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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	167,588	22 236,155
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	167,588	25 236,155
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)	167,588	27 236,155

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.

28 see attachment #2

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

(Grants \$ 10,500) If this amount includes foreign grants, check here **28a** 39,490

29

(Grants \$) If this amount includes foreign grants, check here . . . ► 29a 38,629

30

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

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here . . . ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 78,119

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, and 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	✓
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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file Form 1120-POL for this year?	37b	✓
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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0	38b	0
39 Section 501(c)(7) organizations. Enter:	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
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 ► 0 ; section 4912 ► 0 ; section 4955 ► 0		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b ✓	40b	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e ✓	40e	✓
41 List the states with which a copy of this return is filed ► none		
42a The organization's books are in care of ► David Haase Located at ► 3671 Bay Settlement Road, Green Bay, WI	Telephone no. ► 920-621-9138 ZIP + 4 ► 54311	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
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: ►	42c	✓
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 0		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>
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 ► none

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 ► none

52	Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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	8-12-15
	► David Haase Treasurer	8-12-15
	► Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

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

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.

Name of the organization

Families of Children with Cancer, Inc.

Employer identification number

39-1311530

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) none						
(B)						
(C)						
(D)						
(E)						
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,751	25,499	31,934	15,157	63,354	166,695
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 . . .	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .	0	0	0	0	0	0
6 Total. Add lines 1 through 5 . . .	30,751	25,499	31,934	15,157	63,354	166,695
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						166,695

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	30,751	25,499	31,934	15,157	63,354	166,695
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	2,227	1,140	4,277	219	7,709	15,572
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .	0	0	0	0	0	0
c Add lines 10a and 10b	2,227	1,140	4,277	219	7,708	15,572
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	32,978	26,639	36,211	15,376	71,063	182,267
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	91.46 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	91.52 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	8.54 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	8.48 %
19a 33½% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here . The organization qualifies as a publicly supported organization . ► <input checked="" type="checkbox"/>		
b 33½% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Families of Children with Cancer, Inc.

Employer identification number

39-1311530

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.	

(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
1		Yes	No			
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.

	(a) Event #1 WTAQ Radiothon (event type)	(b) Event #2 Gold Ribbon Run/Wa (event type)	(c) Other events 4 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	36,541	14,979	33,857	85,377
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	36,541	14,979	33,857	85,377
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses		9,116	638	9,754
10 Direct expense summary. Add lines 4 through 9 in column (d) ►				9,754
11 Net income summary. Subtract line 10 from line 3, column (d) ►				75,623

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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input 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 conducts gaming activities:

a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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 O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Families of Children with Cancer, Inc.

Employer identification number

39-1311530

Form 990-EZ Page 1 Line 4 INVESTMENT INCOME see detail statement page 1,	Statement #1
Form 990-EZ Page 1 Line 10 GRANTS AND SIMILAR AMTS PAID see detail statement page 1,	Statement #2
Form 990-EZ Page 1 Line 15 PRINTING, PUBLICATIONS, POSTAGE see detail statement page 1,	Statement #3
Form 990-EZ Page 1 Line 16 OTHER EXPENSES see detail statement page 1,	Statement #4
Schedule A Page 2 Line 1 (E) GIFTS, GRANTS, ETC. see detail statement page 1,	Statement #5
Schedule G Part II Line C-1 GROSS RECEIPTS see detail statement page 2,	Statement #6
Form 990-EZ Page 2 Part III PRIMARY EXEMPT PURPOSE see detail attachment #1	Attachment #1
Form 990-EZ Page 2 Part III PROGRAM SERVICE ACCOMPLISHMENT see detail attachment #2	Attachment #2
Form 990-EZ Page 2 Part IV CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES see detail Attachment #3	

2014 DETAIL STATEMENTS**FAMILIES OF CHILDREN WITH CANCER, INC****Employer ID # 39-1311530****STATEMENT # 1 INVESTMENT INCOME (990-EZ PAGE 1, LINE 4)**

Calumet County Bank	-----	\$2,009
Edward Jones Investments		\$1,261
Adj from 2013		\$4,439
TOTAL CARRIED TO 990-EZ PG 1 LINE 4		\$7,709

STATEMENT # 2 GRANTS & SIMILAR AMOUNTS PAID (990-EZ PAGE 1, LINE 10)

FAMILY NEEDS			\$28,990	
SCHOLARSHIP	----	RYAN LOINING	UW-GREEN BAY	\$1,500
SCHOLARSHIP	----	DALTON KNAPP	UNIV OF MINNESOTA	\$1,500
SCHOLARSHIP	----	HENDRIX HAATAJA	MONTANA STATE	\$1,500
SCHOLARSHIP	----	ALEX ANDERSON	UW-LACROSSE	\$1,500
SCHOLARSHIP	----	ALEXIS FELTON	UW-WHITEWATER	\$1,500
SCHOLARSHIP	----	NATHON ZDANOVEC	MILW AREA TECH COLLEGE	\$1,500
SCHOLARSHIP	----	JACOB WERBECKES	CONCORDIA UNIVERSITY	\$1,500
TOTAL CARRIED TO 990-EZ PG 1 LINE 10		\$39,490		

