PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

6 Cityplace Drive, Suite 900 St. Louis, MO 63141 ph 314.983.1200 fx 314.983.1300

	000
Form	990

Department of the Treasury Internal Revenue Service

** 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)

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.



AF	or th	e 2021 calendar year, or tax year beginning and	ending										
B c a	heck if pplicab	e: C Name of organization		D Employer identified	cation number								
	Addre	e FRIENDS OF KIDS WITH CANCER											
	Name Doing business as 43-1614563												
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number									
	Final	n/ 10 SONNEN DRIVE											
	termir ated	City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4,722,211.											
	Amen return	SAINI LOUIS, MO 03143		H(a) Is this a group re	turn								
	Applic tion	F Name and address of principal officer: BRANDI BIMBLAGER		for subordinates	? Yes X No								
	pendi			H(b) Are all subordinates in	cluded? Yes No								
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions								
		te: WWW.FRIENDSOFKIDS.COM		H(c) Group exemption	n number 🕨								
		organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1992	I State of legal domicile: MO								
Pa	art I	Summary											
¢	1	Briefly describe the organization's mission or most significant activities:		DREN UNDERGOING									
ju č		TREATMENT FOR, AND SURVIVORS OF, CANCER AND BLOOD-RELATED DIS	SEASES.										
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets. 26								
Ň	3												
ര്	4	Number of independent voting members of the governing body (Part VI, line 1b)		25									
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		10									
iviti	6	Total number of volunteers (estimate if necessary)			250								
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.								
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.								
				Prior Year	Current Year								
e	8	Contributions and grants (Part VIII, line 1h)	1,358,167.	1,643,916.									
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.								
Jev Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		201,802.	1,028,046.								
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-26,332.	52,250.								
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,533,637.	2,724,212.								
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		85,883.	193,472.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		392,037.	438,732.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)		001 225	1 014 452								
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		901,335.	1,014,453.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,379,255.	1,646,657.								
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		154,382.	1,077,555.								
ts or nces				ginning of Current Year	End of Year								
Assets	20	Total assets (Part X, line 16)		5,762,490.	6,636,407.								
et A	1	Total liabilities (Part X, line 26)		111,957.	138,064.								
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,650,533.	6,498,343.								

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

Sign	Signature of officer		Date								
Here	BRANDY BIMSLAGER, EXECUTIVE DIREC	TOR									
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN							
Paid	JENNIFER M. VACHA	JENNIFER M. VACHA	11/14/22	self-employed P01251998							
Preparer	Firm's name 🕒 ARMANINO LLP		Firm's	Firm's EIN 🕨 94-6214841							
Use Only	Firm's address 🖕 6 CITYPLACE DRIVE, SUITE	900									
	ST. LOUIS, MO 63141 Phone no.314-5										
May the IF	RS discuss this return with the preparer shown abov	/e? See instructions		X Yes No							
				- 000 (222.0)							

