

Form 8879-TE	* * * * *	THIS IS I IRS e-file for a	NOT A FILE Signature Tax Exem	ABLE COPY Authoriza pt Entity	ation		OMB No. 1545-0047
			JUL 1			20 <b>2 2</b>	2021
Department of the Treasury		Do not se	nd to the IRS. Kee	p for your recor	ds.	_	2021
Internal Revenue Service		Go to www.irs.g	gov/Form8879TE f	or the latest info	ormation.	, l	
Name of filer						EIN or SSN	
		ANCER FOUN				51-017	3669
Name and title of officer or pe	erson subject to tax	DARRY NEW TREASURE					
Part I Type of	Return and Re	eturn Informati	on				
Check the box for the retu Form 5330 filers may ente or <b>10a</b> below, and the amo whichever is applicable, bi than one line in Part I.	er dollars and cents ount on that line fo	5. For all other forms r the return being fi 0-). But, if you ente	s, enter whole dolla iled with this form v red -0- on the return	rs only. If you cho vas blank, then le n, then enter -0- o	eck the box on li eave line <b>1b, 2b</b> in the applicable	ine <b>1a, 2a, 3a,</b> , <b>3b, 4b, 5b, 6b</b> line below. <b>D</b>	4a, 5a, 6a, 7a, 8a, 9a, , 7b, 8b, 9b, or 10b, o not complete more
1a Form 990 check h	here ► X						<u>2,598,782.</u>
2a Form 990-EZ che	eck here 🕨 🔄		<b>ue,</b> if any (Form 990				
3a Form 1120-POL	check here 🕨 🔄		orm 1120-POL, line				
4a Form 990-PF che	eck here 🕨 🔄	b Tax based o	on investment inco	<b>me</b> (Form 990-Pl	F, Part V, line 5)		
5a Form 8868 check			e (Form 8868, line 3				
6a Form 990-T chec	k here 🕨 📃	b Total tax (Fo	orm 990-T, Part III, I	ne 4)			
7a Form 4720 check	khere 🕨 🗌	b Total tax (Fo	orm 4720, Part III, li	ne 1)			
8a Form 5227 check	k here ►	b FMV of asse	ets at end of tax ye	<b>ar</b> (Form 5227, l	tem D)	8b	
9a Form 5330 check	k here 🕨 🔄	<b>b Tax due</b> (For	rm 5330, Part II, line	e 19)		9b	
10a Form 8038-CP ch			redit payment req				b
Under penalties of perjury			tion of Officer		•		
with a state age on the return's o As an officer or return. If I have	d accompanying so e that the amount in der, transmitter, or ipt or reason for re e, I authorize the U ution account indic it the entry to this is prior to the payme ve confidential info mber (PIN) as my si <b>DSITZKA</b> , <b>W</b> e on the tax year 20 ency(ies) regulating disclosure consent person subject to f indicated within th program, I will enter	thedules and stater n Part I above is the electronic return o jection of the transi S. Treasury and its sated in the tax pre account. To revoke ent (settlement) dat rmation necessary ignature for the elect ICKS AND C ER 021 electronically fil charities as part of screen. tax with respect to is return that a copy r my PIN on the return	ments, and, to the b e amount shown or riginator (ERO) to s mission, <b>(b)</b> the rea s designated Financ paration software for a payment, I must te. I also authorize t to answer inquiries ctronic return and, i	est of my knowle the copy of the end the return to ison for any delay ison for any delay ison for any delay ison for any delay for any delay contact the U.S. he financial instit and resolve issue f applicable, the ndicated within t program, I also a er my PIN as my ing filed with a st issent screen.	edge and belief, electronic return the IRS and to r y in processing t te an electronic e federal taxes o Treasury Financ utions involved i es related to the consent to elect to his return that a uthorize the afor signature on the ate agency(ies)	they are true, c 1 Consent to a eceive from the he return or ref funds withdraw wed on this retw ial Agent at 1-8 n the processir payment. I hav ronic funds with e enter my PIN copy of the retw rementioned EF tax year 2021	Ilow my PIRS (a) an und, and (c) the date val (direct debit) urn, and the 88-353-4537 no ng of the electronic e selected a hdrawal. 48537 Enter five numbers, but do not enter all zeros urn is being filed RO to enter my PIN electronically filed
	ation and Auth				•	Date	
ERO's EFIN/PIN. Enter yo			ion				
number (EFIN) followed by	-	-			23711679 ot enter all zeros		
I certify that the above nur submitting this return in ad Business Returns.							
ERO's signature 🕨					Date 🕨		
	Do Not S		tain This Form rm to the IRS U				
LHA For Privacy act and	d Paperwork Redu	uction Act Notice,	see instructions.			F	orm 8879-TE (2021)
102521 01-11-22							

			** PUBLIC DISCLOSURE COPY	* *		_
	Ω	00	Return of Organization Exempt From	m Inc	ome Tax	OMB No. 1545-0047
Form <b>990</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except					private foundations	»   <b>2021</b>
Depa	artment o	of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public
Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the			Inspection
				ing JUN	•	- K
	Check if applicabl	le:	organization	D	Employer identific	ation number
	Addre	ASK	CHILDHOOD CANCER FOUNDATION			
	Name		usiness as		51-017366	9
	Initial			m/suite E	Telephone number	
	Final return		WEST BROAD STREET, SUITE 100		804658591	
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	3,031,575.
	Amen return Applio	KICH.	MOND, VA 23230	H(a	<ul><li>a) Is this a group ret</li></ul>	
	tion pendi		nd address of principal officer: DARRY NEWBILL		for subordinates?	····· = =
	<b>T</b> a a	empt status:	WEST BROAD STREET, SUITE 100, RICHMON $\overline{X}$ 501(c)(3) $\Box$ 501(c) ( ) $\triangleleft$ (insert no.) $\Box$ 4947(a)(1) or $\Box$	527 H(t	b) Are all subordinates inc	
					c) Group exemption	ist. See instructions
		f organization:				State of legal domicile: VA
	art I	Summary				otato or logar actinicito,
	1	Briefly describ	e the organization's mission or most significant activities: MAKE LI	LFE BE'	TTER FOR C	HILDREN
Governance		WITH CA	NCER AND THEIR FAMILIES IN CENTRAL VI	IRGINI	A	
erna	2	Check this box	k local method is a straight for the organization discontinued its operations or disposed of	of more thar	n 25% of its net asse	
9 No	3		ing members of the governing body (Part VI, line 1a)			20
			ependent voting members of the governing body (Part VI, line 1b)			<u>    20</u> 13
ties	5		of individuals employed in calendar year 2021 (Part V, line 2a)			80
Activities &	6		of volunteers (estimate if necessary)			0.
Ac	h		business revenue from Part VIII, column (C), line 12			0.
	<u> </u>	The amolated			Prior Year	Current Year
0	8	Contributions	and grants (Part VIII, line 1h)	1	,641,878.	2,326,817.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
seve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		45,822.	42,463.
	יין		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4	69,631.	229,502.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,757,331.	2,598,782.
			nilar amounts paid (Part IX, column (A), lines 1-3)		235,361.	<u>    290,523.</u> 0.
	14   15		o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		665,152.	804,245.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
pen	. b	Total fundraisi	ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 248,229.		-	
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		361,723.	495,458.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		,262,236.	1,590,226.
	19	Revenue less	expenses. Subtract line 18 from line 12		495,095.	1,008,556.
Net Assets or					ing of Current Year	End of Year
Sset	20	Total assets (F		1	<u>,625,489</u> . ,344,302.	4,176,452. 1,065,016.
let ⊿	21		(Part X, line 26) Jund balances. Subtract line 21 from line 20		,281,187.	3,111,436.
	art II	Signature		4	, 201, 10, •	5,111,400.
		-	declare that I have examined this return, including accompanying schedules and s	statements.	and to the best of mv l	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which pr			
Sig	n	-	e of officer		Date	
114			ν Νέωρτιτ, πρέλαιστρ			

Here	DARRY NEWBILL, TREASUR	ER				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	KIMBERLEY D. VANHUSS, CPA			self-employed P00214470		
Preparer	Firm's name 🕨 KOSITZKA, WICKS	AND COMPANY	Fi	rm's EIN ▶ 54-1342298		
Use Only	Firm's address 🕨 4405 COX ROAD, S	UITE 200				
	GLEN ALLEN, VA 2	3060	P	none no. (804) 855–1200		
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No						
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)					

		ige <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: MAKE LIFE BETTER FOR CHILDREN WITH CANCER AND THEIR FAMILIES IN	
	CENTRAL VIRGINIA	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,176,921. including grants of \$290,523. ) (Revenue \$	)
	ASK CHILDHOOD CANCER FOUNDATION (ASK) IS DEDICATED TO MAKING LIFE	
	BETTER FOR CHILDREN WITH CANCER AND SERIOUS BLOOD DISORDERS THROUGH	
	EMOTIONAL, FINANCIAL AND EDUCATIONAL SUPPORT SERVICES. ASK'S SUPPORT BEGINS AT DIAGNOSIS AND CONTINUES THROUGH TREATMENT AND BEYOND. ASK	
	PARTNERS WITH THE CHILDREN'S HOSPITAL OF RICHMOND BY FUNDING THREE	
	MEMBERS OF THEIR PSYCHOSOCIAL TEAM: CHILD LIFE SPECIALIST, PEDIATRIC	
	CHAPLAIN AND CHILD PSYCHOLOGIST. ADDITIONALLY, ASK PROVIDES FINANCIAL	
	ASSISTANCE THROUGH GRANT AWARDS INCLUDING DIRECT AID AND SCHOLARSHIPS	
	IMPACTING APPROXIMATELY 165 FAMILIES DURING THE FISCAL YEAR ENDED JUNE	
	30, 2022.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	<u> </u>
		/
A -1	Other pregram carries (Deservice on Schedule O)	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses ► 1,176,921.	
	Form 990 (	2021)
132002	2 12-09-21	
	2	

