** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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.

A F	or the	2023 calendar year, or tax year beginning	and	ending			
B c	Check if opplicable	C Name of organization			D Employer	identific	cation number
	Addres	S CHILDREN'S CANCER CONNI	ECTION				
	Name change				42-1	3131	67
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone		
	Final return/	5701 GREENDALE RD	ivorou to otroot address)	Ttoom, suite	515-		6239
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	1,972,277.
	Ameno	JUHNSTON, IA JUISI			H(a) Is this a	group re	
	Application pending	F Name and address of principal officer:			for subo	rdinates	? Yes X No
		SAME AS C ABOVE			1 ` ′	ordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1		list. See instructions
	Vebsit				H(c) Group ex		
K F	orm of	5. ga	sociation Other	L Year	of formation: 1	988 N	N State of legal domicile; IA
Pč	art I	Summary	ME D	DOTTER	60 · DD6	OD 3 3	4C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ø		Briefly describe the organization's mission or most				JGRAI	AS ANNUALLY
anc	1 .	TO CONNECT IOWA FAMILIES A					
Activities & Governance	l		ntinued its operations or dispos			1 1	sets. 11
ģ	1	Number of voting members of the governing body Number of independent voting members of the gov					11
∞ ∞		Total number of individuals employed in calendar y					13
ţie		Fotal number of volunteers (estimate if necessary)					206
Ę		For all unrelated business revenue from Part VIII, col					0.
Ă		Net unrelated business taxable income from Form					0.
					Prior Year		Current Year
•	8	Contributions and grants (Part VIII, line 1h)			1,144,	295.	1,271,206.
ñ	l	75 (1) (1) (1)				0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,				651.	27,077.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			233,	608.	149,734.
	1	Total revenue - add lines 8 through 11 (must equal			1,393,	554.	1,448,017.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,	000.	15,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (F			710,		746,460.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)	<u></u>		0.	0.
×	b b	Total fundraising expenses (Part IX, column (D), line	•				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			520,		568,916.
		Total expenses. Add lines 13-17 (must equal Part เ			1,250,		1,330,376.
	19	Revenue less expenses. Subtract line 18 from line	12		142,		117,641.
ts or		5 (D) (I'			ginning of Curre 2,539,3		End of Year 2,555,034.
t Assets or	20				465,		316,300.
let /		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 20		2,074,		2,238,734.
Pa	art II	Signature Block	III le 20		2,074,	0 3 3 •	2,230,734.
		ties of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents and to the h	est of my	knowledge and belief it is
		and complete. Declaration of preparer (other than office				-	interriouge und zoner, it is
,		, ((.,			9	
Sigi	n	Signature of officer			Date		_
Her		JENNIFER HINES, CEO					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	ı	STEVE SCHWEIZER				if self-employ	P01238619
Prep	arer	Firm's name DENMAN CPA LLP			Firm's	EIN 4	2-0794029
Use	Only	Firm's address 1601 22ND STREET,					
		WEST DES MOINES,	IA 50266-1453		Phone	no.51	5-225-8400
May	the IF	S discuss this return with the preparer shown above	ve? See instructions				X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CONNECTING FAMILIES AFFECTED BY CHILDHOOD CANCER BY PROVIDING
	OPPORTUNITIES THAT ENCOURAGE RELATIONSHIPS AND STRENGTHEN COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
40	UEC 161
4a	(Code:) (Expenses \$
	CHILDREN THAT HAVE OR HAVE HAD CANCER. WE ALSO PROVIDE A SEPERATE WEEK
	OF CAMP FOR THE BROTHERS AND SISTERS OF THE CHILDREN DIAGNOSED WITH
	CANCER. IN ADDITION, WE PROVIDE DAY CAMP PROGRAMS, FAMILY WEEKENDS,
	TEEN CAMPS, AND OTHER RETREATS THROUGHOUT THE YEAR.
4b	(Code:) (Expenses \$151,232. including grants of \$) (Revenue \$)
	CHILDREN'S CANCER CONNECTION STRIVES TO BE A LEADER IN PROVIDING
	SERVICES FROM DIAGNOSIS THROUGH THE ENTIRE JOURNEY. OUR HOSPITAL-BASED
	PROGRAMMING SUPPORTS THE CHILD, FAMILY, AND HEALTHCARE TEAM. PROGRAMS
	LIKE THE MY JOURNEY SERIES, INCLUDES MY JOURNEY BOOK, A PARENT RESOURCE
	AND TEACHING GUIDE FOR THE HEALTHCARE TEAM. BEADS4BRAVERY ALLOWS THE
	CHILD A WAY OF JOURNALING THEIR TREATMENT PROCESS BY COLLECTING UNIQUE
	BEADS THAT REPRESENT THE DIFFERENT PROCEDURES THEY FACE. THE COURAGE
	STORE PROVIDES A TRACKING AND REWARD SYSTEM TO HELP PATIENTS FEEL
	EMPOWERED THROUGHOUT TREATMENT.
	EMI OWERED THROUGHOUT TREATMENT:
_	7
4c	
	CHILDREN'S CANCER CONNECTION OFFERS SUPPORT SERVICES AND OUTINGS AS A
	WAY TO CONNECT CHILDREN AND THEIR FAMILIES WITH OTHERS WHO TRULY
	UNDERSTAND THE DEVASTATING EFFECTS CANCER HAS ON THE ENTIRE FAMILY.
	THROUGHOUT THE YEAR, THESE PROGRAMS ARE OFFERED IN THE FORM OF FAMILY
	ACTIVITIES AND OUTINGS, SUPPORT PROGRAMMING FOR BEREAVED FAMILIES, AND
	GROUP ACTIVITIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 15,000 • including grants of \$ 15,000 •) (Revenue \$)
40	Total program service expenses 1,023,214.
	Form 990 (2023)
	1 01111 = = = (2020)

