	12		compensation, and employee benefits					12			
Ise	13		es and other payments to independent contractors					13		4,	800.
Expenses	14		it, utilities, and maintenance					14		·	
ũ	15	Printing, public	cations, postage, and shipping					15			
	16		s (describe in Schedule O) SE	ES	CHE	DULE O		16			297.
	17		s. Add lines 10 through 16					17			690.
s	18		cit) for the year (subtract line 17 from line 9)					18		19,	889.
Net Assets	19		und balances at beginning of year (from line 27, column (A))							~~	
t As			th end-of-year figure reported on prior year's return)					19		88,	757.
Nei	20	-	in net assets or fund balances (explain in Schedule 0)					20		100	0.
1114	21		und balances at end of year. Combine lines 18 through 20	<u></u>			. 🕨	21	г.	<u>тов,</u> orm 990-Е	646. 7 (2021)
LUA	\ F U[I APEIWUK NEC	luction Act Notice, see the separate instructions.						гО		- (ZUZI)

132171 12-08-21

Forr	m 990-EZ (2021) DEVELOPMENT PROGRAM, INC.		8	31-3	2880	46 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any question	in this Part II			X
		(/	A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		86,907.	22		108,646.
23				23		
24			1,850.	24		0.
25			88,757.	25		108,646.
26			0.	26		0.
27			88,757.	27		108,646.
	art III Statement of Program Service Accomplishment	s (see the instruction				cpenses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III		Required	for section
What	at is the organization's primary exempt purpose? SEE SCHEDULE O					and 501(c)(4) ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program se	ruices as measured by expenses	n a clear and concise		thers.)	ons, optional for
	ner, describe the services provided, the number of persons benefited, and other relevant informati				,	
28	SEE SCHEDULE O					
20				-		
				-		
	(Grants \$ 177, 579.) If this amount includes foreign gr	anta abaali bara		— ,	Ba	
20	Idiants \$ 177, 575. In this amount includes foreign gi	ants, check here			Da	
29				-		
				-		
			、	—		
~~	(Grants \$) If this amount includes foreign g	rants, check here	····· ►		9a	
30				—		
				_		
	(Grants \$) If this amount includes foreign g	rants, check here	•	3	0a	
31						
	(Grants \$) If this amount includes foreign g	rants, check here			1a	
32	Total program service expenses (add lines 28a through 31a)			. 🕨 🕄	32	
Ť						
Pa	art IV List of Officers, Directors, Trustees, and Key En	nployees (list each one ev	ven if not compensated - se	e the ins	tructions fo	r Part IV)
Pa	art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each one ev	ven if not compensated - se in this Part IV			
P	art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each one er ond to any question (b) Average hours	ven if not compensated - se in this Part IV	d) Healt	h benefits,	(e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key En	nployees (list each one er ond to any question (b) Average hours per week devoted to	ven if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Healt contribu employe	h benefits, itions to e benefit	(e) Estimated amount of other
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SUSAN D. FLYNN ONCOLOGY NURSING

SUSAN D. FLYNN ONCOLOGY NURSING

	<u>990-EZ (2021)</u> DEVELOPMENT PROGRAM, INC. 81-3288			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			v
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	0.5		
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	0.00		x
97.0	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 0 .	36		
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization her form 1120-FOL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	370		- 23
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	004		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
Ď	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization \bullet 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed \blacktriangleright CT			
42 a	The organization's books are in care of \blacktriangleright FREDERICK C. FLYNN , JR . Telephone no. \blacktriangleright 203–56			
	Located at ► 123 HARBOR DRIVE, UNIT 302, STAMFORD, CT ZIP+4 ► C)690	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	<u> </u>
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	10		v
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country		•	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	IN/A		
			Yes	No
44.4	Did the exercitation maintain any denser advised funde during the year? If "Vea" Form 000 must be completed instead of		163	NU
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	440		x
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		
D		44b		x
~	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44D 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	440		
u		44d		
45 e	In Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			

D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	ig of section
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	

Form **990-EZ** (2021)