Form 990 (2				CANCER	FOUNDATION
Part IV	Ch	ecklist of Require	d Schedules		

<ul> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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</li> <li>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 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 II and IV</li> <li>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 II and IV</li> <li>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</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IX</li> <li>18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20a X</li> <li>20b</li> <li>20b</li> <li>20b</li> </ul>				Yes	No
2         Is the organization engage in direct or index objection acamping activities on behalf of or in opposition to candidates for public office? <i>It</i> "Yes," complete Schedule C, Part I.         3         X           3         Dir the organization engage in the prince on behalf of or in opposition to candidates for administration. Bod the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy unit / Yes, "complete Schedule C, Part I.         3         X           4         Dir the organization action 501(h) election in office. (C, Part I.         4         X           5         is the organization action solicity. (J) election in insettine of a mounts in such times or accounts of the winch domes have the right to provide active on the distribution or investment of hears, complete Schedule C, Part II.         6         X           6         Did the organization receive or hold a conservation assement, including essements to preserve open space.         7         X           7         Did the organization receive or hold a conservation assement, including essements to preserve as a custodian for amounts in such times of the organization receive or hold a conservation assement, including essements contreselicited endowments?         7         X           8         Did the organization receive or hold a conservation essement in Part X, line 10, Part II.         8         X           10         Did the organization receive or hold a conservation essement in Part X, line 10, Part V.         11         X           11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization engage in direct c publical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I</li> <li>4 Section 501(b) organizations. Did the organization engage in kobying activities, or have a section 501(b) decision and the organization materia and official campaign activities, or have a section 501(b) decision in effect of the organization materia and official campaign activities, or have a section 501(b) decision in effect of the organization materia and yound activities of the organization activities of 10(b) organization activities of 10(b) organization that receives membership dues, assessments, or animal material conductor on yonismic funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts much funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts much funds or accounts of the similar assets? (Figure 1) Did the organization matine calcitors of works of art, historical trassures, or other similar assets? (Figure 1) Did the organization report an amount for Nat, line 21, for escore or custodial account liability, serve as a custodiant or amounts or in fuels indowned by 1 * Yes, 'complete Schedule 0, Part V</li> <li>9 Did the organization report an amount for inducing quasitons in the Str. (Ine 1) Part X, line 10, Part X, line 11, Part Y, line 11, Part Y, line 11, Part Y</li></ul>					
public official of 'Yes,' complete Schedule C, Part I         3         X           4         Section 501(k)(6) organization. Bit the organization engage in lobbying activities, or have a section 501(k) election in effect         4         X           5         Is the organization a section 501(k), 501(k)(k), 501(k)(k), or 501(k)         5         X           6         Did the organization in astemic in hirts. Proc. 981(9) if 'Yes,' complete Schedule C, Part I         5         X           7         Did the organization envision and simulation that receives membership dues, assessments, or the simulation or investment of nonunits in such funds or accounts If 'Yes,' complete Schedule D, Part I         5         X           7         Did the organization measure in and investment of a section and section like investor and section like investor and section like assess in donorestricted endowments         7         X           8         Did the organization measure in and the family section like investores?         9         X           9         Did the organization report an amount for land buildings, and equipment in Part X, line 12, first section like in Part X, ine 12, first section like in Part X, ine 13, buildings, and equipment in Part X, line 12, first section like in Part X, line 12, first section like in Part X, ine 13, first section like in Part X, ine 13, first section like in Part X, line 13, first section like in Part X, line 13, first section like in Part X, line 14, like in Part X, line 14	2		2	<u>X</u>	
<ul> <li>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect</li> <li>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(8), or 50</li></ul>	3				
during the tax year? "Yes," complete Schedule C, Part II         4         X           5         is the organization a section 50(clif) 50(clif			3		<u> </u>
5         Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99197 <i>IF</i> Yes, " <i>complete Schedule C, Part II</i> 5         X           D Dd the organization markan any donor advised funds or any similar toda or accounts? <i>IF</i> Yes, " <i>complete Schedule D, Part II</i> 6         X           D Dd the organization neither any donor advised in masor. In fundioing easements in cluding easements in cluding easements in cluding easements for preserve open space, the environment, historic land areas, or historic structures? <i>IF</i> Yes, " <i>complete Schedule D, Part II</i> 7         X           9         D dt he organization markan any donor advised at nitsorical treasures, or other similar assets? <i>IF</i> Yes, " <i>complete Schedule D, Part II</i> 7         X           9         D dt he organization, field in Part X, line 21, for secrew or custodal account liability, serve as a custodian for amounts not listed in Part X, or provide credit couseling, dett management, credit repair, or obte regolitation services? <i>IF</i> Yes, " <i>complete Schedule D, Part V</i> 10         X           10         D dt he organization resport an amount for land, buildings, and equipment in Part X, line 10? <i>IF</i> Yes, " <i>complete Schedule D, Part X</i> 111         X           11 <i>H</i> W conganization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>IF</i> Yes, " <i>complete Schedule D, Part VI</i> 111         X           111         X	4				37
similar amounts as defined in Rev. Proc. 98:197. #**st, "complete Schedule D, Part II         5         X           Did the organization maintain and quota constructions frunds or accounts? // **st, "complete Schedule D, Part II         6         X           To bit the organization maintain collections of works of art, historical treasures, or other similar assets? // *Yes, "complete Schedule D, Part II         7         X           Bolt the organization maintain collections of works of art, historical treasures, or other similar assets? // *Yes, "complete Schedule D, Part II         8         X           Point the organization maintain collections of works of art, historical treasures, or other assituation services?         9         X           10 bit the organization maintain collections of works of art, historical treasures, or other assituation services?         9         X           10 bit the organization amount in Part X, line 21, for sercew or custodial account liability, serve as a custodian services?         9         X           10 bit the organization amount for land, buildings, and equipment, credit reparts V, VII, VII, W, or X, as applicable.         10         X           11 bit he organization report an amount for investments other securities in Part X, line 10? // Yes, "complete Schedule D, Part VI         11a         X           10 bit the organization report an amount for investments other securities in Part X, line 10? // Yes, "complete Schedule D, Part VI         11a         X           11 bit dive organization report an amount for the	_		4		
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II       I         7       Did the organization readine on thold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II       I         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II       I         9       Did the organization maintain any donor advices of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV       I         9       Did the organization, directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowment? If 'Yes,' complete Schedule D, Part SV, VII, VIII, VIII, X, or X, as applicable.       I         9       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part X       IIIa         10       Did the organization report an amount for investments - porgram related in Part X, line 10? If 'Yes,' complete Schedule D, Part X       IIIa         11       Did the organization seport an amount for other assets in Part X, line 10? If 'Yes,' complete Schedule D, Part X       IIIa         12       Did the organization seport an amount for othere assets in Part X, line 10? If 'Yes,' complete Schedule D, Part	5				v
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization, directly or through a related organization, hold assets in donor-restricted andownerts or in quasi indownerts? If "Yes," complete Schedule D, Part IV       1       X         10       Did the organization directly or through a related organization, hold assets in donor-restricted andownerts or in a anount for investments - organization, anount for investments - organization. Part V       1       X         11       If the organization report an amount for investments - organizets in Part X, line 10? If "Yes," complete Schedule D, Part VI       1       X         12       Did the organization report an amount for investments - organizets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       1       X         13       Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       1       1       X	•		5		
7       Did the organization receive or hold a conservation easement, including easements to preserve open space.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>IF Yes</i> , <i>'complete Schedule D, Part II</i> 8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 107. <i>IF Yes</i> , <i>'complete Schedule D, Part V</i> 10       X         11       If the organization report an amount for investments - other securities in Part X, line 107. <i>IF Yes</i> , <i>'complete Schedule D, Part VI</i> 11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 107. <i>IF Yes</i> , <i>'complete Schedule D, Part VI</i> 11a       X         13       X       III       X       IIII       X         14       X       IIII       X       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	6				v
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       The organization circetly or through a related organization, hold assets in donor-restricted endowments       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         13       X       Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11a       X         14       Did the organization orpot an amount for investments for the tax year include a footnote that addresses the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       114       X         15       Did the organization orpot as asset orgotted innaida	-		6		
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization is ongote Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VII, IX, or X, as applicable.       9       X         10       Did the organization report an amount for lond, buildings, and equipment in Part X, line 127. If "Yes," complete Schedule D, Part VI       11       X         11       Did the organization report an amount for wheestments - ordpra related in Part X, line 127. If "Yes," complete Schedule D, Part VI       114       X         11       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 167. If "Yes," complete Schedule D, Part X       114       X         11       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 167. If "Yes," complete Schedule D, Part X       114       X         12       Did the organization subaria the adub A (ASC 740)? If "Yes," complete Schedule D, Part X	1		<b>_</b>		v
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         9       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         12       If the organization report an amount for the following questions is 'Yes,' then complete Schedule D, Part VII       11       X         13       X       It the organization report an amount for investments - other securities in Part X, line 12, hat is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part VIII       11       X         14       X       It to organization report an amount for other assets in Part X, line 12, hat is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X       116       X         14       X       It to organization robort an amount for other assets in Part X, line 15, hat is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part X       116       X         14	•				
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?       9       X         10       Uid the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?       10       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         12       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yse," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         14       Did the organization subalities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         14       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X	0				x
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# '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         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization, directly or through a related organization processing and endowments?       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part V       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI       11a       X         13       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? // "Yes," complete Schedule D, Part X       11d       X         14       Did the organization report an amount for other labilities in Part X, line 25? // "Yes," complete Schedule D, Part X       11d       X         15       Did the organization approach       Schedule D, Part X       11d       X         14       X       11d       X       11d       X         15       Did the organization approach an amount for other assets in Part	9				
10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VI, VIII, VI, VIII, VX, orX, as applicable.       11a       X         a       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for therestments - other assets 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% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11e       X         11       Did the organization separate or consolidated financial statements for the tax year include a toothort that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11e       X         12a       Did the organization asset on the organization asset schedule D, Part X in the 10,000 form grantmaking, fundraising, business, investment, and program serive activities outside the United States?			<u>م</u>		x
or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     X       b Did the organization report an amount for investments - other securities in Part X, line 12?, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI     11b     X       c 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 VII     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 VII     11c     X       e Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X     11e     X       12a     Did the organization is paperate or consolidated financial statements for the tax year?     11f     X       12b     Was the organization associated, independent audited financial statements for the tax year?     11b     X       13     Is the organization associated, independent audited financial statements for the tax year?     12a     X       14b     Did the organization associated, independent audited financia	10		9		
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as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI       11a       X         c) Did the organization report an amount for investments - orpgrare related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII       11b       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? // "Yes," complete Schedule D, Part X       11e       X         e) Did the organization report an amount for other labilities in Part X, line 25? // "Yes," complete Schedule D, Part X       11e       X         f) Did the organization is separate, independent audited financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       X       11d       X       12a       X         13       Is the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         14a       X       14a       X       14a       X         14b       Is the organizatin on school de	11				
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII       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 X       11c       X         f Did the organization report an amount for other lassets in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11e       X         12a       Did the organization is separate or consolidated financial statements for the tax year?       11f       X         12a       Did the organization astender observate, independent audited financial statements for the tax year?       11f       X         13       If the organization aschool described in section 170b(11/A)(0)?       I''yes,' complete Schedule E       13d       X         14a       Did the organization naviewed 'No' to line 12a, then completing Schedule E, Part X and XII soptional       13d       X         15       Did the organization report on Part IX, column (A), line 3	••				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       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 X       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or consolidated financial statements for the tax year?       11f       X         f       Was the organization neluded in consolidated, independent audited financial statements for the tax year?       11f       X         12a       X       Did the organization neluded in consolidated, independent audited states?       11d       X         13       Is the organization neluded in consolidated, independent audited states?       11a       X         14a       X       11d       X       11a       X         14a       Did the organization neluded in consolida	а				
b       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // r*yes,* complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // r*yes,* complete Schedule D, Part VII       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 167 // r*yes,* complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other liabilities in Part X, line 257 // r*yes,* complete Schedule D, Part X       11e       X         f       Did the organization obtain separate, independent audited financial statements for the tax year?       11t       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)?       f "r*yes,* complete Schedule E       13i       X         14a       Did the organization neport on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals?       11d       X         14b       Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? </td <td>u</td> <td></td> <td>11a</td> <td>х</td> <td></td>	u		11a	х	
assets reported in Part X, line 16? /f 'Yes, " complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part VII       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? /f 'Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f 'Yes," complete Schedule D, Part X       11d       X         112       Did the organization report an amount for other liabilities in Part X, line 25? /f 'Yes," complete Schedule D, Part X       11t       X         120       Did the organization oscalidated financial statements for the tax year?       11t       X         121       Did the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         123       Is the organization aschool described in section 170(b/1)(A/0)(ii)? If 'Yes,' complete Schedule E       133       X         134       bid the organization report on Part IX, column (A), line 3, more than \$5,000 of garls or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign involved schedule G, Part II and IV       16       X         135       D	b				
c       Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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? <i>If "Yes," complete Schedule D, Part IX</i> 11d       X         e       Did the organization report an amount for other assets in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 11d       X         f       Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11t       X         13       Sthe organization askered "No" to line 12a, then completing Schedule D, Part X and XII and XII and XII and file organization naintain an office, employees, or agents outside of the United States?       11a       X         14a       Did the organization naintain an office, employees, or agents outside of the United States?       14a       X         15       Viet the organization neport on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts I and IV</i> 15       X <t< td=""><td>-</td><td></td><td>11b</td><td></td><td>х</td></t<>	-		11b		х
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 X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11t       X         b Was the organization included in oscioldated, independent audited financial statements for the tax year?       11t       X         14a       Did the organization as school described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E       13       X         14a       Did the organization namiatian an office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargets grants or other assistance to or for relign individuals? If "Yes," complete Schedule G, Part II       16       X         17       Did the organization report more than \$15,000 o	с				
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         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e X         11a       X       11d X         11b       X       11e X         11a       X       11e X         11b       X       11e X         11a       X       11e X         11b       X       11e X         11a       X       11e X         11b       X       11e X         11b       X       11e X         11a       X       11e X         11b       X       11e X         11a       X       11f X         11b       X       11f X         11a       X       11f X         11b       X       11f X         11a       X       11f X         11a       X       11f X         11b       X       11f X         11a       X       11a         11b       X       11a         11b       X       11a         11b			11c		х
<ul> <li>Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>To dithe organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII</li> <li>Was the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>Ia</li> <li></li></ul>	d				
<ul> <li>e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X</li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?</li> <li>111 X</li> <li>12a Did the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>114 If Yes," and if the organization a school described in section 170(b)(11/4)(ii)? /f "Yes," complete Schedule D, Parts XI and XII</li> <li>b Was the organization a school described in section 170(b)(11/4)(ii)? /f "Yes," complete Schedule D, Parts XI and XII is optional</li> <li>12a X</li> <li>14a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued a \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>14b X</li> <li>15 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 II and IV</li> <li>16 Did the organization report more than \$15,000 total of fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I.</li> <li>18 X</li> <li>16 Did the organization report more than \$15,000 of gross income and contributions 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 G, Part II</li> <li>18 X</li> <li>19 X</li> <li>20a Did the organization report more than \$15,000 of gross income from gaming a</li></ul>			11d	Х	
f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII       12a       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         13       Is the organization included in consolidated, independent audited financial statements for the tax year?       12a       X       12a       X         14       Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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 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 II and IV       16       X         17       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 G, Part II and IV       16       X         17       Did the organizat	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       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 askered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization neore on 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 report a total of more than \$10,000 from grants so rother assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$10,000 of expenses for professional fundraising services 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 more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for forei					
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       13       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 foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14b       X         16       Did the organization report a total of more than \$15,000 total of fundraising event gross income and contributions on Part IX, column (A), lines 3, more than \$5,000 of grass income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12         if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         b       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 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 II and IV       15       X         16       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X         17       Did the organization report more than \$15,000 tof grass income from gaming activities on Part VIII, lines 3, for other assistance to any complete Schedule G, Part II       18       X         19       D	12a				
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)(iii)? If "Yes," complete Schedule E       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       14a       X         15       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 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 II and IV       16       X         17       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 G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19 <td< td=""><td></td><td>Schedule D, Parts XI and XII</td><td>12a</td><td>Х</td><td></td></td<>		Schedule D, Parts XI and XII	12a	Х	
13       Is the organization a school described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       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 gargegate grants or other assistance to or for any foreign individuals? 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 II and IV       16       X         17       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 G, Part II and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross incom	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>19 Did the organization report more than \$5,000 of grants or other assistance to this return?</li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>					
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<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 18 X</li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 X</li> </ul>	15				
or for foreign individuals? /f "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? /f "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? /f "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II       21       X			15		<u> </u>
<ul> <li>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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i></li> </ul>	16				v
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       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       20a       X			16		
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       X         20b       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	17				v
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	40		17		
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       X       X       X       X	18			v	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	10		18	~	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	19		10		v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	00-				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X					- 23
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		<u> </u>
	21		21		x
	132003			990	