Form 990 (2023) CHILDREN'S CANCER CONNECTION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3		5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6				x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		 ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		400	Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ _{3,7}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

| Part 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 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ا
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash 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	25		
00	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	<u> 30</u>	23	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	1

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023) CHILDREN'S CANCER CONNECTION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	°		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

CHILDREN'S CANCER CONNECTION 42-1313167 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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 Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2023)

332006 12-21-23

50131

JENNIFER HINES - 515-243-6239 5701 GREENDALE RD, JOHNSTON,

Part VII 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

Section A. 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J. ga					- Cut	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ndividual trustee or director	ىيە			ited		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	truste		e e	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	nstitutional trustee	L	Key employee	st con	-	1099-NEC)		organizations
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Former			
(1) PATTI MEYER	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) JENNIFER HAUSCHILDT	2.00								_	_
VICE CHAIR		Х		Х				0.	0.	0.
(3) JENN WHITE	2.00	1								_
TREASURER		Х		Х				0.	0.	0.
(4) DR. JULIE ANDERSON-SUDDARTH	2.00									
SECRETARY	1 00	Х		X				0.	0.	0.
(5) MITCHELL SCHMITT	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(6) SHANNON SCHWERY	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(7) NICOLE VAN KERREBROECK DIRECTOR	1.00	Х						0.	0.	0.
(8) JOHN CORNISH	1.00	Λ						0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(9) DR. LANE MOSER	1.00	22						•	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(10) CRISTY MAGILL	1.00							•		
DIRECTOR		х						0.	0.	0.
(11) NICK KREUGER	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JENNIFER HINES	40.00									
CHIEF EXECUTIVE OFFICER				Х				110,789.	0.	10,237.
		1								
		-								
		1								

Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)			(C	C)			(D)	(E)		(F)	
	Name and title	Average	(do	not cl	Posi			nne	Reportable	Reportable		Estima	ıted
		hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation		amoun	t of
		week		cer an	a a a	recto	r/trus	tee)	from	from related		othe	
		(list any	recto						the	organizations	ν, Ι	compens	
		hours for related	or di	ee			ated		organization	(W-2/1099-MISC	/ز	from t	
		organizations	ustee	trust		90	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
		below	lual tr	tional		ploye	st con yee	_	1099-1420)			organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	
			_	_		<u>×</u>	1 0				\neg		
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	Cultitatal							<u> </u>	110,789.		0.	10 1	237.
	Subtotal Table from a partition of the Board VIII								0.		0.	10,2	0.
	Total from continuation sheets to Part VII								110,789.		0.	10 1	237.
	Total (add lines 1b and 1c)										0 • 1	10,2	277.
2	Total number of individuals (including but no	ot ilmited to th	ose	liste	a ab	ove) wn	o re	ceived more than \$100,	oud of reportable			1
	compensation from the organization											Yes	s No
•	Did the average time list any former officer	-lit tt	1					اند: دا			ſ	100	110
3	Did the organization list any former officer,										- 1	_	х
	line 1a? If "Yes," complete Schedule J for si											3	+^
4	For any individual listed on line 1a, is the su	•		•					•	•	- 1		х
_	and related organizations greater than \$150										}	4	+^
5	Did any person listed on line 1a receive or a										ŀ	_	₩
	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	pers	on .				<u> </u>	5	X
	·							حالم م		100 000 of		: f	
1	Complete this table for your five highest con										nsat	ion from	
	the organization. Report compensation for t	ine calendar ye	eare	riuir	ig w	itri C	or wi	unin		ear.		(0)	
	(A) Name and business	address	NTC	ONE	,				(B) Description of s	ervices	C	(C) ompensati	ion
	Hame and business	444,000	IAC)INT				\dashv	Восоприон от	01 11000	<u>_</u>	omponoati	
								\dashv					
								\dashv					
								\dashv			—		
								+					
2	Total number of independent contractors (in	•	ot III	nitec	ι το 1	thos 1		tea	above) who received mo	ore than			

