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Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20	
B Check if applicable <ul style="list-style-type: none"> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending 	
C Name of organization FAMILIES OF CHILDREN WITH CANCER INC	
D Employer identification number 391311530	
E Telephone number (920) 406-9667	
F Group Exemption Number ►	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	
I Website: ► WWW.FOCWC.ORG	
J Tax-exempt status (check only one) -- <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 87,249	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 15,156
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 1,067
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 71,026	
c Less direct expenses from gaming and fundraising events	6c 12,940	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 58,086	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 74,309	
EXPENSES	RECEIVED	10 33,326
	888 APR 17 2014 OGDEN, UT	11
		12
		13
		14
		15
		16 28,616
		17 61,942
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 12,367
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 155,221
	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 167,588

For Paperwork Reduction Act Notice, see the separate instructions.

97 1

Part II. Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	155,221	22 167,588
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	155,221	25 167,588
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	155,221	27 167,588

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE ATTACHMENT #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

Expenditures
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others.)

28 SEE ATTACHMENT #2

(Grants \$ 9,000) If this amount includes foreign grants, check here ► 28a 33,326

25

(Grants \$) If this amount includes foreign grants, check here ► **29a** 28,366

31

(Grants \$) If this amount includes foreign grants, check here ► 30a

3

Total program service expenses (add lines 28a through 31a) ► **32** 61,692

Part IV List of Officers, Directors, Trustees, and

Check if the organization used Schedule G to respond to any question in the Part IV.

Check if the organization used Schedule O to respond

the instructions for Part IV.)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated -- see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

Part V . Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no ► _____ Located at ► _____	42b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42c	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		X
-----	--	---

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

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

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

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

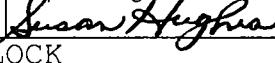
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . ► Yes No

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

Sign Here	►  Signature of officer ► CONNIE KOERTH Type or print name and title	4-14-14 Date TREASURER
-----------	--	------------------------------

Paid Preparer Use Only	Print/Type preparer's name SUSAN HUGHES	Preparer's signature 	Date 4-9-14	Check <input type="checkbox"/> if self-employed	PTIN P00372477
	Firm's name ► H AND R BLOCK			Firm's EIN ► 431975671	
	Firm's address ► 430 W RYAN			Phone no. 920-756-3311	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer identification number
391311530

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 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, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U.S.?	(vii) Amount of monetary support	Yes	No	Yes	No	Yes	No
							Yes	No	Yes	No	Yes	No
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	39,183	30,751	25,499	31,934	15,157	142,524
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .	39,183	30,751	25,499	31,934	15,157	142,524
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						142,524

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	39,183	30,751	25,499	31,934	15,157	142,524
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5,349	2,227	1,140	4,277	219	13,212
c Add lines 10a and 10b	5,349	2,227	1,140	4,277	219	13,212
11 Net income from unrelated business activities not included in 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 IV) . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.)	44,532	32,978	26,639	36,211	15,376	155,736
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	91.52 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	93.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	8.48 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	7.00 %

19a 33 1/3% support tests -- 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests -- 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

2013 DETAIL STATEMENTS

FAMILIES OF CHILDREN WITH CANC
391311530

PAGE 1

STATEMENT #1 - INVESTMENT INCOME (990-EZ PG 1 LINE 4)

CALUMET COUNTY BANK.....	234
EDWARD JONES.....	833
 TOTAL CARRIED TO 990-EZ PG 1 LINE 4.....	1,067

STATEMENT #2 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

FAMILY NEEDS.....	24,326
SCHOLARSHIP - KATHRYN SIMON.....	1,500
SCHOLARSHIP - JAKE WERBECKES.....	1,500
SCHOLARSHIP - RYAN LOINING.....	1,500
SCHOLARSHIP - HENDRICK HAATAJA.....	1,500
SCHOLARSHIP - NATHAN ZDANOVEC.....	1,500
SCHOLARSHIP - ALEXIS FELTON.....	1,500
 TOTAL CARRIED TO 990-EZ PG 1 LINE 10.....	33,326

STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

CAMP.....	455
CHILD LIFE.....	2,554
CLINIC NEEDS.....	250
SOCIAL ACTIVITIES.....	19,635
OFFICE.....	5,722
 TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	28,616

STATEMENT #4 - GIFTS, GRANTS, ETC. (SCH A, PG 2 LINE 1(E))

 TOTAL CARRIED TO SCH A, PG 2 LINE 1(E).....	15,157
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2013 DETAIL STATEMENTS

FAMILIES OF CHILDREN WITH CANC
391311530

PAGE 2

STATEMENT #5 - GROSS RECEIPTS (SCH G, PART II LINE C-1)

