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 1545-0047 2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

	<u>A</u> _	For th	ne 2018 (tax year beginning		ending			, - · · · · · · · · · · · · · · · · · ·	
	В	Check if a	applicable	C Name of organization	CHILDREN'	S CANCER PAI	RINERS OF	THE		D Employe	r identification number
		Address	change		CAROLINAS	, INC.				J	
	X	Name ch		Doing business as		- <u>-</u>				20-2	511033
		Name Cri	lange		or PO box if mail is not deliv	•			Room/suite	E Telephon	
		Initial reti			NE STREET, SU					864-	<u>582-0673</u>
		Final retu terminate		City or town, state or	province, country, and ZIP o	r foreign postal code				1	
I	\exists			SPARTANBU	RG	SC 29302				G Gross rec	eipts\$ 710,938
		Amended	o retum	F Name and address of	of principal officer					_	subordinates Yes X No
0.	lacksquare	Application	on pending	LAURA S	. ALLEN				H(a) Is this a g	roup return for s	subordinates Yes X No
رې	}/			364 S P	INE STREET,	SUITE A-1	.10		H(b) Are all su	bordinates inc	luded? Yes No
				SPARTANI		SC 293	02	^	f "No	," attach a list	(see instructions)
•	1	Tax-exe	empt status	(e)			(a)(1) or 527	1)	Ð		
		Website			ENSCANCERP				H(c) Group ex	emption numb	er D
	<u>к</u>		organization		Trust Association	Other ▶			ear of formation 2		M State of legal domicile SC
		art I		ummary	7100000000	Oncir	(1- /			m otato or regar conments as a
i	<u> </u>				ation's mission or mos	et significant activitie					
	به			SCHEDULE O	adorrs mission or mos	st significant activitie	.3				
	Ĕ		022	beniebone o							
	Ë										
	Governance	١.,	0						050/ - 6 1		
	ŏ	2			organization discontin		disposed of mo	re tnan	25% of its ne	1 1	17
	•ජ ග	3	Number	of voting members	of the governing body	y (Part VI, line 1a)	PECE	=1\/		3	17
	ţį	4			ing members of the go			IVE		4	17
ı	2019 Activities & G	5	Total nur	mber of individuals	employed in calendar	year 2018 (Part V,	ne (2a)		18	5	8
	2€	6	Total nur	mber of volunteers	(estimate if necessary	/)	IA SEP O	9 201	19 Ö	6	560
	က	7a	Total unr	related business re	venue from Part VIII,	column (C), line 12	101	- LO	RS-OSC	7a	0
	 ∾—	b	Net unre	elated business taxa	able income from Forr	n 990-T, line 38	0005		/	7b	0
							OGDE	<u> </u>	Prior Ye		Current Year
ć	SCANNED UCT			tions and grants (P	•				28	0,092	639,090
(يّ ⊂		-	ı service revenue (F	•						0 1 222
ç	ٷڹ	1		•	II, column (A), lines 3,			⊢	2	0,302	24,802
5	<u> </u>			•	olumn (A), lines 5, 6d,		-	L			27,046
· 3	<u> </u>	12	Total rev	<u>renue – add lines 8</u>	through 11 (must equ	ıal Part VIII, column	(A), line 12)			0,394	690,938
. <	Ţ	13 (Grants a	ind similar amounts	s paid (Part IX, column	n (A), lines 1–3)		<u></u>	48	2,179	<u>860,285</u>
ે	ด	14	Benefits	paid to or for mem	bers (Part IX, column	(A), line 4)		L			0
	•	15	Salaries,	, other compensation	on, employee benefits	(Part IX, column (A), lines 5–10)	L	35	3,625	522,993
	Š	16a	Profession	onal fundraising fee	es (Part IX, column (A), line 11e)					0
	Expenses	P.	Total fun	draising expenses	(Part IX, column (D),	line 25) 🕨	139,103				
	Û	17 (Other ex	penses (Part IX, co	olumn (A), lines 11a–1	1d, 11f-24e)			22	9,924	382,717
9		18	Total exp	penses Add lines 1	I3–17 (must equal Par	rt IX, column (A), lin	e 25)		1,06	5,728	1,765,99 <u>5</u>
\$	_	19			ubtract line 18 from lin			「		5,334	-1,075,057
23	Net Assets or								Beginning of Cu	rrent Year	End of Year
2	sets	20	Total ass	sets (Part X, line 16	5)			L		0,449	1,374,488
\n	AS	21	Total liab	oilities (Part X, line	26)				3	4,048	111,049
(30	2	22	Net asse	ets or fund balances	s Subtract line 21 from	n line 20			2,36	6,401	1,263,439
1/2		art II	Sig	gnature Block	,				-		
(2)	U	nder pe	enalties of	perju r y, I declare tha	it I have examined this re	eturn, including accom	panying schedules	and stat	ements, and to	the best of	my knowledge and belief, it is
7	tr	ue, corr	ect, and c	complete Declaration	of preparer (other than	officery is based on all	information of whi	ch prepa	rer has any kno	owledge	4_1
SEP			N _	Lale	14 S.	AYL				8	2319
Р	Sig	gn	s	Signature of officer	• •	•				Date	(
	He	re		LAURA S.	ALLEN		ΕX	ECU:	CIVE DI	RECTO	R
රා			T T	ype or print name and titl	le						
20			Print/Type	e preparer's name		Preparer's signature			Date	Check	ıf PTIN
019	Pai	d	SUSAN	DENISE EIDSON	, CPA	SUSAN DENISE E	IDSON, CPA		08/20)/19 self-em	ployed P01019423
	Рге	parer	Firm's na		ENE FINNEY		· - · · · · · ·			Firm's EIN	52-2212837
	Use	Only			EAST BUTL		TE. C-6				
			Firm's ad			29662				Phone no	864-451-7381
	Ma	the IF			he preparer shown ab		ns)		L		X Yes No
					as the sements instruc		,			_	5 990 (0040)

	CHILDREN'S CA			20-2511033		Page 2
	Statement of Program Check if Schedule O c			ine in this Part III		X
1 Briefly desc PROVIDE	cribe the organization's mis S DIRECT FINA S OBTAIN LIFE	sion ANCIAL, IN-K	KIND AND PS	YCHO-SOCIAL		HELP
prior Form	anization undertake any sig 990 or 990-EZ? scribe these new services		ces during the year v	hich were not listed on	the	Yes X No
3 Did the org services?	anization cease conducting	g, or make significant c	hanges in how it con	ducts, any program		Yes X No
4 Describe the expenses	ne organization's program s Section 501(c)(3) and 501(penses, and revenue, if an	ervice accomplishmen c)(4) organizations are	required to report th			
4a (Code SEE SCH) (Expenses \$ IEDULE O	1,521,853 ind	cluding grants of\$	860,285) (Revenue \$)
4b (Code N/A) (Expenses \$	inc	cluding grants of\$) (Revenue \$)
					-	
4c (Code) (Expenses \$	inc	cluding grants of\$) (Revenue \$)
N/A						
(Expenses		Schedule O) including grants of\$ 1 521 85) (Revenue \$)
AS LOTS DISCOUR	am senure evnenses 🕨	1 571 X5				