Form 990 (2023) CHILDRE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			, ,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
ω ω	1.	Federated campaigns 1a					
ants							
ij g			34,332.				
fts, Ar		•	34,332.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	418,750.				
ns, Sim		• • • • • • • • • • • • • • • • • • • •	410,730.				
utio er (Ť	All other contributions, gifts, grants, and	010 101				
ĕŧ			818,124.				
ont od (Noncash contributions included in lines 1a-1f		1 271 206			
<u>0</u> <u>8</u>	r	Total. Add lines 1a-1f		1,271,206.			
			Business Code				
Se	2 a						
ervi	k						
S	c						
ran Sev	c	·					
Program Service Revenue	e						
<u>a</u>	f	All other program service revenue					
	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		39,942.			39,942.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	468,791.				
	ŀ	Less: cost or other basis	•				
<u>e</u>		and sales expenses 7b 2,547.	479,109.				
her Revenue		Gain or (loss) 7c -2,547.	-10,318.				
ev		Net gain or (loss)		-12,865.	-10,318.		-2,547.
e F		Gross income from fundraising events (not					
Ğ	0.0	including \$ of					
		contributions reported on line 1c). See					
			140,571.				
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	02/0220	108,630.			108,630.
		Gross income from gaming activities. See		20070301			100,000
	9 6	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 8	-	7,918.				
		and allowances 10a Less: cost of goods sold 10b					
		• • • • • • • • • • • • • • • • • • • •	10,003.	-2,745.	-2,745.		
$\overline{}$		Net income or (loss) from sales of inventory	Business Code	-4,143.	-4,143.		
S		MTCCELLANDONC	900099	43,849.	43,849.		
eo Te	11 a	MISCELLANEOUS	200033	43,043.	43,043.		
Miscellaneous Revenue	t						
sce Be							
Ξ̈́	C	All other revenue		12 010			
		• Total. Add lines 11a-11d		43,849.	20 706	^	146 005
	12	Total revenue. See instructions		1,448,017.	30,786.	0.	146,025.