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132003 12-09-21

Form	aan	(2021)
FUIII	330	120211

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"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
	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 X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
35 -	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			<u> </u>
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\square$
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a 18 18 Contemported in Contemport 1 1a 18 18 18 18 18 18 18 18</b>	-		
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-	x	
132004	(gambling) winnings to prize winners?	1c		l (2021)
152004	Λ	1 0111		12021)

<sup>4</sup> 2021.05020 ASK CHILDHOOD CANCER FOUN 91821002

Form	990 (2021) ASK CHILDHOOD CANCER FOUNDATION	51-0173	669	Р	age <b>5</b>
Par	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 calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		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).			
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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				
	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 serv	ices 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?		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	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	$\label{eq:sponsoring} \textbf{ organizations maintaining donor advised funds. } \ \text{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		┝──
b			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	<u>11a</u>	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	146			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	w			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a		•	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	iny			1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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<sup>5</sup> 2021.05020 ASK CHILDHOOD CANCER FOUN 91821002

Form 990	(2021)
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### ASK CHILDHOOD CANCER FOUNDATION

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X

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	20						
	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									
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint o	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockhol	ders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:						
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
					Yes	No			
10a	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 ch	apters	affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a		X			
b	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		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe						
	on Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		X			
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 approva	al by inc	lependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		X			
	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 arranger	nent wi	th a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	'S						
	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 <b>NONE</b>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section 501(c)(3)s	only)	availat	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request X Other <i>(explain</i>	n on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, and	financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records						
	AMY GODKIN - (804)658-5910								
	5211 W BROAD STREET, SUITE 100, RICHMOND, VA 23230	J			000				
132006	12-09-21			Form	990	(2021)			
	6								

Form 990 (2021)	ASK CHILDHOOD CANCER FOUNDATION	51-0173669	Page 7							
Part VII Co	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Em	Employees, and Independent Contractors									
Che	ck if Schedule O contains a response or note to any line in this Part VII									
Section A. Off	icers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete thi	is table for all persons required to be listed. Report compensation for the calendar year ending w	ith or within the organization'	s tax year.							
<ul> <li>List all of t</li> </ul>	he organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compens	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.

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	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	a a a	Irecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		voldu	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY GODKIN	40.00									
DIRECTOR				Х				100,240.	0.	0.
(2) LESLIE ARMSTRONG	1.00									
DIRECTOR		Х						0.	Ο.	0.
(3) SCOTT ARMSTRONG	1.00									
PAST PRESIDENT		х						0.	Ο.	0.
(4) JIM BABER	1.00									
DIRECTOR		х						0.	Ο.	0.
(5) KIM BRANDT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) TIM COSGROVE	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) JENNIFER CULHANE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LESLIE GRILES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GINA HONEYCUTT	1.00									_
DIRECTOR	1	Х						0.	0.	0.
(10) JODIE KITCHENS	1.00									•
PAST PRESIDENT	1 00	Х						0.	0.	0.
(11) JOSH KUGELMAN	1.00								0	0
PAST PRESIDENT	1 00	Х						0.	0.	0.
(12) STEVE MCCOY	1.00	x		77				0.	0	0
PAST PRESIDENT (13) DARRY NEWBILL	2.00	A		Х				0.	0.	0.
TREASURER	2.00	x		х				0.	0.	0.
(14) DALE SMITH	1.00	Δ		Δ				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(15) MARC CHEATHAM	1.00	21								
DIRECTOR	1.00	х						0.	0.	0.
(16) CINDY VIENER	1.00									
DIRECTOR		х						0.	Ο.	0.
(17) JOHN WATERS	1.00									
DIRECTOR		х						0.	0.	0.
132007 12-09-21										Form <b>990</b> (2021)

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	990 (2021) ASK CHILD	HOOD CA	NC	ER	F	OU	ND	AT	ION	51-01	.73	669	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)			
	(A)	(B)			<b>((</b>				(D)	(E)		(	F)
	Name and title	Average		not ch		more	than o		Reportable	Reportable			nated
		hours per week					s both r/truste		compensation	compensation	n		unt of her
		(list any	tor						from the	from related organizations			ensation
		hours for	direc				p		organization	(W-2/1099-MIS		•	n the
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orgar	ization
		organizations	ll trus	nal tr		oyee	dwo		1099-NEC)			and r	elated
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	izations
		line)	Ind	lns	Off	Key	em Hig	For					
	ROBERT WESTERMANN	2.00	37		37				0		~		0
	PRESIDENT	1 0 0	Х		Х				0.		0.		0.
	ISAAC WRIGHT	1.00	v						0		^		0
	CTOR	1 0 0	Х						0.		0.		0.
	MEG GARNER	1.00	77						0		^		0
	CTOR	1 00	Х						0.		0.		0.
	JOHN PFISTERER	1.00	v						0		^		0
DIRE	CTOR		Х						0.		0.		0.
46	Subtatal							_	100,240.		0.		0.
	Subtotal								0.		0.		0.
	Total from continuation sheets to Part VII								100,240.		0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no							-	· · ·	000 of reportable			<u></u>
2	compensation from the organization		use	liste	u au	love	) \\	) ie	ceived more than \$100,	000 of reportable			1
												Y	es No
3	Did the organization list any <b>former</b> officer,	director trust			mnl	0.000	a or	hia	hest compensated emp		1	-	
5	line 1a? If "Yes," complete Schedule J for su	-			•	•			• •			3	x
4	For any individual listed on line 1a, is the su											<u> </u>	
-	and related organizations greater than \$150	-							-	-		4	x
5	Did any person listed on line 1a receive or a												
•	rendered to the organization? If "Yes." com											5	X
Sec	tion B. Independent Contractors		<u>, 0 /(</u>	51 30		50130							
1	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion from	
	the organization. Report compensation for t									<i>,</i> ,			
	(A)				0				(B)			(C)	
	Name and business	address	NC	ONE	2				Description of s	ervices	С	ompens	ation
2	Total number of independent contractors (in	cluding but no	ot lin	nited	to t	thos	e list	ed	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	ation 🕨				0	)						
												Form 99	<b>90</b> (2021)

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			ASK CHILDHOOD	CANCER E	OUNDATION		51-0173	669 Page <b>9</b>
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response or	note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under
	-							sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
۳. ۳.		с	Fundraising events 1c 1,0	55,553.				
ar A			Related organizations 11					
, sie			Government grants (contributions)	79,200.				
ő			All other contributions, gifts, grants, and					
buti				92,064.				
ĢĘ		a	Noncash contributions included in lines 1a-1f					
Cor		-	Total. Add lines 1a-1f		2,326,817.			
<u> </u>				Business Code	, , -			
Ø	2	а						
<u>vic</u>	-	b						
Ser		c						
E S		d						
gra Re		а 0						
Program Service Revenue		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest,					
	Ŭ		other similar amounts)		42,463.			42,463.
	4		Income from investment of tax-exempt bond proc					,
	5		Royalties	ſ				
	5			(ii) Personal				
	6	~		()				
	0	b	Less: rental expenses 6b					
		c	Rental income or (loss) 6c					
	-		Gross amount from sales of (i) Securities	(ii) Other				
	· '	d						
		L	assets other than inventory <b>7a</b>					
Ø		D	Less: cost or other basis					
venue		_	and sales expenses 7b Gain or (loss) 7c					
ır Re			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not including \$ 1,055,553. of					
0								
			contributions reported on line 1c). See	62,295.				
		•		32,793.				
					229,502.			229,502.
			Net income or (loss) from fundraising events	····· <b>P</b>	223,JV2.			223,302.
	9	а	Gross income from gaming activities. See					
		L	Part IV, line 19 9a					
			Less: direct expenses 9b Net income or (loss) from gaming activities					
	10			····· 🕨				
	10	а	Gross sales of inventory, less returns					
		•	and allowances 10a					
			Less: cost of goods sold 10b	<b>_</b>				
		С	Net income or (loss) from sales of inventory	Business Code				
sp		_	В	Juainess Coue				
leoi	11							
scellaneo Revenue		b						
iscellaneous Revenue		c						
Mis			All other revenue					
			Total. Add lines 11a-11d		2,598,782.	0.	0.	271 065
	12		Total revenue. See instructions	🕨	4,370,104.	U .	U .	
13200	9 12	-09-	21					Form <b>990</b> (2021)