Form 990 (2018) CHILDREN'S CANCER PARTNERS OF THE 20-2511033

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Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 X assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 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 6 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII. VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 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 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 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

foreign investments valued at \$100,000 or more? *If* "Yes," *complete Schedule F, Parts I and IV*15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

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

- for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*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
- 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)
- 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
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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 19 If "Yes," complete Schedule I, Parts I and II

Form **990** (2018)

X

X

X

X

X

X

X

X

14b

15

16

17

18

19

20a

20b

<u> </u>	art iv Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	<u> </u>
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			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
		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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		<u> </u>
b				
	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		<u> </u>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," 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		1	
	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 in Schedule O for Part VI, lines 11b and		.,	
_	19? Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		V	<u> </u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 8		Yes	No
1a			1	
b		 		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			х
	reportable gaming (gambling) winnings to prize winners?	1c	990	

2a Einer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life for the calandar year ending with or within the year covered by this return 2a 8	Pa	irt V! Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinued)			
Statements, filed for the calendar year ending with or within the year covered by this return			-		Yes	No
b If a least one is reported on line 2.a. dat the organization file all required feeding employment tax returns? Note: If the sum of lines 1 and 2.a greater than 2.60, 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 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a All any time during the calendary 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)? 5a H**Yes, "and the name of the foreign country. 5a Was the organization is foreign country. 5a Was the organization and from the foreign country. 5b Union the such as the such as the such as a party to a prohibited tax shelter transaction? 5b Union and the such as the such as a party to a prohibited tax shelter transaction? 6c If Yes's I online 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes's I online 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes's I online 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes's I online 5a or 5b, did the organization in elicities with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c If Yes's I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization shall ware not tax deductible as charitable to orthodorisons that was or tax deductibles. 8 Did the organization shall ware not tax deductible as charitable torthodorisons or the violet or tax deductibles. 9 Did the organiz	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	I 1	_ ~~,		, ,
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelied business gross more of \$15,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a Al any time during the calendar year, do 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, escenties account, or other financial account)? b If "Yes," enter the name of the foreign country		Statements, filed for the calendar year ending with or within the year covered by this return	2a 8	4		
3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did if Yes', his at filed a Form 980-Fif cit his year? if Wo to line ably provide an explanation in Schedule O 3 Did if Yes', and it filed a Form 980-Fif cit his year? if Wo to line ably provided an explanation in Schedule O 3 Did and a filed a Form 980-Fif cit his year? if Wo to line ably provided an explanation or other filancial account)? 4 Did any taxable party notify the organization file form 886-Fig. 5 Did any taxable party notify the organization file form 886-Fig. 5 Did any taxable party notify the organization file form 886-Fig. 5 Did any taxable party notify the organization file form 886-Fig. 5 Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in Endowed with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Did be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided for the payor? 8 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided for the payor? 9 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 9 Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, dividently and payment of form 1041? 10 Did the organization have excess business holdings at any time during the year? 10 Did the organization	b	If at least one is reported on line 2a, did the organization file all required federal employment tax if	returns?	2b	X	
3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did if Yes', his at filed a Form 980-Fif cit his year? if Wo to line ably provide an explanation in Schedule O 3 Did if Yes', and it filed a Form 980-Fif cit his year? if Wo to line ably provided an explanation in Schedule O 3 Did and a filed a Form 980-Fif cit his year? if Wo to line ably provided an explanation or other filancial account)? 4 Did any taxable party notify the organization file form 886-Fig. 5 Did any taxable party notify the organization file form 886-Fig. 5 Did any taxable party notify the organization file form 886-Fig. 5 Did any taxable party notify the organization file form 886-Fig. 5 Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in Endowed with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Did be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided for the payor? 8 Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided for the payor? 9 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization seceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 9 Did the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, dividently and payment of form 1041? 10 Did the organization have excess business holdings at any time during the year? 10 Did the organization		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction)	tions)	4 5 15 15 15		
b If Yes, "has it fleed a Form 990-T for this year? If 'No ' Io Ine 3b, provide an explanation in Schedule O A All any time during the calendary year, of the organization have an interestin, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunbes account, or other financial account)? 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) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization a party to a prohibited lax shelter transaction at any time during the tax year? 5a Did any taxabib party notify the organization file form 8886-T? 5b Did any taxabib party notify the organization file form 8886-T? 5c If 'Yes' to line 5a or 5b, did the organization file form 8896-T? 5b Dif 'Yes', did the organization moulds with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d Dif the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5d Diff 'Yes', did the organization notify the donor of the value of the goods or services provided? 5d Diff 'Yes', did the organization notify the donor of the value of the goods or services provided? 5d Diff the organization secretive a payment in excess of \$75 made party as a contribution of quantity of the organization received a contribution of quantity of the payor? 5d Diff the organization organization notify the donor of the value of the goods or services provided? 5d Diff the organization received a contribution of quantity of the payor and th	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
4a At any time during the calendar year, did the organization have an interest in, or a signafutire or other subnorty over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes", either 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 for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b Uas the organization to a probable dax shelter transaction at any time during the tax year? 5c Uf "Yes" beine Saor 5b, did the organization file from 888-17. 5b Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c 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? 7c Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization selection and partly as a contribution and partly for goods and services provided to the payor? 7d Did the organization selection and partly as a contribution of care and partly contributed to the payor? 7d Did the organization decrease any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization received any f	b	· · · · · · · · · · · · · · · · · · ·	lule O	3b		
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If "Yes," complete Form 4720, Schedule O						; ""
	16	Is the organization an educational institution subject to the section 4968 excise tax on net investigation	nent income?	16		X
		If "Yes," complete Form 4720, Schedule O		., .	,	

Ear.	m 990 (2018) CHILDREN'S CANCER PARTNERS OF THE 20-2511033		D	age 6
	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo		
4.1.5	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 17	1		, 1
	If there are material differences in voting rights among members of the governing body, or	1 `		_ 1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17].,:	. ~	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u>'</u>
	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 direct			
	supervision of officers, directors, or 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 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint			
	one or more members of the governing body?	7a	╙	X
þ				
	stockholders, or persons other than the governing body?	7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow			1
а	The governing body?	8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9	i !	x
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			_ A
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reveni	ue Co	Yes	No
100	Did the erganization have local chanters, branches, or affiliates?	10a	163	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		
IJ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ĺ
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
			-	*
	Describe in Schedule O the process of any jused by the organization to review this Form 990		1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No " go to line 13	-4 '		
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	ļ
b 12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	-4 '		
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b 12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12a 12b	X	X
b 12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12a 12b	X	X
b 12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	12a 12b 12c 13 14	X X X	X
b 12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	12a 12b 12c 13	X X X	X
b 12a b c	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12a 12b 12c 13 14	X X X	X
b 12a b c 13 14 15	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	12a 12b 12c 13 14	X X X	X
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b 12a b c 13 14 15 a b 16a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **Etion C. Disclosure** List the states with which a copy of this Form 990 is required to be filed **SC, NC* Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply	12a 12b 12c 13 14 15a 15b	X X X	X