45b

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SUSAN D.	FLYNN	ONCOLO	GΥ	NURSING
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	Yes	N

46

► X Yes

No

46	Did the	organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
	If "Yes,"	complete Schedule C, Part I
Pa	art VI	Section 501(c)(3) Organizations Only
		All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
		Check if the organization used Schedule O to respond to any question in this Part VI

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?			
	If "Yes," complete Sch. C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee NONE	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

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		FREDERICK C • FLYNN , Type or print name and title	JR., PRESIDENT			
		Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Paid					self- employed	
Prepare	r	JOHN DOSREIS		06/03/22		P00154575
Use Onl		Firm's name MARTIN DECRU	ZE		Firm's EIN 🕨 8	5-4218816
	J	Firm's address ► 2777 SUMMER	STREET, SUITE 401		Phone no. (2	03) 327-7151
		STAMFORD, C	т 06905			
May the IRS	S dis	cuss this return with the preparer shown abov	e? See instructions			🕨 🔀 Yes 🗌 No
						Form 990-EZ (2021)

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Form 990-EZ (2021)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047	
Nar	ne of t	the organization			ONCOLOGY NUE	RSING				identification number
		Decem			OGRAM, INC.					1-3288046
Pa	irt I	Reason	or Public C	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school dese	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	ə:							
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ed to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		See section &	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ugh 12d that (describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
a		Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), t	ypically by	giving
		the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III fun	ctionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	lly integrate	d with,
		_ its supporte	ed organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
c		J Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	zation(s)
			,	0 0	ation generally must sat	,		•	an attentiv	veness
		- ·			nplete Part IV, Sections					
e			•		written determination from			Туре I, Туре	II, Type III	
					nally integrated supporting	ng organiz	ation.			
t		er the number of		•						
<u> </u>		/ide the followi i) Name of suppo		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	,	organization		() =	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
		-			above (see instructions))	163				
										<u> </u>
Tota	al									

SUSAN D. FLYNN ONCOLOGY NURSING DEVELOPMENT PROGRAM, INC.

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 Schedule A (Form 990) 2021
 DEVELOPMENT PROGRAM, INC.
 81-3288

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

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

Sec	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.")	61,623.	63,195.	69,229.	145,614.	177,579.	517,240.
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	(1 ())	C2 10F	<u> </u>			
	Total. Add lines 1 through 3	61,623.	63,195.	69,229.	145,614.	177,579.	517,240.
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)						517,240.
	Public support. Subtract line 5 from line 4.						JI/,240.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	61,623.	63,195.	69,229.	145,614.	177,579.	517,240.
	Gross income from interest,	01/0201			110/0110	11110101	51772100
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ŭ	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						517,240.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	· ·
	First 5 years. If the Form 990 is for th		,			01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	<u>100.00 %</u>
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	•	• •	,	•		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-				
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2021

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Schedule A (Form 990) 2021 DEVELOPMENT PROGRAM, INC. 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

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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
-	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
D	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(0) 2013	(u) 2020	(e) 2021	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regulated approximation approximation of the second s						
12	Other income. Do not include gain or loss from the sale of capital						
10	assets (Explain in Part VI.)					1	
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the		rot accord third	fourth or fifth tou	l		
14	•	8		,	,		,
Sec	check this box and stop here						
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2020					16	%
Sec	ction D. Computation of Invest	stment Income	Percentage			, ,	
17	Investment income percentage for 20)21 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organizatio	n ►
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	his box and see ins	structions	
13202	3 01-04-22					Schedul	e A (Form 990) 2021
			8				

SUSAN D. FLYNN ONCOLOGY NURSING DEVELOPMENT PROGRAM, INC.

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Yes No

Schedule A (Form 990) 2021 DEVI Part IV Supporting Organizations

(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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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SUSAN D. FLYNN ONCOLOGY NURSING

dule A (Form 990) 2021

		20004	• Pa	ige 5
Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b		11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~	Description of the existence in the description of the description is a standard experimentation of the second			

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have
	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

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ דכגו טעוווי	

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

с		The organization supported 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

3

2a

2b

3a

Yes No

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SUSAN	D.	FLY	'NN	ONCOLC	ΟGΥ	NURSING
DEVELO	OPME	\mathbf{INT}	PRC)GRAM,	INC	2.