Form 990 (2023) CHILDREN'S CANCER CONNECTION Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part X On not incube amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must com	nplete column (A).	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10 for Part VIII Total expenses Program service Pro						
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees to disqualified persons (as defined under section 4956(f(1)) and persons described in section 4956(f(1)) and 4970 persons described in section 4956(f(1)) and 4		ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 17 separate process of the process	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers directors, trustees, and key employees 7 Other salaries and wages 8 Penson plan acruals and contributions (include section 400 (ft)) and persons described in section 498((11)) and persons described in section 4988((13)) 8 9 Other employee benefits 44, 985. 34, 188. 4, 499. 6, 29 9 Other employee benefits 44, 985. 34, 188. 4, 4715. 6, 60 17 Pears of services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 30, 299. 22, 724. 7, 57 13 Office expenses 9 Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Agyments of travel or entertainment expenses for any federal, state, or local public officials Occupancy 17 Travel 18 Payments to diffiliates 22 Depreciation, depletion, and amortization lines and the second of line 25, column (A) and anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of line 25, column (A) anortization lines and the second of lines and anortization lines and the second of lines and anortization lines and the second of lines and lines and lines and lines and lines and lines and li		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 110,789. 84,200. 11,079. 15,51 6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and persons described in section 4958(r)(1) and persons described in section 4958(r)(1) and persons described in section 4958(r)(2)(8) 7 Other sensines and wages 9 Presion plan accruals and contributions (include section 401(r)) and 43,188. 4,499. 5,29 18,510. 14,068. 1,851. 2,59 18,510. 14,068. 1,851. 2,59 144,7150. 35,834. 4,715. 6,60 18 Payroll taxes 18,510. 14,068. 1,851. 2,59 147,150. 35,834. 4,715. 6,60 18 Payroll taxes 19 Conternors (see services (nonemployees)): 10 Payroll taxes 10 Payroll taxes 110,789. 84,200. 11,079. 15,51 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 14,068. 1,851. 2,59 15,51. 14,068. 1,851. 2,59 16,060. 1,851. 1,07 17,57 18,060. 1,860.	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 110 , 789 . 84 , 200 . 11 , 079 . 15 , 51 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section		individuals. See Part IV, line 22	15,000.	15,000.		
individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1)) and a persons described in section 4958(r)(1)) and 4958(r)(1)) and 44,985. Pension plan accruals and contributions (include section 401(k) and 403(t) employer contributions) 18,510. 14,068. 1,851. 2,59 44,985. 34,188. 4,499. 6,29 10 Payroll taxes 47,150. 35,834. 4,715. 6,60 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line 17 investment management fees. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 24 Advertising and promotion 30,299. 22,724. 37,57 7,57 71avel 22,619. 17,190. 2,262. 3,16 18,510. 14,068. 1,851. 2,59 34,188. 4,499. 6,29 47,150. 35,834. 47,715. 6,60 43,634. 10 Coupancy 11 Investment management fees. 90,347. 68,663. 9,035. 12,64 12,64 13,194. 125,940. 117,264. 117,	3	Grants and other assistance to foreign				
## Senefits paid to or for members Compensation of current officers, directors, trustees, and key employees 110,789		organizations, foreign governments, and foreign				
5 Compensation of current officers, directors, trustees, and key employees trustees, and key employees and persons described in section 4988(r)(1)) and persons described in section 4988(r)(3)(8) 7 Other salaries and wages						
trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 4916) and persons described in section 4958(c)(3)(B) Pension plan accruals and contributions (include section 4916) and 4916) employer contributions (include section 4916) and 4916 employer (include 5916) and 5916 employer (include 5916) a	4					
6 Compensation not included above to disqualified persons (as defined under section 4958(I/(1)) and persons described in section 4958(I/(3)(8)) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 44,985. 34,188. 4,499. 6,29 Payrolt taxes 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying 10 Privestment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list ine 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 9 O, 347. 68,663. 9,035. 12,64 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials only (List miscellaneous expenses on line 24e. If line 24e appenses on line 24e. If line 24e appenses on line 24e. If line 24e expenses on list line 24e expenses on line 24e. If line 24e expenses on line 24e. If line 24e appenses on line 24e.	5		110 700	04 000	11 070	15 510
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7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroli taxes 44,985. 34,188. 4,499. 6,29 10 Payroli taxes 47,150. 35,834. 4,715. 6,60 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralsing services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 30,299. 22,724. 3,634. 4 Information technology 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Insurance 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization amount, list line 24e expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on line 24e, If line 24e expenses on line 24e, If line 24e expenses on Schedule 0.) 3 OUTSIDE FACTILITY REINTAL b ADMINISTRATIVE 4 CAMP AND EVENT FOOD 5 71, 879. 45, 806. 432. 25, 644 5 ACTIVITIES						
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Section 401(k) and 403(b) employer contributions 18,510.			343,040.	333,013.	34,303.	13,304.
9 Other employee benefits	ŏ	· · · · · · · · · · · · · · · · · · ·	18 510	1/1 068	1 851	2 591
10 Payroll taxes	Ω		10,310.		1,001.	6 29g
11 Fees for services (nonemployees): a Management		·	47 150		4 715	6,601.