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

364 S PINE STREET, SUITE A-110

SC 29302

864-582-0673 Form 990 (2018)

LAURA S. ALLEN

SPARTANBURG

·					
Form 990 (2018) CHILDREN'S	CANCER	PARTNERS	OF	THE	20-2511033

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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 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 and/or Box 7 of Form 1099-MISC) 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and form Check this box if neither the or	·		elate	d or	gan	ızatıo	n c	ompensated any current of	officer, director, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for	(do box offi	not c c, unle	(C) Position not check more than one unless person is both an eer and a director/trustee)			ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W Elicob mico)	organization and related organizations
(1) RYAN GAYLORD										
	6.00								_	_
PRESIDENT	0.00	X		X	ļ	$\vdash \vdash$		0	0	0
(2) SHEILA BREITWEI		P								
WICE DESTREM	5.00			x				o	^	o
VICE PRESIDENT (3) MARTIN HUFF	0.00	X		^		┨			0	<u> </u>
(3)MARIIN HOFF	3.00									
TREASURER	0.00	x		x				o	0	o
(4) KARLA BUTLER	0.00	 		-					<u> </u>	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.00									
SECRETARY	0.00	X		X				0	0	0
(5) SHEILA INGLE										
	2.00)	
PAST CHAIR	0.00	X			ļ			0	0	0
(6) BRIAN CAREY										
	2.00	,,			ŀ				^	_
BOARD	0.00	X	\vdash		ļ	H		0	0	0
(7) RUTH CATE	2.00									
BOARD	0.00	x						o	0	o
(8) KI CHUNG, MD	0.00	125								
(-,1-12	2.00				ļ					
BOARD	0.00	X						0	0	0
(9) LANDON COHEN										· · · · · · · · · · · · · · · · · · ·
	2.00									
BOARD	0.00	X						0	0	0
(10) SKY FOSTER										
	2.00									_
BOARD	0.00	X	_	\vdash	<u> </u>	\vdash		0	0	- 0
(11) NENE GUNN	2.00								e ve	in yes
BOARD	0.00	x						o	0	0
DAA	0.00	12								Form 990 (2018)

Form **990** (2018)

Form 990 (2018) CHILDREN Part VIII Section A. Officers								F THE 20-251, and Highest Compens		Page { red)
(A) Name and title	(B) Average hours per week (list any	(do	o not o	(C Posi check r	tion more	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VV-2) 1035-WILDC)	organization and related organizations
(12) BET HAMILTON										
BOARD	2.00 0.00	X						o	o	C
(13) STONE KELLEY				H				Ŭ		
	2.00									
BOARD (14) MARSHA MOORE	0.00	X		\vdash		Н		0	0	
(14) PARSIA MOORE	2.00									
BOARD	0.00	X	_	Щ				0	0	(
(15) MELINDA MORE	TZ MD 2.00									
BOARD	0.00	x						o	0	
(16) JILL VAN PEL	T									
BOARD	2.00 0.00	x						o	o	(
(17) CAL WICKER	0.00	┢		\vdash						
	2.00									_
BOARD (18) LAURA S. ALL	0.00	X	-	\vdash		Н		0	0	
(10) LAURA S. ALL	40.00									
EXECUTIVE DIRECTOR	0.00			X		Ш		123,744	0	3,732
1b Sub-total		•					>	123,744		3,732
c Total from continuation sho	eets to Part VI	l, Se	ctio	n A				123,744		3,732
d Total (add lines 1b and 1c) Total number of individuals (i	ncluding but no	t lım	ıted	to the	ose	listed	d ab		han \$100,000 of	3,132
reportable compensation from	n the organizat	ion 🕽	1						<u> </u>	Yes No
3 Did the organization list any f	former officer.	dırec	tor.	or tru	ste	e. ke	v er	nplovee, or highest compe	ensated	
employee on line 1a? If "Yes	," complete Sch	nedu	le J	for su	ıch	ındıv	idua	al .		3 X
4 For any individual listed on lii organization and related orga	anizations great	ter th	an \$	5150,	000	0111pe	Yes	s," complete Schedule J fo	or such	
individualDid any person listed on line	1a receive or a	ccru	e co	mner	neat	ion f	rom	any unrelated organization	on or individual	4 X
for services rendered to the o										5 X
Section B. Independent Contract									th 0400 000 of	 .
 Complete this table for your f compensation from the organ 	ive nignest con nization Report	npen com	sate ipen	a ina satio	epe n fo	r the	oal	endar year ending with or	within the organization's	ax year
Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensation
								·		
							\vdash			
										
		-1 .		4			A	the section of the se		
2 Total number of independent received more than \$100,000	contractors (in of compensat	ciudi ion fi	ing t rom	the o	त्र ॥ rga	nited nizat	ιτο I Ion	inose listed above) wno ▶	0	id i