Sche	edule A (Form 990) 2021 DEVELOPMENT PROGRAM, IN			81-3288046 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	tion 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	tion 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		
_			· · _ · · · · · ·	

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

Schedule A (Form 990) 2021

132026 01-04-22

SUSAN D. FLYNN ONCOLOGY NURSING

_	dule A (Form 990) 2021 DEVELOPMENT P				1-3288046 Page 7
Par	, , , , , , , , , , , , , , , , , , , ,	(a)(3) Supporting Orga	nizations (continu	ied)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp				
	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 - prior I	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive			
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2021 from Section C, line 6				
10	Line 8 amount divided by line 9 amount	(i)	(::)	10	(:::)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	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:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	Form 990) 2021	SUSAN D. FL DEVELOPMENT	PROGRAM,	INC.	81-3288046 Page
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I	1, 2, 3b, 3c, 4b, 4c, 5a, 6), lines 2 and 3; Part IV, S	, 9a, 9b, 9c, 11a, ⁻ ection E, lines 1c,	11b, and 11c; Part IV, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
32028 01-04-2	2				Schedule A (Form 990) 2
	756306 SUSAND	T.VNN	13 2021 0	3050 GIIGAN	D. FLYNN ONCOLOGY N SUS

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2021

Employer identification number

SUSAN	D.	FLY	ZNN	ONCOL	OGY	NURSING
DEVELO	OPMI	ENT	PRC	GRAM,	INC	Ζ.

I	DEVELOPMENT	PROGRA
Organization type (check	k one):	

81-3288046

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

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

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

Schedule B (Form 990) (2021)

	rganization		Emplo	yer identification number
	D. FLYNN ONCOLOGY NURSING		0.1	2000046
	OPMENT PROGRAM, INC.		81	-3288046
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
1	JONATHAN RATHER			Person X
	241 FAIRVIEW AVENUE	\$5,0	00.	Payroll Noncash (Complete Part II for
	STAMFORD, CT 06902			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
2	JAMES WAUGH			Person X
	210 OCEAN DRIVE EAST	\$6,5	00.	Payroll Noncash (Complete Part II for
	STAMFORD, CT 06902			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
3	FRED FLYNN			Person X
	123 HARBOR DRIVE, UNIT 302	\$100,0	00.	Payroll Noncash
	STAMFORD, CT 06902			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
4	RICHARD AND JOAN MARRA			Person X
	463 CHESHIRE FARM LANE	\$6,6	00.	Payroll Noncash (Complete Part II for
	ST. LOUIS, MO 63141			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Schedule B	(Form 990) (2021)

Page **2**

	B (Form 990) (2021)		Page 3
	rganization D. FLYNN ONCOLOGY NURSING		Employer identification number
	D. FLINN ONCOLOGI NORSING OPMENT PROGRAM, INC.		81-3288046
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
123453 11-11	-21		Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)			Page 4
Name of o	rganization			Employer identification number
SUSAN	D. FLYNN ONCOLOGY NURS	ING		
	OPMENT PROGRAM, INC.			81-3288046
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious,	a) through (e) and the following line en	try. For organizations	
·······	Use duplicate copies of Part III if additiona	I space is needed.	, (
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of gif	t	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
·		(e) Transfer of gif	t	
·	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee
123454 11-11	I-21	I		Schedule B (Form 990) (2021)

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(Form 990)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 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. Open to Public Go to www.irs.gov/Form990 for the latest information. Inspection SUSAN D. FLYNN ONCOLOGY NURSING Employer identification number Name of the organization

DEVELOPMENT PROGRAM, INC.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: TRAINING GRANT