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ASK CHILDHOOD CANCER FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Seci	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ipiele column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		oxponoco	general expenses	oxponeee
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	290,523.	290,523.		
3	Grants and other assistance to foreign				
U	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,				
5	trustees, and key employees	113,321.	56,661.	39,662.	16,998.
6	Compensation not included above to disqualified	115,521.		55,002.	10,550.
0	-				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	629,399.	433,115.	40,371.	155,913.
7	Other salaries and wages	047,599.			10,910.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,525.	42,355.	2 0.00	15 262
10	Payroll taxes	.272,70	44,300.	3,908.	15,262.
11	Fees for services (nonemployees):				
	Management				
b	Legal	27 200		27 200	
С	Accounting	27,280.		27,280.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	40 101	2 200	00.000	10 000
	column (A), amount, list line 11g expenses on Sch 0.)	40,101.	3,302.	23,822.	12,977.
12	Advertising and promotion	00 185	10.011		
13	Office expenses	28,175.	13,211.	8,923.	6,041.
14	Information technology	8,671.		7,877.	794.
15	Royalties	444 040	100.005		<u> </u>
16	Occupancy	111,840.	100,086.	5,263.	6,491.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization	38,454.	34,029.	1,848.	2,577.
23	Insurance	11,604.	3,416.	6,122.	2,066.
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.)				
а	EDUCATIONAL PROGRAMS &	186,651.	180,975.		5,676.
b	PRINTING AND POSTAGE	22,425.			22,425.
с	COMMUNITY AWARENESS	12,297.	11,288.		1,009.
d	RENOVATION EXPENSE	7,960.	7,960.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,590,226.	1,176,921.	165,076.	248,229.
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 if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form <b>990</b> (2021)
		10			, ,

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ce Sheet	
Schedule O contains a response or note to any line in this Part X	

ASK CHILDHOOD CANCER FOUNDATION

Fai		Dalance Sheet					
		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			610,982.	1	1,320,725.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	141,380.	4	25,000.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e persor	ns		5	
	6	Loans and other receivables from other disqualif	ied perso	ons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		······  -		8	0.045
A	9			·····	6,000.	9	8,345.
	10a	Land, buildings, and equipment: cost or other		424 000			
		basis. Complete Part VI of Schedule D		424,080. 43,554.	405 417	40	200 526
		Less: accumulated depreciation			<u>405,417.</u> 1,531,980.	10c	380,526. 1,596,310.
	11	Investments - publicly traded securities			1,331,900.	11	1,390,310.
	12	Investments - other securities. See Part IV, line 1				12 13	
	13 14	Investments - program-related. See Part IV, line 1				13 14	
	14 15	Intangible assets			929,730.	14	845,546.
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa			3,625,489.	16	4,176,452.
	17	Accounts payable and accrued expenses			152,068.	17	115,390.
	18	Grants payable		18			
	19	Deferred revenue			79,943.	19	458.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Li	23	Secured mortgages and notes payable to unrela	ted third	Γ		23	
	24	Unsecured notes and loans payable to unrelated	l third pa	irties		24	
	25	Other liabilities (including federal income tax, page	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (	Complete Part X			
		of Schedule D			1,112,291.	25	949,168.
	26				1,344,302.	26	1,065,016.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions		······  -	2,218,434.	27	3,046,617. 64,819.
l Ba	28			L	62,753.	28	64,819.
nnc		Organizations that do not follow FASB ASC 9	58, chec	khere 🕨 🗌			
чF		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq	-	Γ		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			2 281 187	31	3 111 126
ž	32	Total net assets or fund balances			2,281,187. 3,625,489.	32	3,111,436. 4,176,452.
	33	Total liabilities and net assets/fund balances			J,04J,40J.	33	$\frac{4,170,452}{5000,0001}$

Form **990** (2021)

	1990 (2021) ASK CHILDHOOD CANCER FOUNDATION	51-03	173669	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,598		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,590		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,008		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,281		
5	Net unrealized gains (losses) on investments	5	-178	3,3	<u>07.</u>
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	3,111	L,4	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L
			_	- M MA	/ ···

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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

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

Support on or a section		2021				
t information.		Open to Public Inspection				
	Employer identification number					
	51-0173669					
) See instruction	IS.					
<.)						
o)(1)(A)(i).						