<u>Pa</u>	<u>rt V</u>	Statement of Rev Check if Schedule	enue O co	ntains a	respons	e or note to any l	ine in this Part VI	11	, , , , , , , , , , , , , , , , , , , ,
			مورون خذاز نونس			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u> </u>	1a	Federated campaigns	1a			Professional Control of the Control		Thurst profit median profit me	
Gran		Membership dues	1b		-	ور بروسته در اربون و المناسبة المناسبة المناسبة	ر مربع المربع المرب المربع المربع المرب		
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ij			1d						
		Related organizations				diffinity of the second of the second	internal transfer of guilty garden minimater of the same of the	The state of the s	The state of the s
Sir		Government grants (contributions)	1e	<u> </u>		and a see on the second		The same of the sa	
폭히	f	All other contributions, gifts, grants,				ويوسو المساور والمتحدد والمتحدد والمتحدد	المستحدث المستحدة المستحدة المستحددة المستحدد المستحددة المستحددة المستحددة المستحددة المستحددة المستحددة المستحدد المس	The second secon	The state of the s
ě		and similar amounts not included above	1f	6	06,065				
Contri and O	g	Noncash contributions included in lines 1	a-1f	\$	88,307			The state of the s	
Sel	h	Total. Add lines 1a-1f			· •	639,090	" " " " " " " " " " " " " " " " " " "	19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A HE LINE AND THE STREET OF THE PARTY OF THE
3					Busn Code	the second of the second of the second of	TO		green had green in the world in the
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힜	f	All other program service rev	enue	[1	'
됩		Total. Add lines 2a-2f					The state of the s	The second of th	
-			doude	ands inter			Table to Table to Act of	1400 5342	, , ,
	3	Invéstment income (including	divide	enas, inter	esi,	22 122			23,123
		and other similar amounts)				23,123		····	23,123
	4	Income from investment of ta	ax-exempt bond		proceed				
	5	Royalties			<u> </u>				
		(ı) Real		(II) Pe	ersonal			The state of the s	The State of the s
	6a	Gross rents				The state of the s			Land Control of the C
.		Less rental exps		-		The state of the s	A STATE OF THE PARTY OF THE PAR	Section of Carlo Control Contr	
		Rental inc. or (loss)				سروبرا والماريون والمراويون والثار والماريون	mice with many the control of the sufficient of the control of the	in military and the same of th	Many of the control o
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	d 7a	Net rental income or (loss) Gross amount from (1) Securities		t T	<u> </u>	PRE LESSENES AUTOMALES EST.		The strategy to second the first second	
		sales of assets other than inventor 1,679		(11) (Other		And the second s	Take to the second of the seco	in minute in the control of the cont
	b	Less cost or other				The state of the s	The second secon		A THE PARTY OF THE
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	_		679						
		` ` ` \				1,679	- Millians (millians) - or to come	The state of the s	1,679
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e l	8a	Gross income from fundraising ev				The second of th		The state of the s	malin and market and
ē		(not including \$ 33,0	025			The state of the s	The second state of the se	ALL THE PROPERTY OF THE PARTY O	Washington of the second state of the second s
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Other Reve	b	Less direct expenses	ь		20,000				The Time Bire
ō		Net income or (loss) from fun	draieu	na events		27,046	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 <u>11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	,
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i	9a	Gross income from gaming activiti	ies	,				المسلمان والمسلم المسلم	
- [See Part IV, line 19 '	a	<u> </u>			The state of the s		Sunday No. of Physics and Street
j	b	Less direct expenses	b			The state of the s	Divini 1980 Min danight Thing		The state of the s
J	С	Net income or (loss) from gain	ming a	ctivities	>				
- 1		Gross sales of inventory, less	-		-	The state of the s	The state of the s	All the state of t	W. J. Sandram Canal Hamman
}		returns and allowances	, ∪a			A THE STATE OF THE PARTY OF THE	Maril or with the first of the	The second secon	
- 1	L	Less cost of goods sold	, L			A STATE OF THE PARTY OF THE PAR	The state of the s	Tring and the same of the same	The second second second
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	С	Net income or (loss) from sal		nventory	<u> </u>	Hazaria mia nambara mia e hadinanta m	19 20 Common by and a constable burning and	i Stanisticuling in Milliand in a grande die fra	300 " " " " " " " " " " " " " " " " " "
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	ت بہ	All other revenue					-		·
	u	VII OTHER TEACHING		l				The state of the s	Succession Constitution
	_	e Total. Add lines 11a-11d			_				
	е 12	Total. Add lines 11a–11d Total revenue. See instruction				690,938		1 10 Transmitter	The street of th

Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations mus			st complete column (A)	
	Check if Schedule O contains a res			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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			المستقلل المراكبات المستقل الم	المراجع المراج
_	individuals See Part IV, line 22	860,285	860,285		
3	Grants and other assistance to foreign			3	The state of the s
·	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			The property of the property o	The state of the s
A	Benefits paid to or for members		-	neztame annett and the state of	The state of the s
5	Compensation of current officers, directors,			~	12 - 12 111 12 111
3	trustees, and key employees	123,744	91,398	12,758	19,588
6	Compensation not included above, to disqualified		02/000		
v	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	•			
7		291,359	215,195	30,041	46,123
7 8	Other salaries and wages Pension plan accruals and contributions (include	291,339	213,193	70,041	30,123
0	section 401(k) and 403(b) employer contributions)	11,107	8,170	1,358	1,579
•		64,309	49,732	1,621	12,956
9 10	Other employee benefits Payroll taxes	32,474	22,665	4,915	
11	-	32,313	22,003	7,313	2,032
	Fees for services (non-employees) Management			'	
	•	1,588		794	794
	Legal	13,900	8,350	3,626	
	Accounting Lobbying	13,300	0,330	3,020	1,324
đ	Professional fundraising services See Part IV, line 1	7			
_	•	<i>'</i>	THE - JAN 1 PE 12 PARTY	[P 1989 L57 PP P738,8P*475] 3	
f	Investment management fees				
g	, ,	47,049	10,537	13,391	23,121
42	(A) amount, list line 11g expenses on Schedule ()	32,669	17,655		
	Advertising and promotion	35,513	14,289		
13 14	Office expenses Information technology	7,540	4,508	1,810	
15	Royalties	7,540	4,500	1,010	1,222
16	Occupancy	37,586	23,396	7,141	7,049
17	Travel	14,415	7,419	2,037	4,959
18	Payments of travel or entertainment expense		1,420		1/305
10	for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings	13,309	3,362	3,975	5,972
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,271	2,563	854	854
23	Insurance	6,816	3,600	2,100	1,116
24	Other expenses Itemize expenses not covered	e-f, 15, chicate 1, ch	STATE OF THE SECOND STATE OF THE	THE WALL OF THE STREET	
	above (List miscellaneous expenses in line 24e. If			المراجع br>المراجع المراجع	The state of the same of the s
	line 24e amount exceeds 10% of line 25, column		TOTAL SAN STAN STAN STAN	Thought I was a second of the	The same of the sa
	(A) amount, list line 24e expenses on Schedule O)	The last of the la	for high and the state of the s	THE THE PARTY OF T	
а	OUTREACH	176,899	<u>176,899</u>		
b	, BANK CHARGES	5,989		5,989	
С	DUES & SUBSCRIPTIONS	5,173	1,830	1,844	
d	FUNDRAISING EXPENSES	-20,000			-20,000
е	All other expenses				
25		1,765,995	1,521,853	105,039	139,103
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	,	-		· '
	following SOP 98-2 (ASC 958-720)	<u> </u>		L	Form 990 (2018)
DAA	,				Form 330 (2018)