a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 30,299. 22,724. 7,57 13 Office expenses 90,347. 68,663. 9,035. 12,64 Information technology 15 Royalties 0 Occupancy 17 Travel 22,619. 17,190. 2,262. 3,16 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Pepreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 23 Insurance 24 Other expenses. Itemize expenses on tovered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a OUTSIDE FACILITY RENTAL 125,940. 117,264. 8,67 ADMINISTRATIVE 115,358. 87,644. 11,251. 16,46 d ACTIVITIES 20,187. 20,187.			±1,±30•	33,034.	₹,/± 3•	0,001.
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees 3,634. 3,634. 3,634. 3,634. 3,634. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 30,299. 22,724. 7,57 of 88,663. 9,035. 12,64 of 16 Noyalties 16 Noyalties 17 Travel 18 Payments of travel or entertainment expenses 19 Orange 19 O						
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Investment management fees 3,634. 3,634.						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 30,299. 22,724. 7,57 Office expenses 90,347. 68,663. 9,035. 12,64 Information technology			3,634.		3,634.	
column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 30,299. 22,724. 7,57 3 Office expenses 90,347. 68,663. 9,035. 12,64 Information technology 6 Royalties 6 Occupancy 7 Travel 22,619. 17,190. 2,262. 3,16 Payments of travel or entertainment expenses for any federal, state, or local public officials 7 Conferences, conventions, and meetings 8 Interest 9 Payments to affiliates 9 Depreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 Insurance 9 Other expenses. Itemize expenses on Schedule 0.) 9 OUTSIDE FACILITY RENTAL 6 ADMINISTRATIVE 6 CAMP AND EVENT FOOD 71,879. 45,806. 432. 25,64 d ACTIVITIES 90,347. 68,663. 9,035. 12,64 7,57 7,57 7,57 68,663. 9,035. 12,64 7,57 7,5			- ,		,	
12 Advertising and promotion 30,299. 22,724. 7,57 13 Office expenses 90,347. 68,663. 9,035. 12,64 14 Information technology 50,0247. 68,663. 9,035. 12,64 15 Royalties 7 Travel 7 Tr	3	, -				
14 Information technology 15 Royalties 16 Occupancy 22,619. 17,190. 2,262. 3,16 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Interest 20 Interest 20 Interest 20 Insurance 21 Payments to affiliates 22 Depreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule 0.) amount, list line 24e expenses on Schedule 0.) a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE CAMP AND EVENT FOOD d ACTIVITIES 125,940. 117,264. 8,67 4 ACTIVITIES 20,187. 20,187. 20,187.	12	· ·	30,299.	22,724.		7,575.
14 Information technology 15 Royalties 16 Occupancy 22,619. 17,190. 2,262. 3,16 17 Travel 22,619. 17,190. 2,262. 3,16 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5 5 5 6 6 6 6 6 6 6 6 6 9 6 9 6 9	13		90,347.	68,663.	9,035.	12,649.
15 Royalties 20 Coupancy 22,619. 17,190. 2,262. 3,16 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 22,619. 17,190. 2,262. 3,16 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Conferences, conventions, and amortization 10 Conferences, conventions, and amortization 10 Conferences, conventions, and amortization 10 Conferences, conventio	14					
16 Occupancy 22,619. 17,190. 2,262. 3,16 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 125,940. 117,264. 8,67 b ADMINISTRATIVE 115,358. 87,644. 11,251. 16,46 c CAMP AND EVENT FOOD 71,879. 45,806. 432. 25,64 d ACTIVITIES 20,187. 20,187. 20,187.	15					
17 Travel 22,619. 17,190. 2,262. 3,16 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE c CAMP AND EVENT FOOD d ACTIVITIES 22,619. 17,190. 2,262. 3,16 43,194. 32,828. 4,319. 6,04 5,04 6,04 7,1879. 117,264. 8,67 71,879. 45,806. 432. 25,64 20,187. 20,187. 20,187. 20,262. 3,16 43,196. 4,319. 6,04 7,1879. 7,190.	16					
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE c CAMP AND EVENT FOOD d ACTIVITIES 20 Interest 123 Jay 20 J	17	Travel	22,619.	17,190.	2,262.	3,167.
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 23 Insurance 24 Other expenses. Itemize expenses on to covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a OUTSIDE FACILITY RENTAL 125,940. 117,264. 8,67 b ADMINISTRATIVE 115,358. 87,644. 11,251. 16,46 c CAMP AND EVENT FOOD 71,879. 45,806. 432. 25,64 d ACTIVITIES 20,187. 20,187.	18	Payments of travel or entertainment expenses				
20 Interest		for any federal, state, or local public officials				
21 Payments to affiliates 43,194. 32,828. 4,319. 6,04 22 Depreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 125,940. 117,264. 8,67 a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE c CAMP AND EVENT FOOD d ACTIVITIES 115,358. 87,644. 11,251. 16,46 20,187. 20,187. 20,187.	19	Conferences, conventions, and meetings				
22 Depreciation, depletion, and amortization 43,194. 32,828. 4,319. 6,04 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 125,940. 117,264. 8,67 a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE c CAMP AND EVENT FOOD d ACTIVITIES 115,358. 87,644. 11,251. 16,46 4 ACTIVITIES 20,187. 20,187. 20,187.	20					
23 Insurance	21		46 10:	20.000		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 125,940. 117,264. 8,67 a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE c CAMP AND EVENT FOOD d ACTIVITIES 115,358. 87,644. 11,251. 16,46 20,187. 20,187. 20,187.	22	Depreciation, depletion, and amortization	43,194.	32,828.	4,319.	6,047.
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE c CAMP AND EVENT FOOD d ACTIVITIES 125,940. 117,264. 8,67 115,358. 87,644. 11,251. 16,46 20,187. 20,187.	23					
a OUTSIDE FACILITY RENTAL b ADMINISTRATIVE C CAMP AND EVENT FOOD C ACTIVITIES 125,940. 117,264. 8,67 115,358. 87,644. 11,251. 16,46 20,187. 45,806. 432. 25,64	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b ADMINISTRATIVE 115,358. 87,644. 11,251. 16,46 c CAMP AND EVENT FOOD 71,879. 45,806. 432. 25,64 d ACTIVITIES 20,187. 20,187.	•		125 940	117 264		8,676.
c CAMP AND EVENT FOOD 71,879. 45,806. 432. 25,64 activities 20,187. 20,187.					11 251.	16,463.
d ACTIVITIES 20,187. 20,187.						25,641.
					152.	23,011.
	-				3.527.	13,333.
						198,055.
26 Joint costs. Complete this line only if the organization			, ,	, ,	,	,
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)						