OMB No. 1545-0047

Name	of the	organizatio	n

			~~~~~						1 01 00 000
Pa	rt I	ASK Reason for Public (		CANCER FOUND		aia mant \ O			1-0173669
							ee instruction	S.	
	organ	ization is not a private found					• • • • • • • • • • • • • • • • • • • •		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	$\square$	A school described in section				\			
3	$\square$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
5		city, and state: An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	wernmentalu	nit describe	ad in
5		section 170(b)(1)(A)(iv). (C				cu by a ge			
6		A federal, state, or local gov		nental unit described in	section 1	70(h)(1)(A)	(v)		
	X	An organization that norma	-					ne deneral i	oublic described in
•		section 170(b)(1)(A)(vi). (C	•		onna gov	Similar		ie general j	
8		A community trust describe		(1)(A)(vi). (Complete Parl					
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college
		or university or a non-land-g	-			-		-	-
		university:		· · · ·				Ū	
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	-						Check the box on
	_	lines 12a through 12d that	• •			-		-	
а		<b>Type I.</b> A supporting orga	-	-	•	-			
		the supported organization			majority o	of the direc	ctors or truste	es of the su	ipporting
		organization. You must o	-		: <b></b>			e (e) her her	iin n
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o organization(s). <b>You mus</b>			ame perso	ns that co		ye ine supp	Joned
с		<b>Type III functionally inte</b>	-		in connec	tion with	and functional	lv integrate	ad with
C		its supported organization		·				ly integrate	a with,
d		Type III non-functionally						ted organi:	zation(s)
		that is not functionally int						-	
		requirement (see instructi	• •	• •	•		-	anatom	
е		Check this box if the orga		•				II, Type III	
		functionally integrated, or							
f	Ente	er the number of supported o	organizations						
g		vide the following informatior			<i></i>				r
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions

٦

## Schedule A (Form 990) 2021 Part II Support Sch

ASK CHILDHOOD CANCER FOUNDATION

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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not	611 001	1100004	1001040	1 6 4 1 0 1 0	0000017	6862100		
	include any "unusual grants.")	671,801.	1100984.	1021648.	1641878.	2326817.	6763128.		
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	671 001	1100004	1001640	1 ( 41 0 7 0	000017	6762100		
	Total. Add lines 1 through 3	671,801.	1100984.	1021648.	1641878.	2326817.	6763128.		
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,						042 070		
_	column (f)						943,072.		
	Public support. Subtract line 5 from line 4.						5820056.		
		() 0017	(1) 0010	() 0010	( )) 0000	() 0001	(0 T ) )		
	ndar year (or fiscal year beginning in)	(a)2017 671,801.	(b)2018 1100984.	(c)2019 1021648.	(d) 2020 1641878.	(e) 2021 2326817.	(f) Total 6763128.		
	Amounts from line 4	071,001.	1100904.	1021040.	1041070.	2320017.	0703120.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	27 001	39,944.	43,689.	45,822.	42,463.	199,719.		
•	and income from similar sources	27,801.	59,944.	43,009.	45,022.	42,403.	199,719.		
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.)						6962847.		
	<b>Total support.</b> Add lines 7 through 10		20)			12 2	,345,572.		
	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th			iourth or fifth tox y	voor op o opotion E		, 545, 572.		
13	-	-		-					
Sec	organization, check this box and stor ction C. Computation of Publi								
	Public support percentage for 2021 (I		-	column (f))		14	83.59 %		
	Public support percentage from 2020		-			15	79.78 %		
	<b>33 1/3% support test - 2021.</b> If the c								
	stop here. The organization qualifies								
b	<b>33 1/3% support test - 2020.</b> If the c		-						
	and <b>stop here.</b> The organization qual	-							
17a	10% -facts-and-circumstances test		•••						
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-				
b	10% -facts-and-circumstances test	-		• • • •					
	more, and if the organization meets th								
	organization meets the facts-and-circu								
18	Private foundation. If the organizatio								
	Schedule A (Form 990) 2021								

132022 01-04-22

#### ASK CHILDHOOD CANCER FOUNDATION 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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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	L					
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	ļ					
	Total. Add lines 1 through 5	ļ					
7a	Amounts included on lines 1, 2, and						
<b>h</b>	3 received from disqualified persons						
	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.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regulate activities activities activities and the second sec						
12	Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L Ne organization's fi	I rst second third	I fourth or fifth tax s	L	1 (01(c)(3) organi	zation
14	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest					•	
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and lii	ne 17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2020. If the	organization did r	not 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 <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>
13202	23 01-04-22		15			Sched	ule A (Form 990) 2021

ASK CHILDHOOD CANCER FOUNDATION

1

2

Yes No

#### 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.)

132024 01-04-21

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

Schedule A (Form 990) 2021

16 1 05020 ASK CHILE

#### Schedule A (Form 990) 2021 ASK CHILDHOOD CANCER FOUNDATION

1

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	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ers, ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	Ŭ <u>1</u>		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No

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 T	ype III Support	ting Organizations						

		Y	es	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	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

c		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

2a

2b

3a

Yes No

17350109 786335 91821001.001

17

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	<u>st complete S</u>	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

17350109 786335 91821001.001

ASK	CHILDHOOD	CANCER	FOUNDATION
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51-01<u>73669 Page 7</u>

_	Schedule A (Form 990) 2021 ASK CHILDHOOD CANCER FOUNDATION 51-0173669 Page 7						
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section 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 ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	e 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		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(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)						
i	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:						
а	Excess from 2017						
b	Excess from 2018						
с	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	ASK	CHILDHOOD	CANCER	FOUNDATI	ON	51-0173669 Page
Part VI	Supplemental Infor Part IV, Section A, lines 1	, 2, 3b, 3c lines 2 and	, 4b, 4c, 5a, 6, 9a, d 3; Part IV, Sectio	9b, 9c, 11a, 1 n E, lines 1c, 2	1b, and 11c; Part 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
132028 01-04-2	2			20			Schedule A (Form 990) 202
				20			

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### 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

51-0173669

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

ASK CHILDHOOD CANCER 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)

Schedule B (Form 990) (2021)

ASK CHILDHOOD CANCER FOUNDATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 241,630. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 105,357. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 53,071. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 85,620. \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 62,540. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 63,745. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Employer identification number

51-0173669

Name of organization

123452 11-11-21

17350109 786335 91821001.001

123452 11-11-21

17350109 786335 91821001.001

ASK CHILDHOOD CANCER FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 50,560. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 109,005. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll 52,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Employer identification number

51-0173669

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11-21			Schedule B (Form 990) (2021)

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

ASK CHILDHOOD CANCER FOUNDATION

Name of organization

Part II

Employer identification number

51-0173669

Page 3

Schedule I	B (Form 990) (2021)			Page <b>4</b>	
Name of o	rganization		Employer identification number		
ASK CI	HILDHOOD CANCER FOUNDATIO	ON		51-0173669	
Part III		ns to organizations described in se			
	completing Part III, enter the total of exclusively religious, ch	aritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. o	once.) <b>&gt;</b> \$	
(a) No.	Use duplicate copies of Part III if additional sp				
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, and	<b>I ZIP + 4</b>	Relationship of tr	ansferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
Part I					
		(e) Transfer of gif	t		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
		[			
(a) No. from			(1) D.		
Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held	
		(e) Transfer of gif	+		
		L .			
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No.			1		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
123454 11-11	1-21	25		Schedule B (Form 990) (2021)	
		40			

2021.05020 ASK CHILDHOOD CANCER FOUN 91821002

(Form 9	<del>9</del> 90)
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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 - 4 017260

	ASK CHILDHOOD CANCI		51-01/3669
Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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		unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
u		-	2d
2	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	anization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the
De	organization's accounting for conservation easements.	Art Historical Tracer was an Other	r Cimilar Acceto
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pub	plic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce 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 treat		
	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	-	► \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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Sche		LDHOOD CANC				51-01			age <b>2</b>
Pa	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Simi	ar Assets	continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e significar	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's e	xempt pur	oose in Part	XIII.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	rt IV Escrow and Custodial Arrang						line 9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets n	ot include	ł			
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount		
с	Beginning balance				10	;			
d	Additions during the year					1			
е	Distributions during the year					•			
f	Ending balance				11				
2a	Did the organization include an amount on Fo				ability?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part >	(11				]
Pa	rt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lir	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance	25,000.	25,000.	25,00	0.	25,000.		25,	000.
b	Contributions								
с	Net investment earnings, gains, and losses					2,125.			523.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs					2,125.			523.
f	Administrative expenses								
g	End of year balance	25,000.	25,000.	25,00	0.	25,000.		25,	000.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses		tion that are held ar	nd administered fo	r the oraar	ization			
	by:	0			U		[`	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	rt VI   Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part	: X, line 10.				
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (c	) Accumul	ated	(d) Book	value	 e
	,	basis (investm	• •	(other)	, depreciati		. ,		
1a	Land								
b	Buildings								
c	Leasehold improvements		33	9,200.			339	,20	0.
	Equipment			4,880.	43,	554.	41	, 32	26.
	Other				- 1				
	I. Add lines 1a through 1e. (Column (d) must e		( column (R) line 1				380	, 52	26.
						Schedule			

Schedu	le D (Form 990) 2021	ASK CHILDHO	OD CANCER FOUL	NDATION	51-0173669 Page <b>3</b>
Part V	VII Investments - 0	Other Securities.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Parl	t X, line 12.
(a) De	scription of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1) Fina	ancial derivatives				
(2) Clos	sely held equity interests				
(3) Oth					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (C	ol. (b) must equal Form 990	, Part X, col. (B) line 12.) 🕨			
Part	VIII Investments - F	Program Related.			
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part	X, line 13.
	(a) Description of i	investment	(b) Book value	(c) Method of valua	ation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ol. (b) must equal Form 990	Part X, col. (B) line 13.)			
Part					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Parl	t X, line 15.
			Description		(b) Book value
(1)	ACCRUED INTER	REST ON BONDS			3,855.
	RIGHT TO USE				841,691.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Column (b) must equal Fo	rm 990 Part X col (B) lin	e 15.)		▶ 845,546.
Part					
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 99	0, Part X, line 25.
1.	(a) De	scription of liability			(b) Book value
	Federal income taxes	. ,			
	OPERATING LEA	SE LIABILITY			949,168.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
			- 05 \		▶ 949,168.
			<u>e 25.)</u>		cial statements that reports the
	•			-	note has been provided in Part XIII X
uiga	anzauon s naunity ior unc	Unann ian pusitions unue			

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Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ASK CHILDHOOD CANCER FOUNDATION						Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	2,432,	,175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-178,307.			
b	Donated services and use of facilities		11,700.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines <b>2a</b> through <b>2d</b>			2e	-166,	,607.
3	Subtract line 2e from line 1			3	2,598	,782.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,598	<u>,782.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wit	h Expenses per I	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,601	<u>,926.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	11,700.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	11,	<u>,700.</u>
3	Subtract line 2e from line 1			3	1,590	<u>,226.</u>
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.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,590	,226.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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Schedule D (Form 990) 2021

Schedule D	)	(Form	990)	202
<b>D</b> · >////		•		

Part XIII Supplemental Information (continued)	
192055 10 29 01	)21

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities       OMB No. 1545-0047         Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.       OMB No. 1545-0047							
(Form 990)								
Department of the Treasury	► Attach to Form 990 or Form 990-EZ, line 6a.							Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization			<b>~~</b>					entification number
Part I Fundrais		LDHOOD CANCER FOUN Complete if the organization answe			Form 990 Part IV	ino 1	51-0173	
	complete this part			65 01	1 FOITH 990, Fait IV, I		7. FOITT 990-E	
		ed funds through any of the followin						
a Mail solicitat	ions email solicitations			•	overnment grants nment grants			
c Phone solici		g Special						
d 🗌 In-person so	licitations			Ū				
		r oral agreement with any individual				tees,		
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			•	ne fur	Ye ل Ndraiser is to b	
compensated at le	•	· · · ·		5				
			(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con	aiser ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
			contrib	utions?		lis	ted in col. (i)	organization
			Yes	No				
Total								
3 List all states in whi		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is o	exempt from re	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

132081 10-21-21

ASK CHILDHOOD CANCER FOUNDATION

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				5K RUN/WALK	2	col. (c))
P			(event type)	(event type)	(total number)	
00000	1	Gross receipts	1,382,724.	146,908.	188,215.	1,717,847
	2	Less: Contributions	855,251.	130,037.	70,265.	1,055,553
╞	3	Gross income (line 1 minus line 2)	. 527,473.	16,871.	117,950.	662,294
	4	Cash prizes				
	5	Noncash prizes				
DILECT EXPENSES	6	Rent/facility costs	17,600.			17,600
	7	Food and beverages	251,707.			251,707
1	8	Entertainment	40,097.			40,097
	о 9	Entertainment Other direct expenses		38,358.	34,643.	123,388
	-	Direct expense summary. Add lines 4 throu				432,792
		Net income summary. Subtract line 10 from	- 		•	229,502
	1	Gross revenue		bingo/progressive bingo		col. (a) through col. (a
	2	Cash prizes				
200		Noncash prizes				
	4	Rent/facility costs				
1	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % └── No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines 2 throu			Þ	
	8	Net gaming income summary. Subtract line				
						•
		er the state(s) in which the organization con he organization licensed to conduct gaming		statos?		Yes N
		No," explain:		States !		
				president during the tax w	ear?	Yes N
а	We	re any of the organization's gaming licenses	s revokea, suspendea, or te	erninaleu uunny the tax y		
		re any of the organization's gaming licenses Yes," explain:				

Schedule G (Form 990) 2021	ASK CHILDHOOD	CANCER FOUN	DATION	51-0	173669	Page <b>3</b>
<b>11</b> Does the organization conduct					Yes	No
12 Is the organization a grantor, be						
to administer charitable gaming	·?				Yes	No No
<b>13</b> Indicate the percentage of gam						
a The organization's facility					13a	%
<b>b</b> An outside facility					13b	%
<b>14</b> Enter the name and address of	the person who prepares the or	ganization's gaming/sp	pecial events books and re	ecoras:		
Name						
Address 🕨						
<b>15a</b> Does the organization have a co	ontract with a third party from w	hom the organization r	receives gaming revenue?		Yes	🗌 No
<b>b</b> If "Yes," enter the amount of ga	iming revenue received by the c	rganization 🕨 💲	and the	amount		
of gaming revenue retained by t	the third party <b>&gt;</b> \$					
<b>c</b> If "Yes," enter name and addres	ss of the third party:					
Name 🕨						
Address 🕨						
Address						
<b>16</b> Gaming manager information:						
0 0						
Name 🕨						
Gaming manager compensation	ı ▶ \$					
Description of services provider	d 🕨					
Director/officer	Employee	Independent cont	tractor			
<b>17</b> Mandatory distributions:						
a Is the organization required unc					Yes	No No
retain the state gaming license? <b>b</b> Enter the amount of distribution			exempt organizations or sp			
organization's own exempt acti	•					
Part IV Supplemental Info	ormation. Provide the explan	ations required by Par	t I, line 2b, columns (iii) an	id (v); and Parl	t III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b,	as applicable. Also provide any	additional information.	. See instructions.			
132083 10-21-21				Schedu	le G (Form	990) 2021
		33				

17350109 786335 91821001.001

Schedule G	G (Form	990)

Part IV	Supplemental Inf	ormation (continued)		<u>ч</u>
132084 11-18-	-21			Schedule G (Form 990)
			34	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization ASK CHILI Part I General Information on Grants	Go Compl	Grants and Oth vernments, ar ete if the organizatio ► Go to www.ir ER FOUNDATIO	n answered "Yes" Attach to For rs.gov/Form990 for	<b>ls in the Üni</b> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2021 Open to Public Inspection Employer identification number</b> 51-0173669		
<ul> <li>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</li> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.</li> <li>1 (a) Name and address of erganization (b) ENU (c) IRC section (c) Amount of (c) Amount of (c) Method of (c) Description of (c) Part IV and the processing of the procesoing of the processing of the processing of the proces</li></ul>									
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organization</li></ul>							······		

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

#### Schedule I (Form 990) 2021 ASK CHILDHOOD CANCER FOUNDATION

51-0173669

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT FINANCIAL ASSISTANCE, ELECTRICITY AND					
TILITY BILLS, RENT, MOVING EXPENSES, HOME					
AINTENANCE, CELL PHONE BILLS, CABLE BILLS, AND					
OTHER EXPENSES THAT CAN BE PAID FOR FAMILIES.	163	221,408.	0.		
CHOLARSHIPS	21	10,500.	0.		

**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)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 51-0173669

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

REVIEWED BY TREASURER AND EXECUTIVE DIRECTOR. ALSO REVIEWED BY FINANCE

ASK CHILDHOOD CANCER FOUNDATION

COMMITTEE MEMBERS, ONE OF WHICH IS A CPA.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION DEVELOPED BY EXECUTIVE COMMITTEE AND APPROVED BY FULL BOARD

