- 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047 20**20**

Open to Public

Department of the Treasury

Inspection ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service 2020, and ending A For the 2020 calendar year, or tax year beginning B Check if applicable C Name of organization D Employer identification number LARRY BURKETT CANCER RESEARCH FOUNDATION. Inc. 651180596 Address change Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Initial return 1330 Old Woodbine Rd 404-307-5359 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Atlanta GA 30319-1040 Number ˆ► 🔞 Application pending H Check ▶ ☐ if the organization is not Website: ▶ robertprabbit com required to attach Schedule B J Tax-exempt status (check only one) - 501(c)(3) '□ 501(c) ((Form 990, 990-EZ, or 990-PF).) **◄** (insert no) ☐ 4947(a)(1) or Form of organization: Corporation Trust Association ' Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 190,974 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . 1 Contributions, gifts, grants, and similar amounts received 1 190,974 2 2 Program service revenue including government fees and contracts 2 0 2 3 3 0 Membership dues and assessments . . . 2 4 4 0 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 0 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 0 6d 7a Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 0 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 190.974 10 Grants and similar amounts paid (list in Schedule O) 10 118,779 RECEIVED 11 Benefits paid to or for members 11 O 12 Salaries, other compensation, and employee benefits 2 . 12 30,688 13 Professional fees and other payments to independent contractors 13 0 S 14 14 9.837 Occupancy, rent, utilities, and maintenance 15 15 11,420 Printing, publications, postage, and shipping **J**16 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 . . . 17 170,724 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 20,250

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Other changes in net assets or fund balances (explain in Schedule O) . . .

Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Asset _19_

Ret 20

Cat No 106421

Form **990-EZ** (2020)

56,374

76,624

0

19

20

21

Pai	rt II	Balance Sheets (see the instructions f			5		
		Check if the organization used Schedule	O to respond to a	ny question in this			🔀
_	_			L	(A) Beginning of year	Ļ.,	(B) End of year
22		h, savings, and investments			11,374	+	31,624
23		d and buildings		<u> </u>		23	0
24		er assets (describe in Schedule O)		<u> </u>	45,000	•	45,000
25		al assets			56,374	25	76,624
26	Tota	al liabilities (describe in Schedule O)		[26	0
27	Net	assets or fund balances (line 27 of column	(B) must agree wit	h line 21)	56,374	27	76,624
Par	t 111	Statement of Program Service Accom					
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗼 🔽] _	Expenses
Wha	t is the	organization's primary exempt purpose?	Encourage children	with cancer			quired for section (c)(3) and 501(c)(4)
Desc	ribe th	e organization's program service accomplis	shments for each o	of its three largest p	rogram services,		anizations, optional for
as m	neasure ons be	ed by expenses. In a clear and concise m nefited, and other relevant information for ea	anner, describe thach program title.	e services provided	, the number of	othe	ers.)
28	Writin	g and distributing books to children with cance	er and other disabilit	ies at hospitals, cand	er camps and	Ī	
	Ronal	d McDonald Houses. All done at no charge. In t	this year of COVID, v	ve have been limited	to fewer books		
	than n	ormal, but we were able to help needy children	in the poorest Cour	nty of Georgia			
	(Grant	s\$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	28a	118,779
29	We ma	ade grants to other charities helping Children					
		-					
					•••••		
	(Grant	s \$ 38,500) If this amount	includes foreign gra	ants, check here .	▶ 🗆	29 a	38,500
30							
		••••••••••••••				ľ	
		·					
	(Grant	s\$) If this amount	includes foreign gra	ants, check here .	▶ □	30a	a
31	Other	program services (describe in Schedule O)				1	
	(Grant			ants, check here .		31a	1
32	Total	program service expenses (add lines 28a t	through 31a)		>	32	
Par		List of Officers, Directors, Trustees, and Key				nstru	ctions for Part IV)
		Check if the organization used Schedule					
			(b) Average	(c) Reportable	(d) Health benefits,	T.	
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		
			devoted to position	(if not paid, enter -0-)			other compensation
Terry	/ Parke	r, Director and Secretary					
		······································	3		j	0	0
Cher	vi Gree	n, Director				┪	<u></u>
	2:15:15:1		1/8			ما	0
Rick	Smith	Director			-	+	
			1/8			0	0
Wen	dy Park	er, President			<u>'</u>	- 	
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Page 3