) Pa	rt X	C Balance Sheet									
		Check if Schedule O contains a response or no	te to any line in this Part X								
				(A)		(B)					
				Beginning of year		End of year					
		Cash—non-interest bearing		964,666	1	855,999					
ĺ	2	Savings and temporary cash investments		850,000	2	150,598					
	3	Pledges and grants receivable, net		250,000							
	4	Accounts receivable, net			4						
	5	Loans and other receivables from current and former	officers, directors,		- :						
		trustees, key employees, and highest compensated e									
		Complete Part II of Schedule L		5							
	6	Loans and other receivables from other disqualified p	l	٤							
		4958(f)(1)), persons described in section 4958(c)(3)(6)		nd		1 7 21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		sponsoring organizations of section 501(c)(9) volunta				<u> </u>					
ets		organizations (see instructions) Complete Part II of S	Schedule L		6_						
Assets	7	Notes and loans receivable, net			7						
٦	8	Inventories for sale or use		2 440	8	2 100					
		Prepaid expenses and deferred charges	1 (2,449	9	2,180					
	10a	Land, buildings, and equipment cost or	02 616			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ĺ	_	other basis Complete Part VI of Schedule D	10a 23,616			17,573					
		Less accumulated depreciation	10b 6,043	9,693		11,513					
- 1		Investments—publicly traded securities		100 000	11						
		Investments—other securities See Part IV, line 11		100,000							
		Investments—program-related See Part IV, line 11			13 14						
		Intangible assets	223,641	15	348,138						
		Other assets See Part IV, line 11	2,400,449		1,374,488						
\rightarrow	16 17	Total assets. Add lines 1 through 15 (must equal line	: 34)	34,048		51,209					
- 1		Accounts payable and accrued expenses	34,040	18	31,203						
		Grants payable Deferred revenue		1	19	59,840					
- 1		Tax-exempt bond liabilities			20	35,040					
		Escrow or custodial account liability Complete Part I	V of Schedule D		21						
		Loans and other payables to current and former office			- "	, , , ,					
Liabilities		trustees, key employees, highest compensated employees			9) T						
<u> </u>		disqualified persons Complete Part II of Schedule L	oyees, and	· · _ · · · · · · · · · · · · · ·	22						
ַן בֿי		Secured mortgages and notes payable to unrelated t	hird parties		23						
		Unsecured notes and loans payable to unrelated third			24						
		Other liabilities (including federal income tax, payable									
		parties, and other liabilities not included on lines 17-2									
		of Schedule D	,,	•	25						
	26	Total liabilities. Add lines 17 through 25		34,048	26	111,049					
$\overline{}$		Organizations that follow SFAS 117 (ASC 958), ch	eck here ▶X and								
ĕ		complete lines 27 through 29, and lines 33 and 34			· -	344					
a l		Unrestricted net assets		1,016,401	27	1,220,089					
&		Temporarily restricted net assets		1,350,000	28	43,350					
립	29	Permanently restricted net assets			29						
표		Organizations that do not follow SFAS 117 (ASC 9	958), check here ▶ and		, .	T					
٥		complete lines 30 through 34.	_		,						
j še		Capital stock or trust principal, or current funds			30						
ii ii		Paid-in or capital surplus, or land, building, or equipm	ent fund		31						
اتة		Retained earnings, endowment, accumulated income			32						
let A:	32										
Net :		Total net assets or fund balances		2,366,401 2,400,449	33	1,263,439 1,374,488					

<u>Forn</u>	1990 (2018) CHILDREN'S CANCER PARTNERS OF THE 20-2511033			Page	<u> 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X_
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,76		
3	Revenue less expenses Subtract line 2 from line 1	3	-1,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,36		
5	Net unrealized gains (losses) on investments	5	-2	27,9	05
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,26	53,4	39
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes I	No_
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			7.1 -7	-21"
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	20.4	e sabial
	Schedule O		- 101 and	المدارين معالف ميا	915
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 2 - 7	, , ,	mî
	reviewed on a separate basis, consolidated basis, or both		15	- 🕌 💌	
	Separate basis Consolidated basis Both consolidated and separate basis		الخطينا		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		74° 25% X	. "\"- \"\	in m
	separate basis, consolidated basis, or both		1		į.
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in		\$	74121-	
	Schedule O		الإ: إنسان المساب	21E	است لــــــــــــــــــــــــــــــــــــ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	n 990 (2	2018)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. CHILDREN'S CANCER PARTNERS OF THE

Employer identification number

Inspection

OMB No 1545-0047

Name of the organization 20-2511033 CAROLINAS, INC. 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s)

(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization organization ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)					,	
(C)					<u>,</u>	
(D)						
(E)						
Total	ı					

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-2511033 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 1,285,309 70,727 210,902 84,498 280,092 639,090 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,285,309 Total, Add lines 1 through 3 210,902 280,092 639,090 70.727 m. " est The portion of total contributions by each person (other than a ومستجرب أأشات governmental unit or publicly supported organization) included on ولا فالله عليه وحطاء line 1 that exceeds 2% of the amount shown on line 11, column (f) 301,855 Public support. Subtract line 5 from line 4 983,454 Section B. Total Support (a) 2014 (b) 2015 (c) 2016 Calendar year (or fiscal year beginning in) (d) 2017 (e) 2018 (f) Total Amounts from line 4 70,727 210,902 84,498 280,092 639,090 1,285,309 Я Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from 23,123 50,340 880 1,176 3,980 21,181 similar sources 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 23.376 23,376 (Explain in Part VI) され、神野に共生一学(株)できれて Total support. Add lines 7 through 10 359,025 11 Gross receipts from related activities, etc. (see instructions) 12 47,046 12 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 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 72.36% 14 15 65.02% Public support percentage from 2017 Schedule A, Part II, line 14 15 33 1/3% support test—2018, If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this X box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts'-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2018

organization

instructions

supported organization

CHILDREN'S CANCER PARTNERS OF THE 20-2511033 Schedule A (Form 990 or 990-EZ) 2018 [≨]aqe 3 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 qualifyunder the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2017 (e) 2018 (f) Total (a) 2014³ (b) 2015 (c) 2016 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 7a 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) Section B. Total Support (b) 2015 (c) 2016 (d) 2017 Calendar year (or fiscal year beginning in) (e) 2018 (f) Total (a) 2014 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, 13 and 12) 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 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ₹15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 % 16 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2017 Schedule A, Part III, line 17 18 33 1/3%-support tests—2018. 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 33 1/3% support tests—2017. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Part IV! Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	AII	Supporting	Organ	izations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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.
- 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 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 in 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 in 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 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)

	Yes	No
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	0 or 990-	EZ) 2018

Sched	lule A (Form 990 or 990-EZ) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-251103	<u> 33 </u>		Page 5
P.a.	rt IV: Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1.3	-, <u>-</u> -	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		Saude of	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b_		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		127 Mar 127	1 - II
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		: <u>* 1</u>	*****
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	3 #4	- June	
	controlled the organization's activities. If the organization had more than one supported organization,	, -,	医高氯	ş: 1 <u>.</u>
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		- "	- - -
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		:	77]
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	٠, ،	• 4	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			الماري
	supervised, or controlled the supporting organization	2		
Sact	tion C. Type II Supporting Organizations			
Seci	ion c. Type it Supporting Organizations		Yes	No
	Many a secret of the community of description of the description of the description of the description			110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	7., .	, NE -	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	,	, ************************************	± 1,
	or management of the supporting organization was vested in the same persons that controlled or managed			استست
C4	the supported organization(s)	1	J	
Sect	tion D. All Type III Supporting Organizations		V	Ma
		<u></u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	mur 1		***
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		`	ا , ا
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			1
	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	14	4万 67°	اد ُ ب إنسمر إ⊮و
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	4](¹⁾		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	.F.,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	3.4	- 11 -	11:
	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		
<u>Sect</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	tions)		
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ons)	
			-	
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			 ₁₁
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	`	, ,	** 11/2 ***********************************
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1,2,3
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b			4	, ,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	_ *:	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		مسر <u>جونو</u> حسا
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	-: ,		<u></u>
a		, i		
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	t	
b		3	113984	
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	an tu luma	

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S CANCER PARTNERS			03 <u>3 Page 6</u>
Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
instructions. All other Type III non-functionally integrated supporting organizations in	must c	complete Sections A throu	
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			the same and the man
instructions for short tax year or assets held for part of year)	***	ه پښتر چا پښتر چا چا د	مرس مست بيس مبعد ويرد ملك سيد
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		
e Discount claimed for blockage or other		·	
factors (explain in detail in Part VI)	, -		2 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
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 1-1/2% 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 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	e- 1/ 1/2 * 1	
2 Enter 85% of line 1	2	- 1	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	در حسم عفد 🔻 مسا	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	- 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	- 11 - 1 - 1 - 1	
emergency temporary reduction (see instructions)	6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7 Check here if the current year is the organization's first as a non-functionally integrat	ed Tv	pe III supporting organizat	ion (see
instructions)	. ,	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	•