6,647
11,000

TOTAL CARRIED TO SCH G, PART II LINE C-1..... 17,647

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer identification number
391311530

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17

Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Yes No

No

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

R E V E N U E	D I R E C T	E X P E N S E S S	(a) Event #1 WTAQ RADIO (event type)	(b) Event #2 GOLD RIBBO (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
			36,236	17,143	17,647	71,026
1	Gross receipts					
2	Less Contributions					
3	Gross income (line 1 minus line 2)		36,236	17,143	17,647	71,026
4	Cash prizes					
5	Noncash prizes					
6	Rent/facility costs					
7	Food and beverages					
8	Entertainment					
9	Other direct expenses			12,940		12,940
10	Direct expense summary Add lines 4 through 9 in column (d)					► 12,940
11	Net income summary Subtract line 10 from line 3, column (d)					► 58,086

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

R E V E N U E	D I R E C T	E X P E N S E S S	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) thru col (c))
1	Gross revenue					
2	Cash prizes					
3	Noncash prizes					
4	Rent/facility costs					
5	Other direct expenses					
6	Volunteer labor		<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)					►
8	Net gaming income summary Subtract line 7 from line 1, column (d)					►

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
- b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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 990-EZ.**
Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer identification number
391311530

FORM 990-EZ PAGE 1 LINE 4 INVESTMENT INCOME
SEE DETAIL STATEMENT PAGE 1, #1

FORM 990-EZ PAGE 1 LINE 10 GRANTS AND SIMILAR AMTS PAID
SEE DETAIL STATEMENT PAGE 1, #2

FORM EOEZ PAGE 1 LINE 16 OTHER EXPENSES
SEE DETAIL STATEMENT PAGE 1, #3

SCHEDULE A, PAGE 2, LINE 1 (E) GIFTS, GRANTS, ETC.
SEE DETAIL STATEMENT PAGE 1, #4

SCHEDULE G, PART II, LINE C-1 GROSS RECEIPTS
SEE DETAIL STATEMENT PAGE 2, #5

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer Identification Number

391311530

Primary Purpose

PROVIDE FINANCIAL & EMOTIONAL SUPPORT FOR FAMILIES OF CHILDREN WITH CANCER.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer Identification Number

391311530

Part III - Statement of Program Service Accomplishments

Grants and allocations	9,000	Amount includes foreign grants	Program service expenses	33,326
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Exempt Purpose Achievements

FAMILY ASSISTANCE - PROVIDE GROCERIES, GAS VOUCHERS, LODGING TO NEEDY FAMILIES OF VICTIMS OF CHILDHOOD CANCER. ALSO PROVIDED SUPPORT WHEN CHILD IS IN TREATMENT

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer Identification Number

391311530

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	28,366
Exempt Purpose Achievements			

FAMILY ASSISTANCE - PROVIDE SUPPORT WHEN CHILD IS IN TREATMENT AS WELL AS HELPING SEND CHILDREN TO CAMP AND OTHER CHILD LIFE NEEDS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC
INSPECTION

		For calendar year 2013, or tax period beginning		, and ending	
Name of Organization				Employer Identification Number	
FAMILIES OF CHILDREN WITH CANCER INC				391311530	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp	(E) Expense account & other compensation	
TIM GORTON PRESIDENT	1.00	0	0	0	
KATHY TOONEN PAST PRESIDENT	1.00	0	0	0	
BEV ANDERSON VICE PRESIDENT	1.00	0	0	0	
CONNIE KOERTH TREASURER	1.00	0	0	0	
JENNI WEYER SECRETARY	1.00	0	0	0	
MAUREEN MOMMAERTS NEW FAMILY CONTACT	1.00	0	0	0	
MISSY SCHLACK MEMBERSHIP	1.00	0	0	0	
SUE MAHONEY SOCIAL EVENTS	1.00	0	0	0	
LYN SCHAUER NEWSLETTER	1.00	0	0	0	
JOHN MILLER RACE DIRECTOR	1.00	0	0	0	
SHELLY CAYEMBERG MEMBER AT LARGE	1.00	0	0	0	
LORI WEAVER MEMBER AT LARGE	1.00	0	0	0	
RYAN SCHUTTE MEMBER AT LARGE	1.00	0	0	0	
MICKI KLEIN MEMBER AT LARGE	1.00	0	0	0	

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

FAMILIES OF CHILDREN WITH CANCER INC

Employer Identification Number

391311530

Part V - Line 42a

Individual Name

CONNIE KOERTH

or

Business Name

Street Address

24204 CTY RD K

U S Address

Zip code 54110

City BRILLION

State WI

or

Foreign Address

City

.....

Province or State

.....

Country

.....

Postal code

.....

Phone Number

(920) 645-1735

Fax Number

.....