GRANTEE NAME: RELIAS LEARNING

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 03/11/21

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: TUITION GRANT

GRANTEE NAME: VILLANOVA UNIVERSITY

GRANTEE ADDRESS: 800 LANCASTER AVE VILLANOVA, PA 19085

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/22/21

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: TUITION GRANT

GRANTEE NAME: CHILDRENS HOSPITAL FOUNDATION

GRANTEE ADDRESS: 1 INVENTA PLACE, 6TH FLOOR SILVER SPRING, MD 20910

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/13/21

AMOUNT GIVEN:

ACTIVITY CLASSIFICATION: TUITION GRANT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

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Name of the organization SUSAN D. FLYNN ONCOLOGY NURSING DEVELOPMENT PROGRAM, INC. GRANTEE NAME: MASSACHUSETTS GENERAL HOSPITAL GRANTEE ADDRESS: 55 FRUIT STREET BOSTON, MA 02114 GRANTEE RELATIONSHIP: N/A PROPERTY DESCRIPTION: CASH DATE OF GIFT: 06/10/21	Employer identification numb 81-3288046
GRANTEE NAME: MASSACHUSETTS GENERAL HOSPITAL GRANTEE ADDRESS: 55 FRUIT STREET BOSTON, MA 02114 GRANTEE RELATIONSHIP: N/A PROPERTY DESCRIPTION: CASH	
GRANTEE ADDRESS: 55 FRUIT STREET BOSTON, MA 02114 GRANTEE RELATIONSHIP: N/A PROPERTY DESCRIPTION: CASH	
GRANTEE RELATIONSHIP: N/A PROPERTY DESCRIPTION: CASH	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 06/10/21	
AMOUNT GIVEN:	8,500
ACTIVITY CLASSIFICATION: TUITION GRANT	
GRANTEE NAME: CONNECTICUT CHILDREN'S MEDICAL CENTER	
GRANTEE ADDRESS: 32 STRAWBERRY HILL CT 4TH FLOOR STAMFORD,	СТ 06902
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 06/15/21	
AMOUNT GIVEN:	9,600
ACTIVITY CLASSIFICATION: TUITION GRANT	
GRANTEE NAME: HARTFORD HOSPITAL	
GRANTEE ADDRESS: 80 SEYMOUR STREET HARTFORD, CT 06106	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 06/04/21	
AMOUNT GIVEN:	8,000
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: JONAS PHILANTHROPIES, INC.	
GRANTEE ADDRESS: P.O. BOX 705 NEW YORK, NY 10032	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
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Schedule O (Form 990) 2021 Name of the organization SUSAN D. FLYNN ONCOLOGY NURSING DEVELOPMENT PROGRAM, INC.	Page Employer identification number 81-3288046
DATE OF GIFT: 12/31/21	01 0200010
AMOUNT GIVEN:	25,000.
	· · ·
ACTIVITY CLASSIFICATION: TUITION GRANT	
GRANTEE NAME: WENTWORTH-DOUGLASS HOSPITAL	
GRANTEE ADDRESS: 789 CENTRAL AVE DOVER, NH 03820	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 06/15/21	
AMOUNT GIVEN:	9,000.
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: GREENWHICH HOSPITAL	
GRANTEE ADDRESS: 5 PERRY RIDGE ROAD GREENWICH, CT 06830	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/21/21	
AMOUNT GIVEN:	5,000.
ACTIVITY CLASSIFICATION: TUITION GRANT	
GRANTEE NAME: BOSTON CHILDREN'S HOSPITL	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/12/21	
AMOUNT GIVEN:	
ACTIVITY CLASSIFICATION: TUITION GRANT	Schedule Q (Form 990) 202

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021 Name of the organization SUSAN D. FLYNN ONCOLOGY NURSING	Page 2 Employer identification number
DEVELOPMENT PROGRAM, INC.	81-3288046
GRANTEE NAME: GREENWHICH HOSPITAL	
GRANTEE ADDRESS: 5 PERRY RIDGE ROAD GREENWICH, CT 06830	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/21/21	
AMOUNT GIVEN:	10,000.
ACTIVITY CLASSIFICATION: TRAINING STIPEND	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/05/21	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: TRAINING STIPEND	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/05/21	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: TRAINING STIPEND	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/05/21	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: TRAINING STIPEND	
GRANTEE RELATIONSHIP: N/A	
PROPERTY DESCRIPTION: CASH	