CHILDREN'S CANCER PARTNERS OF THE 20-2511033 Schedule A (Form 990 or 990-EZ) 2018 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2018 Pre-2018 al Thomas angle quadrante many the self the segment of the Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See ind", julis . Juli instructions 1200年代時,經濟學學 Excess distributions carryover, if any, to 2018 والمراجع المراجع المرا min and a second of the second a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 The second of th f Total of lines 3a through e The state of the s g Applied to underdistributions of prior years we the same the same of the sa h Applied to 2018 distributable amount التالية والمساورة الهالية والمالية والمساورة المساورة الم Carryover from 2013 not applied (see instructions) و المالية الما Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, line 7 ALL Lime Bullenia - All Limester a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 - 41 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h The state of the s and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3_j and 4c File was a feel with the same of a same of the The state of the s Breakdown of line 7 a Excess from 2014 b Excess from 2015 on to the space that we will be since the way - the space that some the start of the start of the space that said c Excess from 2016 الله المنظمة ا d Excess from 2017 عساد المستعدد المستعد e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-2511033

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

Ŝ

23,376

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public

mem	GO TO MMM.ITS. QOV/POTTISSO IN	or instructions and the latest inform	ation. Finispection
	of the organization		Employer identification number
_	HILDREN'S CANCER PARTNERS OF THE		20 2511022
	AROLINAS, INC.	do on Oabon Similar Francis	20-2511033
# P. 6	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" o	on Form 990 Part IV line 6	or Accounts.
	Complete it the organization answered Tes o	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(a) bonor advised failed	(b) v ands and outer dessents
1 2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
A	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	······································
•	funds are the organization's property, subject to the organization's e		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors		
•	only for charitable purposes and not for the benefit of the donor or d		-
	conferring impermissible private benefit?		☐ Yes ☐ No
~Pa	art II Conservation Easements.		
y, , -	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply)	
	Preservation of land for public use (e.g., recreation or education		nportant land area
	Protection of natural habitat	Preservation of a certified histo	oric structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation 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	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure i	ncluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/	25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation easement	is located ▶	
5	Does the organization have a written policy regarding the periodic m	nonitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and enforcing conserva	ition easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfied	fy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation eas	•	
	balance sheet, and include, if applicable, the text of the footnote to t	the organization's financial statements	that describes the
	organization's accounting for conservation easements	4 Historical Transcers	har Cimilar Acada
Pa	organizations Maintaining Collections of Air Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of Complete if the organization answered of the Complete in the Organization answered of the Organizations of Air Complete in the Organization and Organizations of Air Complete in the Organizations of Air Complete in the Organization and Organizations of Air Complete in the Organization and Organizations of Air Complete in the Organization and		ner Similar Assets.
			t and halance sheet
та	If the organization elected, as permitted under SFAS 116 (ASC 958)		_
	works of art, historical treasures, or other similar assets held for pub- public service, provide, in Part XIII, the text of the footnote to its fina		
h	If the organization elected, as permitted under SFAS 116 (ASC 958)		
D	works of art, historical treasures, or other similar assets held for pub		
	public service, provide the following amounts relating to these items		i iditiioi diioo oi
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
า	If the organization received or held works of art, historical treasures,	or other similar assets for financial da	·
2	following amounts required to be reported under SFAS 116 (ASC 95)		ini, provide trie
_		boy relating to these items	▶ \$
a	Revenue included on Form 990, Part VIII, line 1		> \$
<u> </u>	Assets included in Form 990, Part X		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedule D (Form 990) 2018 CHILDRE						Page 2
a							sets (continued)
b		cession, and other reco	ords, check any of th	e following th	at are a significa	ant use of its	
to	a Public exhibition	d 🗌	Loan or exchange p	rograms			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assesses to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b if "Yes," explain the arrangement in Part XIII and complete the following table 1c Beginning balance 1d Additions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No bif "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V! Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Current year (b) Provises (c) Two years back (d) Three years back (o) Four years back Contributions 1 Administrative expenses 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ► % 1 Temporarily restricted endowment ► % 1 Temporarily restricted endowment ► % 2 Temporarily restricted endowment ► % 1 Temporarily restricted endowment ► % 2 Temporarily restricted endowment ► % 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ► % 3 Temporarily restricted endowment ► % 2 Temporarily restricted endowment ► % 3 Part V! Land, Buildings, and Equipme	b Scholarly research	е 🗍	Other				
S Dung the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization?	c Preservation for future generations	_					
5 During the year, did the organization soluct or receive donations of art, instorical treasures, or other similar assets to be sold to rase finds rather than to be maintained as part of the organization's collection? Part IV		n's collections and exp	lain how they further	the organiza	tion's exempt pi	urpose in Part	
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV. Escrow and Custodial Arrangements. Complete if the organization an aswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is is the organization an agent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization and part, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 21. It is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Amount It is despinating balance Amount It is despinating balance Amount It is line in the part XIII of escrow or custodial account liability? Yes No If Yes' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V is Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The part IV is Endowment Funds in the part XIII of the part IV is line 10. The part IV is explained or quasi-andowment P A deministrative expenses General for facilities and programs If Administrative expenses General for facilities and programs A return the endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii)		licit or receive donation	ns of art historical tr	easures or of	her similar		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Yes No bill "Yes," explain the arrangement in Part XIII and complete the following table Complete if the organization and in Part XIII and complete the following table Amount Italian It							☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b if 'Yes', explain the arrangement in Part XIII and complete the following table 1c Beginning balance 1d Additions during the year 1d did			o part of the organiz				<u> </u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Finding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Finding balance 2b If Yes No If Y'es No If	Complete if the organiza		es" on Form 990	, Part IV, li	ne 9, or repo	orted an amo	ount on Form
b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	· · · · · · · · · · · · · · · · · · ·	stodian or other intern	nediary for contribution	ons or other a	ssets not		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b I "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V I Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions Contributions 1b Net investment earnings, gains, and losses d Grants or scholarships 90 Cher expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b If "Yes" on line 3a(ii), are the related organizations is endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accomunities (c) Book value (d) Book value (d) Book value (d) Book value (d) Book value (e) Book value (e) Book value (d) Book value (d) Book value (d) Book value (e) Cher (Book 94, 475 4, 475 (d) 4, 475 (e) 14, 475 (e) 14, 475 (e) 14, 475 (e) 16 (e)	included on Form 990, Part X?						☐ Yes ☐ No
c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 1 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or time basis (b) Cost or other basis (c) Accompliated (d) Book value (d) Addition Book	b If "Yes," explain the arrangement in Part	XIII and complete the	following table				
d Additions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment \(\bigcite{							Amount
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V I Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back to Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) included organizations bi if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cotir or other basis (b) Cost or other basis (c) Accombinated depreciation depreciation depreciation depreciation depreciation depreciation depreciation 14,666 1,568 13,098 c Leasehold improvements d Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Bescription of property (a) Cost or other basis (c) Accountilated depreciation 14,666 1,568 13,098 c Leasehold improvements d Equipment Complete if the Organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Rescription of property (a) Board descri	c Beginning balance					1c	
Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If 'Yes,' explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII	d Additions during the year					1d	
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	e Distributions during the year					1e	
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V! Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (o) Three years back (e) Four years back	f Ending balance					1f	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a Did the organization include an amount	on Form 990, Part X,	line 21, for escrow or	r custodial ac	count liability?		∐ Yes ∐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four	b If "Yes," explain the arrangement in Par	XIII Check here if the	e explanation has be	en provided o	n Part XIII		
(a) Current year (b) Proc year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Proc year (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Proc year (c) Two years back (e) Four years back (e) Four year back (e) Four years back (e) Four years back (e) Four ye	Process I To F						
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI; Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment b Cofficient (a) Book value c Leasehold improvements c Leasehold improvements d Equipment b Cofficient (a) Book value c Leasehold improvements c Leasehold	Complete if the organiza	ation answered "Y	<u>es" on Form 990</u>	, Part IV, li	<u>ne 10.</u>		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation 1a Land b Buildings c Leasehold improvements d Equipment Cother 1 4, 666 1, 568 13,098 c Leasehold improvements d Equipment e Other		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) 1	Three years back	(e) Four years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	1a Beginning of year balance						
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e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete If the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment e Other 1 14,666 1,568 13,098 e Other							
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) (other) Land b Buildings c Leasehold improvements d Equipment e Other 14,666 1,568 13,098 4,475							
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (investment) Land Buildings C Leasehold improvements d Equipment Other 14,666 1,568 13,098 e Other							
Description of property (a) Cost or other basis (other) (investment) (investment) (investment) (investment) (other) (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (formall total tot			es" on Form 990). Part IV. li	ne 11a. See	Form 990, I	Part X, line 10
(investment) (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 14,666 1,568 13,098 e Other 8,950 4,475 4,475							
b Buildings c Leasehold improvements d Equipment e Other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other c S 950 d 4,475 d 4,475	,		1		• •		
b Buildings c Leasehold improvements d Equipment e Other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other c S 950 d 4,475 d 4,475	1a Land						
c Leasehold improvements 14,666 1,568 13,098 e Other 8,950 4,475 4,475			-				
d Equipment 14,666 1,568 13,098 e Other 8,950 4,475 4,475	_						
e Other 8,950 4,475 4,475	•			14,666		L,568	13.098
		···					
		nust equal Form 990.	Part X, column (B). li				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