FORM 990, PART VI, SECTION C, LINE 18:

WRITTEN REQUESTS OF INFORMATION MADE AVAILABLE TO PUBLIC

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

THE ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990) 2021

17350109 786335 91821001.001

2021.05020 ASK CHILDHOOD CANCER FOUN 91821002

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STATE COPY

			** PUBLIC DISCLOSURE COPY	* *		_
	Ω	00	Return of Organization Exempt From	m Inc	ome Tax	OMB No. 1545-0047
For	m <b>Y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	de (except	private foundations	»   <b>2021</b>
Depa	artment o	of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public
Inter	nal Reve	nue Service	► Go to www.irs.gov/Form990 for instructions and the			Inspection
				ing JUN	•	- K
	Check if applicabl	le:	organization	D	Employer identific	ation number
	Addre	ASK	CHILDHOOD CANCER FOUNDATION			
	Name		usiness as		51-017366	9
	Initial			m/suite E	Telephone number	
	Final return		WEST BROAD STREET, SUITE 100		804658591	
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	3,031,575.
	Amen return Applio	KICH.	MOND, VA 23230	H(a	<ul><li>a) Is this a group ret</li></ul>	
	tion pendi		nd address of principal officer: DARRY NEWBILL		for subordinates?	····· = =
	<b>T a</b>	empt status:	WEST BROAD STREET, SUITE 100, RICHMON $\overline{X}$ 501(c)(3) $\Box$ 501(c) ( ) $\triangleleft$ (insert no.) $\Box$ 4947(a)(1) or $\Box$	527 H(t	b) Are all subordinates inc	
					c) Group exemption	ist. See instructions
		f organization:				State of legal domicile: VA
	art I	Summary				otato or logar actinicito,
	1	Briefly describ	e the organization's mission or most significant activities: MAKE LI	LFE BE'	TTER FOR C	HILDREN
Governance		WITH CA	NCER AND THEIR FAMILIES IN CENTRAL VI	IRGINI	A	
erna	2	Check this box	k local method is a straight for the organization discontinued its operations or disposed of	of more thar	n 25% of its net asse	
9 No	3		ing members of the governing body (Part VI, line 1a)			20
			ependent voting members of the governing body (Part VI, line 1b)			<u>    20</u> 13
ties	5		of individuals employed in calendar year 2021 (Part V, line 2a)			80
Activities &	6		of volunteers (estimate if necessary)			0.
Ac	h		business revenue from Part VIII, column (C), line 12			0.
	<u> </u>	The amolated			Prior Year	Current Year
0	8	Contributions	and grants (Part VIII, line 1h)		,641,878.	2,326,817.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
seve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		45,822.	42,463.
	יין		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4	69,631.	229,502.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,757,331.	2,598,782.
			nilar amounts paid (Part IX, column (A), lines 1-3)		235,361.	<u>    290,523.</u> 0.
	14		o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		665,152.	804,245.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
pen	. b	Total fundraisi	ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 248,229.		-	
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		361,723.	495,458.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		,262,236.	1,590,226.
	19	Revenue less	expenses. Subtract line 18 from line 12		495,095.	1,008,556.
Net Assets or					ing of Current Year	End of Year
Sset	20	Total assets (F		1	<u>,625,489</u> . ,344,302.	4,176,452. 1,065,016.
let ⊿	21		(Part X, line 26) jund balances. Subtract line 21 from line 20		,281,187.	3,111,436.
	art II	Signature		4	, 201, 10, •	5,111,400.
		-	declare that I have examined this return, including accompanying schedules and s	statements.	and to the best of mv l	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which pr			
Sig	n	-	e of officer		Date	
114			ν Νέωρτιτ, πρέλαιστρ			

Here	DARRY NEWBILL, TREASUR	ER		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	KIMBERLEY D. VANHUSS, CPA			self-employed P00214470
Preparer	Firm's name 🕨 KOSITZKA, WICKS	AND COMPANY	Fi	rm's EIN ▶ 54-1342298
Use Only	Firm's address 🕨 4405 COX ROAD, S	UITE 200		
	GLEN ALLEN, VA 2	3060	P	none no. (804) 855–1200
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2021)

	ASK CHILDHOOD CANCER FOUNDATION	51-0173669	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	MAKE LIFE BETTER FOR CHILDREN WITH CANCER AND THEIR F	AMILIES IN	
	CENTRAL VIRGINIA		
2	Did the organization undertake any significant program services during the year which were not listed on t	 he	
2	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv		XNo
5	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	as as measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		Ч
	revenue, if any, for each program service reported.		u
4a	(Code:) (Expenses \$1,176,921. including grants of \$290,523. )	(Revenue \$	)
iu	ASK CHILDHOOD CANCER FOUNDATION (ASK) IS DEDICATED TO	MAKING LIFE	/
	BETTER FOR CHILDREN WITH CANCER AND SERIOUS BLOOD DIS		
	EMOTIONAL, FINANCIAL AND EDUCATIONAL SUPPORT SERVICES		
	BEGINS AT DIAGNOSIS AND CONTINUES THROUGH TREATMENT A		
	PARTNERS WITH THE CHILDREN'S HOSPITAL OF RICHMOND BY		
	MEMBERS OF THEIR PSYCHOSOCIAL TEAM: CHILD LIFE SPECIA		
	CHAPLAIN AND CHILD PSYCHOLOGIST. ADDITIONALLY, ASK PR	-	
	ASSISTANCE THROUGH GRANT AWARDS INCLUDING DIRECT AID		
	IMPACTING APPROXIMATELY 165 FAMILIES DURING THE FISCA		
	30, 2022.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4-		(Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,176,921.		
13200	2 12-09-21	Form 99	<b>90</b> (2021)

Form 990 (2				CANCER	FOUNDATION
Part IV	Checklist of	Require	d Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	└───
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	└───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X 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		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	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
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
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, VII, IX, or X,			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
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		- 23	
U		11b		x
c	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 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>
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			_ <u></u>
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<b> </b>
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<b> </b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	12-09-21	Form	990	(2021)

Form	990	(2021)
	000	

	continued/			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
~~	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			v
	Schedule J	23		<u> </u>
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	5 5 7 5 7			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
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		<u> </u>
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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	¥ 12-09-21	Form	990	(2021)

Form	<u>1990 (2021)</u> ASK CHILDHOOD CANCER FOUNDATION 51-0173	<u>669</u>	Р	Page 5
Par	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 calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	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 contributions 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 services 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 required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
С	Enter the amount of reserves on hand			
14a		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form **990** (2021)

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17350109 786335 91821001.001

If "Yes," complete Form 6069.

Form 990	(2021)
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X

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.

	<u></u>
Section A. Governing Body and Management	

Sec	tion A. Governing Body and Management				1	<del></del>
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	20	시		
	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	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	<u> </u>
10a	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 ch	apters	, affiliates,			
	· · · · · · · · · · · · · · · · · · ·			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befoi	e filing the form?	11a		X
b	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done			12c		<u> </u>
13	Did the organization have a written whistleblower policy?			13	37	X X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	Х	37
b	Other officers or key employees of the organization			15b		x
	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 arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	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 <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3	)s only)	availal	ole

for public inspection. Indicate how you made these available. Check all that apply. X Another's website Own website

X Upon request X Other (explain on Schedule O)

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	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 books and records	
	AMY GODKIN - (804)658-5910	
	5211 W BROAD STREET, SUITE 100, RICHMOND, VA 23230	

<u>5211</u>	W	BROAD	STREET,	SUITE	100,	RICHMOND,	VA	232

Form 990 (2021)

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T/220T02	100333		

	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
	all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. columns (D), (E), and (F) if no compensation was paid.
● List a	all of the organization's current key employees, if any. See the instructions for definition of "key employee."
List H	he examination's five surrant highest componented employees (other than an efficient director tructed, or key employee) who received report

• 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.

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

 Form 990 (2021)
 ASK
 CHILDHOOD
 CANCER
 FOUNDATION
 51-0

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior		200	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	vee vee	_	1039-1120)		organizations
	line)	n dividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizations
(1) AMY GODKIN	40.00				-	1	<u> </u>			
DIRECTOR		1		x				100,240.	Ο.	0.
(2) LESLIE ARMSTRONG	1.00									
DIRECTOR		X						0.	Ο.	0.
(3) SCOTT ARMSTRONG	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(4) JIM BABER	1.00									
DIRECTOR		Х						0.	0.	0.
(5) KIM BRANDT	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) TIM COSGROVE	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(7) JENNIFER CULHANE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) LESLIE GRILES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GINA HONEYCUTT	1.00									
DIRECTOR		х						0.	0.	0.
(10) JODIE KITCHENS	1.00									
PAST PRESIDENT		Х						0.	0.	0.
(11) JOSH KUGELMAN	1.00									
PAST PRESIDENT	1	Х						0.	0.	0.
(12) STEVE MCCOY	1.00								•	•
PAST PRESIDENT	0.00	X		X		-		0.	0.	0.
(13) DARRY NEWBILL	2.00								0	0
TREASURER	1 00	X		X		-		0.	0.	0.
(14) DALE SMITH	1.00							•	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(15) MARC CHEATHAM	1.00							•	0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(16) CINDY VIENER	1.00							0.	<u>^</u>	•
DIRECTOR (17) JOHN WATERS	1.00	Х		<u> </u>	<u> </u>	-		0.	0.	0.
(17) JOHN WATERS DIRECTOR	L 1.00	x						0.	0.	0.
DIRECTOR		Λ						0.	U •	<b>0</b> • • <b>0</b>

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Form **990** (2021)

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	990 (2021) ASK CHILD	HOOD CA	NC	ER	F	OU	ND.	AТ	ION	51-01	.736	569	Paç	ge <b>8</b>
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B) (C) Average Position							(D)	(E)			(F)	
	Name and title	Average hours per		not cl	heck i	more	than o		Reportable	Reportable			matec	
		week					s both r/trust		compensation from	compensation from related	ר		ount o ther	ſ
		(list any	tor						the	organizations			ensati	on
		hours for	· direc				b9		organization	(W-2/1099-MIS		•	m the	
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)		orga	nizatio	n
		organizations	al trus	nal tr		oyee	e e		1099-NEC)				relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	nizatio	าร
(10)		,	lnc	Ins	0ff	Key	e Hic	ē						
	ROBERT WESTERMANN	2.00	х		v				0					0
	PRESIDENT ISAAC WRIGHT	1.00	Λ		Х				0.		0.			0.
	CTOR	1.00	х						0.		0.			0.
	MEG GARNER	1.00	Δ						0.		0.			0.
	CTOR	1.00	х						0.		0.			0.
	JOHN PFISTERER	1.00	~						0.		0.			0.
	CTOR	1.00	х						0.		0.			Ο.
DIRE	CIOR		Δ						0.		••			0.
16	Subtatal							_	100,240.		0.			0.
	Subtotal Total from continuation sheets to Part VII								0.		0.			0.
									100,240.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no									000 of roportable	••			<u>.</u>
2	compensation from the organization		056	IISLE	u au	love	) •••••	516	ceived more than \$100,					1
													Yes	No
3	Did the organization list any <b>former</b> officer,	director trust	h a		mnl	ove	a or	hia	hest compensated empl		ſ			
U	line 1a? If "Yes," complete Schedule J for su	-		•	•	•		Ŭ	• • •	•		3		х
4	For any individual listed on line 1a, is the su										····			
•	and related organizations greater than \$150	-		-						-		4		Х
5	Did any person listed on line 1a receive or a										····			
•	rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors	olete ochedule	<u>,                                    </u>	51 30		20/30								
1	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fror	n	
	the organization. Report compensation for t	•	•							•				
	(A)				-				(B)			(C)		
	Name and business	address	NC	ONE	2				Description of s	ervices	С	ompens		
								Ţ						
								Ţ						
										Τ				
2	Total number of independent contractors (in	cluding but no	ot lin	nitec	to t	thos	e list	ed	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				0	)							
												Form 9	<b>90</b> (20	021)

		(2021) ASK CHILDHOOD	CANCER F	OUNDATION		51-0173	669 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues <b>1b</b>					
n Gr			055,553.				
ifts ar A		Related organizations 1d	-				
s, G mila	6	Government grants (contributions)	79,200.				
ion: Sij	f	All other contributions, gifts, grants, and					
but the		similar amounts not included above If 1,	192,064.				
d O	ç	Noncash contributions included in lines 1a-1f					
aŭ	ł	Total. Add lines 1a-1f	🕨	<u>2,326,817.</u>			
			Business Code				
e	2 4	l					
Program Service Revenue	k						
Se	c						
am eve	c	1					
ogr Bo	e	•					
Р	f	All other program service revenue					
	ç						
	3	Investment income (including dividends, interes					
		other similar amounts)		42,463.			42,463.
	4	Income from investment of tax-exempt bond pr	T T				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	k						
	C						
		I Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
Ø	ſ	Less: cost or other basis					
venue		and sales expenses 7b					
A)		Cain or (loss) 7c					
er Re		Gross income from fundraising events (not					
Other	0.	including \$ of					
0		contributions reported on line 1c). See					
			662,295.				
	Ŀ		432,793.				
		Net income or (loss) from fundraising events	►	229,502.			229,502.
		Gross income from gaming activities. See		· · · · · · · · · · · · · · · · · · ·			-
		Part IV, line 19 9a					
	k	b Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b>)</b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
s			Business Code				
∋ou	11 a	1					
Miscellaneous Revenue	k	)					
Sev	0						
Mis	0	All other revenue					
	e	• Total. Add lines 11a-11d		2 500 700	0	0	271 065
	12	Total revenue. See instructions	▶	2,598,782.	0.	0.	271,965.
13200	9 12-0	J-21					Form <b>990</b> (2021

ASK CHILDHOOD CANCER FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	290,523.	290,523.		
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	113,321.	56,661.	39,662.	16,998.
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	629,399.	433,115.	40,371.	155,913.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	61,525.	42,355.	3,908.	15,262.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	27,280.		27,280.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	40,101.	3,302.	23,822.	12,977.
12	Advertising and promotion				
13	Office expenses	28,175.	13,211.	8,923.	6,041.
14	Information technology	8,671.		7,877.	794.
15	Royalties				
16	Occupancy	111,840.	100,086.	5,263.	6,491.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,454.	34,029.	1,848.	2,577.
23	Insurance	11,604.	3,416.	6,122.	2,066.
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.)				
а		186,651.	180,975.		5,676.
b	PRINTING AND POSTAGE	22,425.			22,425.
с	COMMUNITY AWARENESS	12,297.	11,288.		1,009.
d	RENOVATION EXPENSE	7,960.	7,960.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,590,226.	1,176,921.	165,076.	248,229.
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 if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form <b>990</b> (2021)

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

(A) Beginning of year (B) End of year 610,982. 1,320,725. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 141,380. 25,000. 4 4 Accounts receivable, net 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 disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 Assets 8 Inventories for sale or use 8 6,000. 8,345. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 424,080. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 43,554. 405,417. 380,526. b Less: accumulated depreciation 10b 10c 1,531,980. 1,596,310. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 929,730. 845,546. 15 15 Other assets. See Part IV, line 11 3,625,489. 4,176,452. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 152,068. 115,390. Accounts payable and accrued expenses 17 17 18 18 Grants payable 79,943. 458. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 1,112,291. 949,168. 25 of Schedule D 1,065,016. 1,344,302. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,046,617. Net assets without donor restrictions 2,218,434. 27 27 62,753. Net assets with donor restrictions 64,819. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,111,436. 2,281,187. Total net assets or fund balances 32 32 3,625,489. 4,176,452. 33 33 Total liabilities and net assets/fund balances

Form 990 (2021)

2021.05020 ASK CHILDHOOD CANCER FOUN 91821002

Form 990 (2021)
Part X | Balance Sheet

	990 (2021) ASK CHILDHOOD CANCER FOUNDATION	51-01	.73669	Paç	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,598		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,590		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,008		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,283		
5	Net unrealized gains (losses) on investments	5	-178	3,3	07.
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	3,11	1,4:	<u>36.</u>
Pa	rt XII Financial Statements and Reporting				
	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: Cash X Accrual Other		_	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
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			000	
					( · ·

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

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

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

Support on or a section		2021					
t information.		Open to Public Inspection					
	Employer	Employer identification number					
	51-0173669						
) See instruction	IS.						
<.)							
o)(1)(A)(i).							

OMB No. 1545-0047

Name	of the	organizatio	n

			~~~~~						1 01 00 000	
Pa	rt I	ASK Reason for Public (		CANCER FOUND		aia mant \ O			1-0173669	
							ee instruction	S.		
	organ	ization is not a private found					• • • • • • • • • • • • • • • • • • • •			
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
2	$\square$					\				
3	$\square$	A hospital or a cooperative A medical research organiz						(iii) Entor	the beenital's name	
4		city, and state:	ation operated in cor	njunction with a nospital	uescribed	in sectio			the hospital's hame,	
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	wernmentalu	nit describe	ad in	
5		section 170(b)(1)(A)(iv). (C				cu by a ge				
6		A federal, state, or local gov		nental unit described in	section 1	70(h)(1)(A)	(v)			
	X	An organization that norma	-					ne deneral i	oublic described in	
•		section 170(b)(1)(A)(vi). (C	•		onna gov	Similar		ie general j		
8		A community trust describe		(1)(A)(vi). (Complete Parl						
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college	
		or university or a non-land-g	-			-		-	-	
		university:		· · · ·				Ū		
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	-						Check the box on	
	_	lines 12a through 12d that	• •			-		-		
а		<b>Type I.</b> A supporting orga	-	-	•	-				
		the supported organization			majority o	of the direc	ctors or truste	es of the su	ipporting	
		organization. You must o	-		: <b></b>			e (e) her her	iin n	
b		<b>Type II.</b> A supporting org	-				-		-	
		control or management o organization(s). <b>You mus</b>			ame perso	ns that co		je i le sup	Joned	
с		<b>Type III functionally inte</b>	-		in connec	tion with	and functional	lv integrate	ad with	
C		its supported organization						ly integrate	a with,	
d		Type III non-functionally						ted organi:	zation(s)	
		that is not functionally int						-		
		requirement (see instructi	• •	• •	•		-	anatom		
е		Check this box if the orga		•				II, Type III		
		functionally integrated, or								
f	Ente	er the number of supported o	organizations							
g		vide the following informatior			<i>C</i> ) Is the second				r	
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount of	-	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions	