STATEMENT # 3 PRINTING, PUBLICATIONS, POSTAGE (990-EZ PAGE 1, LINE 15)

NEWSLETTER		\$1,809
POSTAGE		\$641
TOTAL CARRIED TO 990-EZ PG 1 LINE 15		\$2,450

STATEMENT # 4 OTHER EXPENSES (990-EZ PAGE 1, LINE 16)

CHILD LIFE		\$1,940
SOCIAL ACTIVITIES FOR FAMILIES		\$30,649
GENERAL OFFICE		\$3,590
TOTAL CARRIED TO 990-EZ PG 1 LINE 16		\$36,179

2014 DETAIL STATEMENTS**FAMILIES OF CHILDREN WITH CANCER, INC****Employer ID # 39-1311530****STATEMENT # 5 GIFTS, GRANTS, ECT. (SCHEDULE A, PAGE 3, LINE 1 (E))**

AURIRA HEALTHCARE	\$125
BAYPORT HIGH SCHOOL	\$2,167
BEER BELLY	\$515
BETTER BODY FITNESS	\$730
CALVARY PLAYERS	\$3,500
COMMEDY CITY MARATHON	\$2,621
DAVE'S MUSKY CLUB	\$1,500
DESERT VETERANS OF WISCONSIN	\$2,872
DONALD & EUNICE DOW FOUNDATION	\$8,442
FIDELITY CHARITABKE GIFT FUND	\$500
GIVE WITH LIBERTY	\$203
GREEN BAY PACKERS	\$2,000
KIMBERLY CLARK FOUNDATION	\$50
LENA MIRACLE MINUTE	\$1,400
MARKHAM FOUNDATION	\$5,000
MEMORIALS & IN HONOR DONATONS	\$1,150
RADIATE HOPE FOUNDATION	\$16,000
RASMUSSEN COLLEGE	\$600
THRIVANT FINANCIAL	\$102
UNITED HEALTH GROUP	\$39
UNITED WAY	\$682
WORLD MUSKY HUNT	\$1,000
WPS	\$200
MISC	\$7,656
PAYPAL	\$4,300
TOTAL CARRIED TO SCHEDULE A PG 1 LINE 1 (E)	\$63,354

STATEMENT 6 GROSS RECEIPTS SCHEDULE G PART II Line C-1

IAN PAUL SEYMOUR CHILI COOKOFF	\$7,845
LADIES OF BLUE GRASS	\$11,000
LOS BANDITOS GOLF	\$10,042
SCRAPBOOKING	\$4,970
TOTAL CARRIED TO SCHEDULE G PART II LINE C-1	\$33,857

FAMILIES OF CHILDREN WITH CANCER, INC

Employer ID # 39-1311530

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT #1

FORM 990-EZ PAGE 2, PART III PRIMARY EXEMPT PURPOSE

Primary Purpose

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

FAMILIES OF CHILDREN WITH CANCER, INC

Employer ID # 39-1311530

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT # 2

FORM 990-EZ PAGE 2, PART III PROGRAM SERVICE ACCOMPLISHMENT

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GRANTS AND ALLOCATIONS: \$10,500
PROGRAM SERVICE EXPENSE: \$39,490

FAMILY ASSISTANCE - PROVIDE GROCERIES, GAS VOUCHERS, LODGING TO NEEDY FAMILIES OF CHILDHOOD CANCER. ALSO PROVIDE SUPPORT WHILE THE CHILD IS IN TREATMENT. PROVIDE SCHOLARSHIP FOR POST HIGH SCHOOL EDUCATIONS FOR STUDENTS WHO HAVE/HAD CHILDHOOD CANCER.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

GRANTS AND ALLOCATIONS: \$0
PROGRAM SERVICE EXPENSE: \$2,450

COST OF QUARTERLY NEWSLETTER TO FAMILIES OF CHILDREN WITH CANCER. POSTAGE FOR VARIOUS MAILINGS TO FAMILIES.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment #3 : Page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection For the Calendar Year 2014

FAMILIES OF CHILDREN WITH CANCER, INC

Employer ID # 39-1311530

Name	Position	Average Hours per Week Devoted to Position	Compensation	Cont to Employee Benefit Plan & Def Comp	Expense Account & Other Compensation
Tim Gorton	President	1	\$0	\$0	\$0
Kathy Toonen	Past President	1	\$0	\$0	\$0
Dave Schraven	Vice-President	1	\$0	\$0	\$0
David Haase	Treasurer	1	\$0	\$0	\$0
Janal Emmer	Secretary	1	\$0	\$0	\$0
Sandy Kane	New Family Contact	1	\$0	\$0	\$0
Missy Schlack	Membership	1	\$0	\$0	\$0
Sue Mahoney	Social Events	1	\$0	\$0	\$0
Lyn Schauer	Newsletter	1	\$0	\$0	\$0
Arron Rettler	Race Director	1	\$0	\$0	\$0
John Miller	Member at Large	1	\$0	\$0	\$0
Lori Weaver	Member at Large	1	\$0	\$0	\$0
Carly Laabs	Member at Large	1	\$0	\$0	\$0
Maureen Mommaerts	Member at Large	1	\$0	\$0	\$0