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Sche	edule D (Form 990) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-251103	3	Page 4
Pa	art XI. Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n.
	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	683,033
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	-	
а	Net unrealized gains (losses) on investments 2a -27, 905		
b	Donated services and use of facilities 2b	,, -	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII) 2d 20,000		
е	Add lines 2a through 2d	2e	-7,905
3	Subtract line 2e from line 1	3	<u>690,938</u>
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		
b	Other (Describe in Part XIII)	=	
С	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	690,938
Pa	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Ref	turn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,785,995
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
а	Donated services and use of facilities 2a	-	
b	Prior year adjustments 2b		
С	Other losses 2c	-	
đ	Other (Describe in Part XIII) 2d 20,000		
е	Add lines 2a through 2d	2e	20,000
3	Subtract line 2e from line 1	3	1,765,995
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		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,765,995
	rt XIII Supplemental Information.		
	ide 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 art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	1, Part	X, line
	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS	- o:	THER
D.	IRECT FUNDRAISING COSTS	\$	20,000
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS	- (OTHER
.ע	IRECT FUNDRAISING COSTS	\$	20,000
υ.	INECT FUNDAMENTIA COSTS	~	20,000

Schedule D (Form 990) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-2511033

Page 5

Part XIII | Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities**

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 Attach to Form 990 or Form 990-EZ

18

Department of the Treasury Internal Revenue Service

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

CHILDREN'S CANCER PARTNERS OF THE

Employer identification number

Name of	f the organization	CHILDREN'S CAROLINAS,		PARTNERS	O	T	HE	20-2511 (
Par	t∏ ≣ Fun Forr	draising Activities. m 990-EZ filers are r	Complete	if the organiza	ation this p	ans	wered "Yes" on Fo		
1		er the organization raised					es Check all that app	ly	
a [Mail solicita	ations	ı	e 🗌 Solicitation	n of no	n-go	vernment grants		
b [Internet an	d email solicitations		f Solicitation	n of go	vern	ment grants		
c [Phone solu	citations	,	g 🔲 Special fu	ndrais	ıng e	vents		
d [In-person s	solicitations							
b I	or key employe f "Yes," list the	zation have a written or or ees listed in Form 990, Pa e 10 highest paid individua at least \$5,000 by the org	art VII) or entit als or entities	y in connection w	ith pro	ofess	ional fundraising servi	ces?	Yes No
		ame and address of individual or entity (fundraiser)		(II) Activity	raisei custo cont	d fund- have dy or rol of utions?	(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	1940-1970-1970-1970								
9									
10									
Total						•			

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

Schedule G (Form 990 or 990-EZ) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-2511033 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-EZ, 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 RICK BRAGG BOOK NONE (add col (a) through BURGER COOK-OFF col (c)) (total number) (event type) (event type) 20,001 78,871 58,870 1 Gross receipts 33,025 29,585 3,440 2 Less Contributions 3 Gross income (line 1 minus 16,561 29,285 45,846 line 2) 4 Cash prizes 5 Noncash prizes Expenses 6 Rent/facility costs 7,279 7,279 7 Food and beverages Direct 8 Entertainment 12,721 12,721 9 Other direct expenses 20,000 10 Direct expense summary Add lines 4 through 9 in column (d) 25,846 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes No 6 Volunteer labor 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 Yes No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-2511033 Page 3
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?
13	Indicate the percentage of gaming activity conducted in
а	The organization's facility 13a %
b	An outside facility <u>13b</u> %
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?
Þ	If "Yes," enter the amount of gaming revenue received by the organization and the
	amount of gaming revenue retained by the third party ▶\$
С	If "Yes," enter name and address of the third party
	Name ►
	Address ▶
	Address P
16	Gaming manager information
	Carming manager miormation
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 🛰
Pa	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
	100111
	•
	Schedule G (Form 990 or 990-EZ) 2018

CHILDR1033 08/20/2019 4 52 PM

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

Attach to Form 990

Open to Public Department of the Treasury Internal Revenue Service ► Go to www irs gov/Form990 for the latest information CHILDREN'S CANCER PARTNERS OF THE Name of the organization Employer identification number 20-2511033 CAROLINAS, INC #Part 124 General Information on Grants and Assistance 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?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States X No

Part II Grants and Other Assistance to D Part IV, line 21, for any recipient tha	omestic Orga	anization re than \$	ns and Domestic	Governments. n be duplicated if	Complete if the additional spa	e organization ce is needed	answered "Yes" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)	·						
2)							
3)							
4)							
5)					:		
6)							
7)							
8)							
9)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

OMB No 1545-0047

Yes

Schedule | (Form 990) (2018) CHILDREN'S CANCER PARTNERS OF THE 20-2511033

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 AUTOMOTIVE	104	37,390			
2 FOOD	1087	151,443			
3 LODGING	22	26,413			
4 HOUSING	130	106,934			
5 UTILITY ASSISTANCE	231	53,191			
6 TRANSPORTATION	1087	238,562			
7 INSURANCE Part IV Supplemental Information	45	17,258			<u> </u>

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

ALL FAMILIES ARE VERIFIED BY THE HOSPITAL STAFF WHO PROVIDE A REFERRAL FORM

DESCRIBING THE NEED. EACH FAMILY REFERRED GOES THROUGH AN INTAKE PROCESS BY

THE ORGANIZATION'S STAFF.