Form 990 (2023)
Part X | Balance Sheet

Balance Sheet			
Check if Schedule O contains a response or note to any line in this Part X			
	(A) Beginning of year		(B) End of year
Cash - non-interest-bearing	389,244.	1	179,211.
Savings and temporary cash investments		2	
Pledges and grants receivable, net	130,332.	3	53,235.
Accounts receivable, net	105,632.	4	29,635.
Loans and other receivables from any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		5	
Loans and other receivables from other disqualified persons (as defined			
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Notes and loans receivable, net		7	
Inventories for sale or use	14,521.	8	14,463.
Prepaid expenses and deferred charges	11,074.	9	2,482.
Land, buildings, and equipment: cost or other			
basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 1,676,991. 10b 107,380.			
Less: accumulated depreciation 10b 107,380.	774,083.	10c	1,569,611.
Investments - publicly traded securities	77,223.	11	87,958.
Investments - other securities. See Part IV, line 11	554,702.	12	615,698.
Investments - program-related. See Part IV, line 11		13	
Intangible assets	3,401.	14	2,741
Other assets. See Part IV, line 11	479,109.	15	0.
Total assets. Add lines 1 through 15 (must equal line 33)	2,539,321.	16	2,555,034
Accounts payable and accrued expenses	15,262.	17	16,300.
Grants payable		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Loans and other payables to any current or former officer, director,			
trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons		22	
Secured mortgages and notes payable to unrelated third parties	450.000	23	
Unsecured notes and loans payable to unrelated third parties	450,000.	24	300,000
Other liabilities (including federal income tax, payables to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	465 060	25	21.6 20.0
Total liabilities. Add lines 17 through 25	465,262.	26	316,300.
Organizations that follow FASB ASC 958, check here			
and complete lines 27, 28, 32, and 33.	1 207 101		1 061 114
Net assets without donor restrictions	1,397,101.	27	1,961,114. 277,620.
Net assets with donor restrictions	070,930.	28	211,020
Organizations that do not follow FASB ASC 958, check here			
and complete lines 29 through 33.			
	2 074 050		2,238,734.
			2,555,034.
Ca _l Pai Ret Tot	pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds tal net assets or fund balances tal liabilities and net assets/fund balances	pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds tal net assets or fund balances 2,074,059.	pital stock or trust principal, or current funds id-in or capital surplus, or land, building, or equipment fund tained earnings, endowment, accumulated income, or other funds tal net assets or fund balances 29 30 2,074,059 32

Form	1 990 (2023) CHILDREN'S CANCER CONNECTION	<u>42</u> -	<u> 1313167</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,44		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,33		
3	Revenue less expenses. Subtract line 2 from line 1	3			41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,07		
5	Net unrealized gains (losses) on investments	5	4	7,0	34.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,23	8,7	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

CHILDREN'S CANCER CONNECTION 42-1313167 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).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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 on 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 I, Type II, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to	(f) Total 6. 5376349.
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organ- 746,643. 854,078. 1360127. 1144295. 127120	6. 5376349.
include any "unusual grants.") 746,643. 854,078. 1360127. 1144295. 127120 2 Tax revenues levied for the organ-	6. 5376349.
2 Tax revenues levied for the organ-	6. 5376349.
ization's benefit and either paid to	
and the second control promotion of the second control promoti	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3 746,643. 854,078. 1360127. 1144295. 127120	6. 5376349.
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	706,261.
6 Public support. Subtract line 5 from line 4.	4670088.
Section B. Total Support	120.0000
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total
7 Amounts from line 4 746,643. 854,078. 1360127. 1144295. 127120	
8 Gross income from interest,	01 00700131
dividends, payments received on	
securities loans, rents, royalties,	
	2. 123,070.
9 Net income from unrelated business	2. 123,070.
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.) 31,152. 21,450. 28,276. 26,300. 33,02	4. 140,202.
· · · · · · · · · · · · · · · · · · ·	5639621.
11 Total support. Add lines 7 through 10	3039021.
12 Gross receipts from related activities, etc. (see instructions)	
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)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
	02 01 %
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	$\frac{82.81}{84.11} \%$
15 Public support percentage from 2022 Schedule A, Part II, line 14	
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this	
stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 1	*
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	ganization
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 1	
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 organization	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruc	tions

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
_		
4c		
E-		
5a		
5b		
5с		
6		
7		
8		
-		
9a		
9b		
90		
9c		
10a		
10b		
.55		

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV Supporting Organizations (continued)			<u>g</u>
	i. Continuou,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. 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 instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	dule A (Form 990) 2023 CHILDREN'S CANCER CONN	ECTION		42-1313167 Page 6
Pai		ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
	Recoveries of prior-year distributions	8		
8 Sect	Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

332028 12-21-23

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.

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

Employer identification number

	CHILDREN'S CANCER CONNECTION	42-1313167					
Organization type (che	eck one):						
Filers of:	Section:	Section:					
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	\overline{X} 501(c)($\overline{3}$) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.					
General Rule							
denoral Hale							
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to a any one contributor. Complete Parts I and II. See instructions for determining a contribution						
Special Rules							
sections 509(a contributor, du	vation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supa)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 0-EZ, line 1. Complete Parts I and II.	6b, and that received from any one					
contributor, du literary, or edu	exation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received uring the year, total contributions of more than \$1,000 exclusively for religious, charital ucational purposes, or for the prevention of cruelty to children or animals. Complete Painn (b) instead of the contributor name and address), II, and III.	ble, scientific,					
year, contribut is checked, er purpose. Don'	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tions exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively restricted to the parts unless the General Rule applies to this organization because the parts unless that were received during the year exclusively restributed, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc., use it received <i>nonexclusively</i>					
answer "No" on Part IV	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990; filing requirements of Schedule B (Form 990).	, , , , , , , , , , , , , , , , , , , ,					

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

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

CHILDREN'S CANCER CONNECTION

42-1313167

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 175,429.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 32,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$157,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

CHILDREN'S CANCER CONNECTION

42-1313167

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHILDREN'S CANCER CONNECTION

42-1313167

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** CHILDREN'S CANCER CONNECTION 42-1313167 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