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			•	
		monactions for Fart Vij chook if the organization acceptance to the period to any queeken in the		Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	V	
7	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		<i>J</i>	. [2]
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			•	
	_	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		•	
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				i —
	b	Did the organization file Form 1120-POL for this year?	37b		~	•
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were				
		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a			2
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				ł
	39	Section 501(c)(7) organizations. Enter.]			İ
	а	Initiation fees and capital contributions included on line 9	- 1			ĺ
	b	Gross receipts, included on line 9, for public use of club facilities				l
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> </u>	2
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_	ļ
	41	List the states with which a copy of this return is filed ▶ Georgia				_
	42a	The organization of books are in our of the state of the	104-30	7-535)	
		Located at ► 1330 Old Woodbine rd Atlanta, GA ZIP + 4 ►	30319	-1040		
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸	
		If "Yes," enter the name of the foreign country ▶				1
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		<u>/</u>	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. I	▶ □	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V	i I
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	j
	С	Did the organization receive any payments for indoor tanning services during the year?	44c		1	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				ĺ
		explanation in Schedule O	44d			_
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the				i
		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b]

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	• •	_ • •	ليا	
• •	• •	Yes	No	
tax	· ·	Yes	No	
tax	47	Yes	No V	2
tax	47	Yes	No V	?
tax		Yes	No V	
 tax	48	Yes	No V	
· ·	48 49a		V V	

		·						Yes	No
46		ne organization engage, directly or in					-		
Part '		ndidates for public office? If "Yes," of Section 501(c)(3) Organization:		Parti	• • • • • • • • • • • • • • • • • • • •	· · · ·	. 46	<u> </u>	
rart		All section 501(c)(3) organization		stions 47–49b and	52. and c	omplete th	e tables t	or line	es
		50 and 51.	, , , , , , , , , , , , , , , , , , ,		,	p		·	
	. (Check if the organization used Sc	hedule O to respond	to any question in t	this Part V	l			
								Yes	No
47		ne organization engage in lobbying				t during the			
40	•	If "Yes," complete Schedule C, Par				 -	47		•
48 40a		organization a school as described in ne organization make any transfers t					48	-	1
49a b		s," was the related organization a se	•	_			. 49a		
50		plete this table for the organization's							d ke
		oyees) who each received more than							
	(a) l	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plan	th benefits, as to employee s, and deferred ensation	(e) Estimate other cor		
none									
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f 51	Comp	number of other employees paid ovolete this table for the organization 000 of compensation from the organ	's five highest compe	. D 0 ensated independent	contracto	rs who each	received	more	thar
-		Name and business address of each independ		(b) Type of ser	vice	(c)	Compensat	ion	
none								-	
		number of other independent contra	_		-		0		
52		he organization complete Scheduleted Schedule A	ale A? Note : All se	,,,,			na ► 🗹 Yes	. 🗆 t	No
Under p	enalties	of penury. I declare that I have examined this	return, including accompany	ving schedules and statem	ents, and to the	ne best of my kr			
truo, cor	roct, and	complete Doclaration of preparer (ether than	officor) is based on all info	rmation of which preparer	has any know	lodge	.		
o:		030000	er .				029		
Sign	153	Signature of officer				Date			
Here		Terry Parker, Director and Secreta Type or print name and title				Feb. 10, 2020			
<u> </u>		Print/Type preparer's name	Preparer's signature	T Da	ate	Ta	PTIN		
Paid Prop		Typo propaidi 3 mame				Check LJ self-emplo	ıf		
Prep:		Firm's name ▶				2en-embio	yea		
Use (Firm's name			Fi	rm's EIN ▶	yea		

May the IRS discuss this return with the preparer shown above? See instructions .

Form 990-EZ (2020)

▶ ✓ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization LARRY BURKETT CANCER RESEARCH FOUNDATION, Inc. 651180596 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.) 1 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 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.) 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 university: 10 An organization that normally receives (1) more than 337/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% 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). 12 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 b 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) d 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. functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 200,558 121,074 194,000 199,000 190,974 905,306 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 200,558 190,974 Total. Add lines 1 through 3. . . . 121,074 194,000 199,000 905,306 The portion of total contributions by 5 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 0 Public support. Subtract line 5 from line 4 905,306 Section B. Total Support (a) 2016 Calendar year (or fiscal year beginning in) ▶ **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 7 Amounts from line 4 200,558 121,074 194,000 199,000 190,974 905,306 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 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 (Explain in Part VI.) 11 Total support. Add lines 7 through 10 905,306 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 100 % 15 Public support percentage from 2019 Schedule A, Part II, line 14 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2020. 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 b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

, 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.

2020

OMB No 1545-0047

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

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

Open to Public Inspection

Employer identification number

LARRY BURKETT CANCER RESEARCH FOUNDATION, INC.	651180596			
Part I Line 10 \$42,799 was spent for books \$37,480 was spent for helping needy families in Rabun County, GA because of Covid19 troubles				
The balance was for grants as set forth below				
Christian Love in Action, a 501 (c)(3) organization that runs an orphanage for kids. \$8,500				
Helping Hands Ministries, Inc , a 501(c)(3) organization that heloed needy people during the	e Covid19 crsis \$30,000			
Part III The above also answers any questions on this Part III				
	·			
Part II Line 24. This car is provided to the President to deliver books all over the USA. Books are current	y in all 48 States on the Continent			
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