٦

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	671,801.	1100984.	1021648.	1641878.	2326817.	6763128.
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	671,801.	1100984.	1021648.	1641878.	2326817.	6763128.
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)						943,072.
	Public support. Subtract line 5 from line 4.						5820056.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019 1021648.	(d) 2020	(e) 2021 2326817.	(f) Total
7		671,801.	1100984.	1021648.	1641878.	2326817.	6763128.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	07 001	20 044	12 600	45 000	40 400	100 710
	and income from similar sources	27,801.	39,944.	43,689.	45,822.	42,463.	199,719.
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.)						6062947
11	11		<u> </u>				6962847.
12	Gross receipts from related activities,	•	,				, 343, 372.
13	First 5 years. If the Form 990 is for th						
Se	organization, check this box and stor ction C. Computation of Publi	o nere o Support Per	contago				
				aluman (f))		44	83.59 %
	Public support percentage for 2021 (I Public support percentage from 2020		•			14	83.59 <u>%</u> 79.78 %
	a 33 1/3% support test - 2021. If the o						
106	stop here. The organization qualifies	0					N V
ŀ	33 1/3% support test - 2020. If the o		-			or more check thi	······································
	and stop here. The organization qual						
17-	10% -facts-and-circumstances test		• •			and line 1/1 is 10% (	
176	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
ŀ	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is .	
Ľ	more, and if the organization meets th	0					
	organization meets the facts-and-circl						
18	Private foundation. If the organization						
				,,,,	, <u></u>		(Form 990) 2021

132022 01-04-22

#### ASK CHILDHOOD CANCER FOUNDATION 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.)

Sec	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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						
6	the organization without charge <b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				_		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
h	and income from similar sources						
U	(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 regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	zation,
							<b>&gt;</b>
Sec	ction C. Computation of Publi	<u>c Support Per</u>	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	1 5					18	%
19a	33 1/3% support tests - 2021. If the						ie 17 is not
	more than 33 1/3%, check this box ar	-	-				▶∟
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che						on
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		▶∟
13202	23 01-04-22					Schedu	le A (Form 990) 2021

Yes No

#### 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.)

132024 01-04-21

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

#### Schedule A (Form 990) 2021 ASK CHILDHOOD CANCER FOUNDATION

1

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> how the supported organization(s) tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>inization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	0	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	${f VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No

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 Typ	e III Sup	porting	Organizations	

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- 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.*

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (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

17350109 786335 91821001.001

2021.05020 ASK CHILDHOOD CANCER FOUN 91821002

ASK	CHILDHOOD	CANCER	FOUNDATION
non	CHTHDUOOD	CITICHI	TOONDATION

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgai	nizations	<b>J</b>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
Sect	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

# ASK CHILDHOOD CANCER

FOUNDATION		51-0173669	Page 7
uting Organizations		-	

Sche		CANCER FOUNDAT		51-0173669 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	<u>)</u>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt 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	s of supported organizations	s :	3
4	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·	4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	4	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	e 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		10	<u>)</u>
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
	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			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	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

Schedule A	(Form 990) 2021	ASK (	CHILDHOOD	CANCER	FOUNDATION		51-0173669	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. 2, 3b, 3c, nes 2 and	Provide the expla 4b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	ed by Part II, line 10; I 1b, and 11c; Part IV, 5 a, 2b, 3a, and 3b; Pa	Part II, line 17a or <sup>-</sup> Section B, lines 1 a ırt V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section Section B, line 1e; Par	C,
	Section D, lines 5, 6, and 8 (See instructions.)	3; and Par	t V, Section E, line	s 2, 5, and 6.	Also complete this pa	art for any addition	al information.	

Schedule A (Form 990) 2021

132028 01-04-22

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## 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

51-0173669

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

ASK CHILDHOOD CANCER 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)

63,745.

\$

Payroll

Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

#### ASK CHILDHOOD CANCER FOUNDATION

Payroll 241,630. Noncash (Complete Part II for (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 105,357. Noncash (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. 3 Person Payroll 53,071. Noncash \$ (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 4 Person Payroll Noncash 85,620. \$

Schedule B (Form 990) (2021)

Name of organization

Part I

(a)

No.

1

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

noncash contributions.) (d) Type of contribution X (Complete Part II for noncash contributions.) (d) Type of contribution X (Complete Part II for noncash contributions.) (d) Type of contribution X (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 62,540. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person

(c)

**Total contributions** 

51-0173669

Person

(d)

Type of contribution

X

Page 2

123452 11-11-21

17350109 786335 91821001.001

50,560. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 109,005. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll 52,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

Part I

(a)

No.