CHILDREN'S CANCER CONNECTION

Employer identification number 42-1313167

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the	
		(a) Donor advised funds	(b)	Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds		
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No	
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9	
	impermissible private benefit?	·······		Yes No	
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area	
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last	
	day of the tax year.		Г	Held at the End of the Tax Year	
а	Total number of conservation easements		Г	2a	
b				2b	
С	Number of conservation easements on a certified historic structure.			2c	
	Number of conservation easements included on line 2c acquir				
	on a historic structure listed in the National Register	• • •		2d	
3	Number of conservation easements modified, transferred, rele			tion during the tax	
	year		, ,	· ·	
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		ig of		
	violations, and enforcement of the conservation easements it I	holds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the	
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works	
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,	
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
	(m) 4			•	
2	If the organization received or held works of art, historical trea			ovide	
	the following amounts required to be reported under FASB AS		- · ·		
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023	

332051 09-28-23

Sched Par		N'S CANCER ollections of Art				42-13 r Assets			_{ige} 2
	Using the organization's acquisition, accession						(COITEII)	idea)	
	collection items (check all that apply).	,	,	3	3				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		3 1 3					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how thev further th	e organization's exe	mpt purpo	se in Part	XIII.		
	During the year, did the organization solicit o	•	•	•					
	to be sold to raise funds rather than to be ma						Yes		No
Par		gements Complet					ne 9, or		
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other assets no	included				
	on Form 990, Part X?						Yes		No
	If "Yes," explain the arrangement in Part XIII								
		·	· ·				Amount	t	
С	Beginning balance				. 1c				
d	Additions during the year				1d				
	Distributions during the year								
	Ending balance				1f				
	Did the organization include an amount on Fo				lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	orovided in Part XIII					
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	oack
1a	Beginning of year balance	554,702.	654,500.	592,024.	ϵ	35,723.		578,	931.
b	Contributions								
С	Net investment earnings, gains, and losses	64,630.	-96,686.	95,125.		-9,000.		118,	558.
d	Grants or scholarships			29,227.		31,786.		58,	581.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	3,634.	3,112.	3,422.		2,913.		3,	285.
	End of year balance	615,698.	554,702.	654,500.	5	92,024.		635,	723.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	80.1700	_%						
b	Permanent endowment 1.3700	%							

g	End of year balance		615,698.	554,702.	
2	Provide the estimated per	centage of the curr	rent year end balanc	e (line 1g, column (a))	held as:
а	Board designated or quasi	-endowment	80.1700	%	
b	Permanent endowment	1.3700	%	_	
		10 1600			

c Term endowment 18.4600 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

За	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?				

Describe in Part XIII the intended uses of the organization's 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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	d		210,800.		210,800.
b Build			982,990.	29,023.	953,967.
c Leas	sehold improvements				
d Equi			483,201.	78,357.	404,844.
e Othe	er				
Total. Add	d lines 1a through 1e. <i>(Column (d) must equal</i>	Form 990, Part X, line 1	0c. column (B))		1,569,611.

Schedule D (Form 990) 2023

3a(i) 3a(ii)

3b

No

Schedule D (Form 990) 2023 CHILDREN'S C Part VII Investments - Other Securities	ANCER CONNECT	TION 42-1313167 Pag
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A) INDEXED GROWTH PORTFOLIO	615,698.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	615,698.	
Part VIII Investments - Program Related.	013,030.	
Complete if the organization answered "Yes" o	n Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	.,	,
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a) [Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
Part X Other Liabilities	- F 000 D-+ IV I' 4	4 446 O Farm 000 Back V. Fac 05
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	
(a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn	<u> </u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	1,523,358.
2	Amour	its included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	47,034.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	Describe in Part XIII.)	2d	31,941.		
е	Add lir	es 2a through 2d			2e	78,975.
3	Subtra	ct line 2e from line 1			3	1,444,383.
4	Amour	its included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	nent expenses not included on Form 990, Part VIII, line 7b	4a	3,634.		
b	Other	Describe in Part XIII.)	4b			
С	Add lir	es 4a and 4b			4c	3,634.
5	Total r	evenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Staten		<u></u>	5	1,448,017.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returi	n
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total e	xpenses and losses per audited financial statements			1	1,358,683.
2	Amour	its included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	Describe in Part XIII.)	2d	31,941.		
е	Add lir	es 2a through 2d			2e	31,941.
3	Subtra	ct line 2e from line 1			3	1,326,742.
4	Amour	its included on Form 990, Part IX, line 25, but not on line 1:				
а		nent expenses not included on Form 990, Part VIII, line 7b		3,634.		
b	Other	Describe in Part XIII.)	4b			
С	Add lir	es 4a and 4b			4c	3,634.
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,330,376.