Schedule I (Form 990) (2018) CHILDREN'S CANCER PARTNERS OF THE 20-2511033

Part III: Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Page 2

Part III can be duplicated if ad			(4) Amount of	to Mathed of vehicles the at-	(f) Description of noncash assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	FMV appraisal, other)	(f) Description of noncash assistance
	resipients	Cauli grant	1101100011 00010101100	, the apprecial, early	
1 MEDICAL SERVICES	5	913			
2 FUNERAL EXPENSES	26	26,474			
3 BRIAN'S BLESSINGS BAGS	80	1,148			
4 CLIENT SERVICES	500	12,507			
5 OTHER ASSISTANCE	1087	188,052			
6					
7					

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization CHILDREN'S CANCER PARTNERS OF THE CAROLINAS, INC.

Part I Types of Property

Employer identification number 20-2511033

		(a)	(b)	(c) Noncash contribution	(d)			
		Check if	Number of contributions or	amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution a	mounts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications		•					
5	Clothing and household		=					
	goods	X		12,507	MARKET VALUE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory		***************************************					
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ADVERTISING)	X	3	73,540				
26	Other ►(MOVING SERVICE\$	X	1	2,260	MARKET VALUE			
27	Other ►()							
28	Other ►(_		<u> </u>				
29	Number of Forms 8283 received by	•						
	which the organization completed F	Form 8283	3, Part IV, Donee Ackno	wledgement	29		. 1	
							Yes	No
30a	During the year, did the organization							
	28, that it must hold for at least thre			al contribution, and which	isn't required			••
	to be used for exempt purposes for		holding period?			30a		X
þ	If "Yes," describe the arrangement							
31	Does the organization have a gift a	ard						
	contributions?		31		<u> </u>			
32a	Does the organization hire or use the	ell noncash						
	contributions?					32a		<u> </u>
b	If "Yes," describe in Part II							
33	If the organization didn't report an a	amount in	column (c) for a type of	property for which colum	n (a) is checked,			-
	describe in Part II				<u> </u>			

Schedule M (Form 990) 2018 CHILDREN'S CANCER PARTNERS OF THE 20-2511033

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ) 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.

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization CHILDREN'S CANCER PARTNERS OF THE CAROLINAS, INC.

Employer identification number 20–2511033

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO PROVIDE A STRUCTURE WITHIN WHICH THERE CAN BE A COMPASSIONATE AND

EFFECTIVE REPSONSE TO ASSIST FAMILIES WITH UNFORESEEN EXPENSES ASSOCIATED

WITH THE DIAGNOSIS AND TREATMENT OF CHILDHOOD CANCER. THIS PURPOSE

INCLUDES PROVIDING FOOD, LODGING AND TRAVEL, CASE MANAGEMENT, AND

ACTIVITIES WHICH PROVIDE COMPREHENSIVE SUPPORT AND LOVING COMPASSION TO

FAMILES WHOSE CHILDREN ARE BATTLING CANCER TO IMPROVE THEIR OVERALL QUALITY

OF LIFE.

FORM 990, PART I, LINE 6

VOLUNTEERS ASSIST WITH COMMUNITY AWARENESS AND FUNDRAISING AND IN
DELIVERING PROGRAM SERVICES TO OUR FAMILIES AND CHILDREN WITH ACTIVITIES
SUCH AS OUR CAMP VICTORY, FAMILY NIGHTS, BACK-TO-SCHOOL EVENT AND OUR
ANNUAL CHRISTMAS EVENT.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
IN 2018, WE SERVED OVER 600 CHILDREN AND 2100 FAMILY MEMBERS, ENSURING
ACCESS TO LIFESAVING CANCER TREATMENT; HELPED 65 CHILDREN ACHIEVE REMISSION
STATUS THROUGH TREATMENT COMPLETION; SUPPORTED 45 FAMILIES WHO LOST
CHILDREN TO CANCER WITH FUNERAL EXPENSES AND GRIEF COUNSELING; HELPED 55
CHILDREN GAIN SECOND-CHANCE ACCESS TO DISTANT CLINICAL TRIALS; ESTABLISHED
HIGH QUALITY PARTNER RELATIONSHIPS WITH 11 PEDIATRIC ONCOLOGY TREATMENT
CENTERS WHO REFER CHILDREN TO CCP FOR ASSISTANCE.

GRANTED TO FAMILES OR PAID ON THEIR BEHALF NEARLY \$800,000 IN DIRECT

Employer identification number

CHILDREN'S CANCER PARTNERS OF THE

20-2511033

ASSISTANCE FOR TREATEMENT TRAVEL, LODGING, MEALS AND ESSENTIAL HOMECARE COSTS. DEVOTED OVER \$300,000 IN PAID PROFESSIONAL STAFF TIME, PLUS TRAVEL AND INCIDENTAL EXPENSES OF \$110,000 TO DIRECT FAMILY SERVICE, PROVIDING PERSONAL GUIDANCE, BENEFITS NAVIGTION AND FINANCIAL LITERACY ASSISTANCE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS REVIEWED BY THE BOARD BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AFTER DISCLOSURE OF A CONFLICT OF INTEREST AND DISCUSSION WITH THE

INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD WHILE THE

DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE

REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN

INTERESTED PERSON MAY MAKE A PRESENTATION. THE CHAIRPERSON SHALL, IF

APPROPRIATE, APPOINT A DISINTERESTED PERSON TO INVESTIGATE ALTERNATIVES TO

THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE,

THE BOARD SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH

REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A

PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE

BOARD WILL MAKE THE FINAL DETERMINATION BY MAJORITY VOTE WHETHER THE

TRANSACTION OR ARRANGEMENT IS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS OR AUTHORIZED COMMITTEE SHALL REVIEW AND APPROVE THE

COMPENSATION OF THE EXECUTIVE DIRECTOR. IN ADDITION, THE BOARD PERFORMS THE

ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

CHILDREN'S CANCER PARTNERS OF THE

Page 2

Employer identification number

20-2511033

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE TO BE REVIEWED IN THE ORGANIZATION'S OFFICE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT FUNDRAISING COSTS
\$ 20,000

\$ -20,000