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Schedule O (Form 990) 202 Name of the organization	SUSAN D. FLYNN ONCOLOGY NURSING	Page Employer identification number
	DEVELOPMENT PROGRAM, INC.	81-3288046
DATE OF GIFT:	05/05/21	
AMOUNT GIVEN:		1,000.
ACTIVITY CLASS	IFICATION: TRAINING STIPEND	
GRANTEE RELATI	ONSHIP: N/A	
PROPERTY DESCR	IPTION: CASH	
DATE OF GIFT:	05/05/21	
AMOUNT GIVEN:		1,000.
ACTIVITY CLASS	IFICATION: TRAINING STIPEND	
GRANTEE RELATI	ONSHIP: N/A	
PROPERTY DESCR	IPTION: CASH	
DATE OF GIFT:	05/05/21	
AMOUNT GIVEN:		1,000.
ACTIVITY CLASS	IFICATION: TRAINING STIPEND	
GRANTEE RELATI	ONSHIP: N/A	
PROPERTY DESCR	IPTION: CASH	
DATE OF GIFT:	05/05/21	
AMOUNT GIVEN:		1,000.
ACTIVITY CLASS	IFICATION: TUITION GRANT	
GRANTEE NAME:	CHOP FOUNDATION	
GRANTEE ADDRES	S: P.O. BOX 781352 PHILADELPHIA, PA 19178	8
GRANTEE RELATI	ONSHIP: N/A	
PROPERTY DESCR	IPTION: CASH	
DATE OF GIFT:	06/17/21	
AMOUNT GIVEN:		16,860.
132212 11-11-21	22	Schedule O (Form 990) 20

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Schedule O (Form 990) 2021 Name of the organization SUSAN D. FLYNN ONCOLOGY NUR	•	Page over identification number
DEVELOPMENT PROGRAM, INC.	81	-3288046
ACTIVITY CLASSIFICATION: TUITION GRANT		
GRANTEE NAME: UNIVERSITY OF CONNECTICUT FOU	NDATION	
GRANTEE ADDRESS: 2390 ALUMNI DR #3206 STORR	S, CT 06269	
GRANTEE RELATIONSHIP: N/A		
PROPERTY DESCRIPTION: CASH		
DATE OF GIFT: 07/02/21		
AMOUNT GIVEN:		10,800.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		150,593.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSE:	5:	
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
BANK FEES		625.
SUPPLIES & MATERIALS		28.
WEBSITE SERVICES		1,644.
TOTAL TO FORM 990-EZ, LINE 16		2,297.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS	:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES RECEIVABLE	1,850.	0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPO	SE - DEVELOP, PROMO	TE AND
SPONSOR VARIOUS TRAINING AND EDUCATION PROG	RAMS IN COOPERATION	WITH
SEVERAL HOSPITALS AND NURSING SCHOOLS TO HE	LP ATTRACT, INSPIRE	, AND
PROFESSIONALLY DEVELOP ONCOLOGY NURSES AND,	IN DOING SO, TO SE	RVE THE
PUBLIC GOOD BY HEPING TO IMPROVE THE QUALITY	Y OF CARE FOR CANCE	R
PATIENTS AND THEIR FAMILIES.		

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Schedule O (Form 990) 2021	Page 2
Name of the organization SUSAN D. FLYNN ONCOLOGY NURSING DEVELOPMENT PROGRAM, INC.	Employer identification number 81-3288046
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHN	IENTS:
COLLABORATE WITH HOSPITALS TO DEVELOP AND MAINTAIN A	
SUMMER INTERSHIP PROGRAM WHICH PROVIDES ASPIRING ONCOLOGY	
NURSES WITH A COMPREHENSIVE CLINICAL EXPOSURE TO ONCOLOGY	
NURSING.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT	CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.