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

PART X, LINE 2:

Part XIII Supplemental Information

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) FOR AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURES IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAX AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2020.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Name of the organization	_						ntification number		
CHILDREN'S CANCER CONNECTION							42-1313167		
	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not		
required to complete this part 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Policitations b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the	eed funds through any of the followin e X Solicitat f Solicitat g X Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-govern govern ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		 utions	or has been notified	it is e	exempt from re	gistration		

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GO GOLD AND		(add col. (a) through
			CTNA DSM	GOLF	3	col. (c))
a)			(event type)	(event type)	(total number)	001. (0))
Revenue						
eve	1	Gross receipts	104,643.	36,229.	34,031.	174,903.
ш						
	2	Less: Contributions	27,470.	25.	6,837.	34,332.
				25 224	0= 101	440
	3	Gross income (line 1 minus line 2)	77,173.	36,204.	27,194.	140,571.
	_					
	4	Cash prizes				
	_	Noncoch prizes		467.		467.
S	5	Noncash prizes		407.		407•
nse	6	Rent/facility costs	2,254.	4,838.	1,765.	8,857.
xpe	0	Tient/lacinty costs	2,254.	4,030.	1,703.	0,037.
Direct Expenses	7	Food and beverages	13,127.	3,186.	3,568.	19,881.
je	•	1 ood and beverages	20,22,0	3/2001	3,3000	25,0020
Ц	8	Entertainment				
		Other direct expenses	2,075.		661.	2,736.
		Direct expense summary. Add lines 4 through				31,941.
		Net income summary. Subtract line 10 from li				108,630.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		_		
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Rev						
	1_	Gross revenue				
	•	Cook prizes				
ses	2	Cash prizes				
Sens	3	Noncash prizes				
Ř	Ü	Nonodon prizod				
Direct Expenses	4	Rent/facility costs				
ä	-					
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_	_	And the sector (a) the contribute of	aka manahan 1970			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
a	П "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
		· · -				
	_					

Schedule G (Form 990) 2023

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Sch	edule G (Form 990) 2023 CHILDREN'S CANCER CONNECTION	<u>42-1</u>	<u>313167</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address			
152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
100	boos the organization have a contract with a time party from whom the organization receives gaming revenue:			
h	of "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt		
	of gaming revenue retained by the third party \$	unt		
_				
C	If "Yes," enter name and address of the third party:			
	Nome			
	Name			
	Address			
	Address			
40	Opening and the state of the st			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
D -	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); a	and Part	III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	CHILDREN'S	CANCER	CONNECTION	42-1313167	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				<u> </u>
		(continued)				
ī						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHILDREN'	S CANCER	CONNECTION					42-1313167
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectio	n
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part l	V, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.	(0.14.11.1.6		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations 	-	5					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
LARSHIPS	10	15,000.	0.		
	-				
V Supplemental Information. Provide the information.	ation required in Part I, line	e 2; Part III, column	(b); and any other ac	dditional information.	
_					

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

CHILDREN'S CANCER CONNECTION

Employer identification number 42-1313167

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: TO PROVIDE SCHOLARSHIPS FOR THOSE DIRECTLY AFFECTED BY CHILDHOOD CANCER WHO ATTEND OR PLAN TO ATTEND AN ACCREDITED TWO OR FOUR YEAR INSTITUTION. CHILDREN'S CANCER CONNECTION EMPOWERING SCHOLARSHIPS INCLUDE BOARD REIMBURSEMENT SCHOLARSHIPS AND TUITION ASSISTANCE. SCHOLARSHIPS IN THE VALUES FROM \$500-\$5,000.

EXPENSES \$ 15,000. INCLUDING GRANTS OF \$ 15,000. REVENUE \$ 0.

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

DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE (A COMMITTEE OF THE BOARD OF DIRECTORS) FOR REVIEW. OTHER BOARD MEMBERS ARE NOTIFIED THAT THE DRAFT 990 IS AVAILABLE AND HAVE AN OPPORTUNITY TO REVIEW THE DRAFT FORM IF DESIRED. AFTER THE DRAFT COPY IS APPROVED BY THE FINANCE THE FORM IS ELECTRONICALLY FILED BY THE PAID PREPARER. COMMITTEE,

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS EACH TRUSTEE, AND EMPLOYEES SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT-OF-INTEREST POLICY, HAS READ AND UNDERSTAND THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

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

THE EXECUTIVE COMMITTEE ANNUALLY PERFORMS A REVIEW OF THE CEO AND APPROVES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** CHILDREN'S CANCER CONNECTION 42-1313167 THE SALARY. COMPENSATION REASONABLENESS IS CONSIDERED PRIMARILY USING COMPARABLE WAGES FOR SIMILAR POSITIONS IN THE LOCAL AREA. A BOARD MEMBER CONTACTS THE CHIEF DEVELOPMENT OFFICER (CDO) TO NOTIFY THEM OF THE SALARY LEVEL CHANGE AND EFFECTIVE DATE. THE CDO ENTERS THE PAY CHANGE INTO THE ADP SYSTEM AND THEN CONFIRMS THE ENTRY WITH THE BOARD MEMBER. THE ADP PAYROLL SYSTEM LOGS THE DATE AND USER THAT LAST UPDATED THE PAY. FORM 990, PART VI, SECTION C, LINE 18: AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C: NO CHANGES FROM PRIOR YEAR.