7

Employer identification number

(d)

Type of contribution

X

51-0173669

Person Payroll

(c)

**Total contributions** 

17350109 786335 91821001.001

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11-21			Schedule B (Form 990) (2021

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

Name of organization

(a)

51-0173669

Employer identification number

17350109 786335 91821001.001

Schedule E	3 (Form 990) (2021)		Р	Page 4			
Name of or	rganization		Employer identification num	ber			
ASK CI	HILDHOOD CANCER FOUNDAT	TON	51-0173669				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the	year			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	Iry. For organizations less for the year. (Enter this info. once.)				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
ŀ		(e) Transfer of gift	l				
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.		1					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>- 1 di t 1</u>							
F		(e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
				_			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Ļ							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	· · ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
ŀ	(e) Transfer of gift						
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[					
123454 11-11-	-21		Schedule B (Form 990) (	(2021)			

17350109 786335 91821001.001

### **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

ASK CHILDHOOD CANCER FOUNDATION

Employer identification number 51 - 0173669

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📃 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confe	rring
_			
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a c	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_2b
с	Number of conservation easements on a certified historic stru-		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		_ 2d _
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the organ	nization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	ion easements during the year
-			and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation ea	asements during the year
•	\$	(a, action (the requirements of a action 170/b)(4)/F	2)/(;)
8			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		lance sheet works
	of art, historical treasures, or other similar assets held for put	-	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public		
	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 tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Sche		LDHOOD CANC					L73669		<sub>age</sub> 2
Pa	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	Other S	imilar Asse	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	nake signi	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization'	s exempt	purpose in Par	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		No
Pa	t IV Escrow and Custodial Arrang						, line 9, or		
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asset	s not incl	luded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			Ū				Amount		
с	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					2	Yes		No
	If "Yes," explain the arrangement in Part XIII.				•				Ī
Pa									
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance	25,000.	25,000.	25,	000.	25,000		25,	000.
b	Contributions		· · · · ·						
с	Net investment earnings, gains, and losses					2,125			523.
d	Grants or scholarships								
	Other expenditures for facilities								
-	and programs					2,125			523.
f	Administrative expenses					,			
g	End of year balance	25,000.	25,000.	25,	000.	25,000		25,	000.
2	Provide the estimated percentage of the curr		,	,		,		, ,	
_ a	Board designated or quasi-endowment	•	%						
b	Permanent endowment	%	_,.						
		/°							
•	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		tion that are held ar	nd administered	l for the c	organization			
	by:	selen er tre erganiza					Г	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, line	e 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other		umulated	(d) Book	valu	
		basis (investm	( )	(other)	. ,	ciation	(4) 2001	, value	0
1a	Land				•				
	Buildings								
	Leasehold improvements		33	9,200.			339	),2	00.
	Equipment			4,880.	4	3,554.			26.
	Other			,				,	
	Add lines 1a through 1e. (Column (d) must en		( column (P) line 1				380	),5	26.
		<u>quai i Uilli 330, Fall /</u>		<u></u>		Schedu	e D (Form		
						uu			

Part V	/II Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
	Scription of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
• •	incial derivatives			
	sely held equity interests			
(3) Oth	er			
<u>(A)</u> (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part V	/III Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	al (h) must aqual Farm 000, Dart V, aal (D) line 12 )			
Part I	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	-	Description	, ,	(b) Book value
(1)	ACCRUED INTEREST ON BONDS			3,855.
	RIGHT TO USE LEASED ASSET			841,691.
(3)				-
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. ((	Column (b) must equal Form 990, Part X, col. (B) line <b>X Other Liabilities.</b>	15.)		845,546.
	Complete if the organization answered "Yes"	on Form 990, Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1.	(a) Description of liability	,,,		(b) Book value
	Federal income taxes			(-)
	OPERATING LEASE LIABILITY			949,168.
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990. Part X. col. (B) line	25.)	<b>&gt;</b>	949,168.
	ility for uncertain tax positions. In Part XIII, provide	,		
	anization's liability for uncertain tax positions under		-	

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Schedule D (Form 990) 2021

	dule D (Form 990) 2021 ASK CHILDHOOD CANCER FOUND				0173669 Page <b>4</b>		
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	2,432,175.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	2a	-178,307.				
b	Donated services and use of facilities	2b	11,700.				
с	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	-166,607.		
3	Subtract line 2e from line 1			3	2,598,782.		
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 <b>4a</b> and <b>4b</b>			4c	0.		
_				5	2,598,782.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)						
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per l				
5 Pa	Ital revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	n Expenses per F		n.		
5 Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	I Expenses per F				
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With	n Expenses per F	Retur	n.		
1	Reconciliation of Expenses per Audited Financial Statemed           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements	ents With	I Expenses per F	Retur	n.		
1 2	TXII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	n Expenses per F	Retur	n.		
1 2	<b>rt XII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a2	n Expenses per F	Retur	n.		
1 2 a b	<b>Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	n Expenses per F	Retur	n.		
1 2 a b	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	11,700.	Retur	n. <u>1,601,926.</u> 11,700.		
1 2 a b	<b>TXII Reconciliation of Expenses per Audited Financial Stateme</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	11,700.	1 1	n.		
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Statemed</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	11,700.	1 2e	n. <u>1,601,926.</u> 11,700.		
1 2 b c d 3	<b>TXII Reconciliation of Expenses per Audited Financial Statemed</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a 2b 2c 2d	11,700.	1 2e	n. <u>1,601,926.</u> 11,700.		
1 2 3 4	Tt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d	11,700.	1 2e	n. <u>1,601,926.</u> 11,700.		
1 2 3 4	<b>TXII Reconciliation of Expenses per Audited Financial Statemed</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	11,700.	1 2e	n. <u>1,601,926.</u> <u>1,700.</u> <u>1,590,226.</u> 0.		
1 2 d e 3 4 b c 5	<b>XII Reconciliation of Expenses per Audited Financial Statemed</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	11,700.	Return	n. <u>1,601,926.</u> <u>11,700.</u> 1,590,226.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS A QUALIFYING NONPROFIT ORGANIZATION AS DEFINED IN				
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND THEREFORE IS EXEMPT				
FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, THE ACCOMPANYING				
FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL				
AND STATE INCOME TAXES. THE FOUNDATION DOES NOT BELIEVE IT HAS ANY				
UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022. FISCAL YEARS ENDING ON OR				
AFTER 2019 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX				
AUTHORITIES.				

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D		202
	-	

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$15			or if the	2021				
Department of the Treasury	Ū	Attach to Form 990						Open to Public		
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.	<b>F</b> rom Lawrence in La	Inspection entification number		
		LDHOOD CANCER FOUN	DATI	ION			51-0173			
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not		
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa ) highest paid indiv	<b>f</b> Solicitat <b>g</b> Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and addres or entity (fund		<b>(ii)</b> Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No						
Total					au haa haan natifiad	:4 :				
or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	IT IS 6	exempt from re	egistration		
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021		

132081 10-21-21

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

_ I	_		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			ANNUAL GALA	5K RUN/WALK	2	col. (c)
e			(event type)	(event type)	(total number)	coi. (c))
Hevenue	1	Gross receipts	1,382,724.	146,908.	188,215.	1,717,847
	2	Less: Contributions	855,251.	130,037.	70,265.	1,055,553
	3	Gross income (line 1 minus line 2)	527,473.	16,871.	117,950.	662,294
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
pense	6	Rent/facility costs	17,600.			17,600
Direct Expenses	7	Food and beverages	251,707.			251,707
٦	8	Entertainment				40,097
	9	Other direct expenses		38,358.	34,643.	123,388
		Direct expense summary. Add lines 4 throug			🕨	432,792 229,502
	rt I	Net income summary. Subtract line 10 from <b>Gaming.</b> Complete if the organization		000 Dart IV line 10 or r		
-		\$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, iiile 19, 011	eported more triain	
нечепие			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
Чес	1	Gross revenue				
ies	2	Cash prizes				
-xpens	3	Noncash prizes				
UIrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	_		<b>Yes</b> %		<b>Yes</b> %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line	7 from line 1. column (d)		<b>&gt;</b>	
			, , , , , , , , , , , , , , , , , , , ,		r	•
)	Ent	er the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a				Yes N
b	lf "I	No," explain:				
		re any of the organization's gaming licenses r	evoked, suspended, or te	erminated during the tax y	ear?	Yes N
	We	, , , , , , , , , , , , , , , , , , , ,				
)a		Yes," explain:				
a						

Sch	edule G (Form 990) 2021	ASK	CHILDHOOD	CANCER	FOUNDATI	ION	51-0	1736	569	Page 3
11	Does the organization conduct ga							· ·	Yes	No
	Is the organization a grantor, bene to administer charitable gaming?	eficiary or	trustee of a trust, o	r a member o	of a partnership o	r other entity forme	ed	<b>—</b> ,	Yes	No
13	Indicate the percentage of gaming								163	
	The organization's facility							13a		%
	An outside facility							13b		%
	Enter the name and address of the									
	Name 🕨									
	Address 🕨									
15a	Does the organization have a cont	tract with	a third party from w	vhom the org	anization receives	s gaming revenue?			Yes	🗌 No
b	If "Yes," enter the amount of gami of gaming revenue retained by the				▶ \$	and the	e amount			
с	If "Yes," enter name and address									
	Name									
	Address 🕨									
16	Gaming manager information:									
	Name									
	Gaming manager compensation	▶ \$								
	Description of services provided	▶								
	Director/officer	Em Em	ployee	Indepe	ndent contractor					
17	Mandatory distributions:									
	Is the organization required under	r state lav	to make charitable	distributions	from the gaming	proceeds to				
	retain the state gaming license?							· .	Yes	No No
b	Enter the amount of distributions	•			to other exempt	organizations or sp	pent in the			
Da	organization's own exempt activit rt IV Supplemental Infor					<u></u>		:		
Га	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as						id (v); and Part	ill, line	es 9, 9	100,
13208	3 10-21-21						Schedu	le G (F	orm 9	990) 2021

17350109 786335 91821001.001

Schedule G	a (Form	990)
	-	

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an	d Individua	ls in the Ŭni	ted States		омв №. 1545-0047 <b>2021</b>	
		Comple	ete if the organization	n answered "Yes"	on Form 990, Pa	rt IV, line 21 or 22.			_
Department of the Treasury				Attach to For				Open to Public	
Internal Revenue Service			Go to www.ir	s.gov/Form990 fc	or the latest inform	nation.		Inspection	
Name of the organiz		HOOD CANC	ER FOUNDATI	ON				Employer identification number 51-0173669	
Part I General	Information on Grants a	nd Assistance							
1 Does the orga	nization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select		
criteria used to	o award the grants or assis	stance?							10
	rt IV the organization's pro								
	and Other Assistance to I t that received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
• •	address of organization government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
2 Enter total nur	nber of section 501(c)(3) a	nd government ord	anizations listed in the	e line 1 table	•	1		►	_
	nber of other organizations								_
	ork Reduction Act Notice,							Schedule I (Form 990) 202	21

#### Schedule I (Form 990) 2021 ASK CHILDHOOD CANCER FOUNDATION

51-0173669

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT FINANCIAL ASSISTANCE, ELECTRICITY AND					
TILITY BILLS, RENT, MOVING EXPENSES, HOME					
AINTENANCE, CELL PHONE BILLS, CABLE BILLS, AND					
OTHER EXPENSES THAT CAN BE PAID FOR FAMILIES.	163	221,408.	0.		
CHOLARSHIPS	21	10,500.	0.		

**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)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### 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.

ASK CHILDHOOD CANCER FOUNDATION



51-0173669

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

REVIEWED BY TREASURER AND EXECUTIVE DIRECTOR. ALSO REVIEWED BY FINANCE

COMMITTEE MEMBERS, ONE OF WHICH IS A CPA.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION DEVELOPED BY EXECUTIVE COMMITTEE AND APPROVED BY FULL BOARD

FORM 990, PART VI, SECTION C, LINE 18:

WRITTEN REQUESTS OF INFORMATION MADE AVAILABLE TO PUBLIC

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

THE ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S OVERSIGHT PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990) 2021