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2021) FRIENDS OF KIDS WITH CANCER	43-1614563	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: FRIENDS OF KIDS WITH CANCER IS DEVOTED TO ENRICHING THE DAILY LIVES OF		
	CHILDREN UNDERGOING TREATMENT FOR, AND SURVIVORS OF, CANCER AND BLOOD		
	RELATED DISEASES(SEE SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🗴 No
	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?		Yes X No
	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 m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$734,660including grants of \$) (Revenue		
4a	(Code:) (Expenses \$, 54,000. including grants of \$) (Revenue RECREATIONAL SUPPORT FOR CHILDREN WITH CANCER: THIS INCLUDES PARTIES,	\$)
	SPECIAL EVENTS, TOYS, SNACKS, GIFT CARDS, SPECIAL GIFTS, AND		
	ENTERTAINMENT. SPECIAL EVENTS MAY INCLUDE EXPERIENCES TO HELP OUR		
	CHILDREN AND FAMILIES CREATE MEMORIES. ENTERTAINMENT MAY INCLUDE		
	MOVIES, GAMES, CRAFT SUPPLIES, COMPUTERS, IPADS, AND ELECTRONIC GAMES.		
	SNACKS AND SOME MEALS ARE PROVIDED FOR PATIENTS AND FAMILIES DURING		
	TREATMENT.		
4b	(Code:) (Expenses \$	\$)
	EMOTIONAL SUPPORT FOR CHILDREN WITH CANCER: ART THERAPY, PLAY THERAPY,		
	MUSIC THERAPY, AND TALK THERAPY ARE AVAILABLE THROUGH A CERTIFIED		
	THERAPIST TO PROVIDE A MEANS OF COMMUNICATION AND RELEASE OF EMOTIONS		
	BY THE PATIENTS. PARENTS AND SIBLINGS OF PATIENTS ARE ALSO HELPED WITH		
	AVAILABLE SUPPORT GROUPS.		
	IN 2021, WE PROVIDED 116 HOURS OF PLAY THERAPY SESSIONS AND 167 HOURS		
	OF MUSIC THERAPY SESSIONS FOR PATIENTS AND SIBLINGS. THERE WERE ALSO		
	722 HOURS OF INDIVIDUAL COUNSELING SESSIONS AND 190 HOURS OF GROUP AND		
	FAMILY COUNSELING SESSIONS FOR PATIENTS AND SIBLINGS.		
	·		
4c	(Code:) (Expenses \$ 117, 347. including grants of \$ 33, 472.) (Revenue	\$)
	EDUCATIONAL SUPPORT FOR CHILDREN WITH CANCER: WE PROVIDE A COST FREE		
	EDUCATOR AND EDUCATIONAL TOYS AND GAMES ASSISTANCE TO OUR CHILDREN		
	THROUGH INDIVIDUAL, SMALL GROUP AND HOME TUTORIAL SESSIONS. EDUCATIONAL		
	TESTING IS ALSO PERFORMED TO DETERMINE THE EFFECTS OF THE TREATMENTS		
	AND TO PROVIDE A BENEFIT TO ASSIST IN THE CHILD'S RETURN TO MAINSTREAM		
	EDUCATION. IN 2021 WE PROVIDED 755 HOURS OF INDIVIDUAL TUTORING		
	SESSIONS WITH PATIENTS.		
	COLLEGE SCHOLARSHIPS ARE PROVIDED TO QUALIFIED PEDIATRIC CANCER		
	SURVIVORS. IN 2021, WE AWARDED 11 SCHOLARSHIPS TO COLLEGE-AGED STUDENTS		
	WHO ARE CANCER SURVIVORS OR IN TREATMENT FOR CANCER.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Table as a series of \$ 1,136,355)	
4e	Total program service expenses 1,136,355.		000 /
		Fc	orm 990 (2021)
132002	2 12-09-21 C		

08411114 701245 131560.300

FRIENDS OF KIDS WITH CANCER Form 990 (2021) FRIENDS OF KIDS WI

43-1614563 Page 3

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
•	Schedule D, Part III	<u> </u>		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
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	х	
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		X
d	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		x
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			<u> </u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- 10		
.,		17		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
18		40	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X
20a		20a		X
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	X 000	
132003	3 12-09-21	Form	990 ((2021)

Form 990 (2021)	FRIENDS				
Part IV	Checklist of F	lequired s	Sch	edule	es _{(cor}	ntinued)

FRIENDS OF KIDS WITH CANCER

			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			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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	0.51		x
a a	Schedule L, Part I	25b		
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
2	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	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 required, errinnate, or dissorte and ecase operations? <i>If Yes, complete Schedule N, Part I</i>	01		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	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
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	\$ 12-09-21	Form	990	(2021)

5

08411114 701245 131560.300

^{2021.05000} FRIENDS OF KIDS WITH CANC 131560.1

	990 (2021)	FRIENDS OF KIDS		To Oscillaria			43-161456	3	P	age 5	
Par	T V Statements I	Regarding Other I	RS Filings and	Tax Compliance (co	ontinued)						
					1				Yes	No	
2a			•	of Wage and Tax Statem							
				y this return		2a	10				
b				uired federal employment				2b	Х		
	Note: If the sum of lines	1a and 2a is greater th	nan 250, you may be	e required to e-file. See ir	nstructions	•					
				000 or more during the yea				3a		X	
b	If "Yes," has it filed a Fo	rm 990-T for this year?	If "No" to line 3b, p	rovide an explanation on S	Schedule C)		3b			
4a	At any time during the c	alendar year, did the or	rganization have an	interest in, or a signature	or other au	uthority o	ver, a				
	financial account in a fo	reign country (such as	a bank account, sec	curities account, or other f	financial ac	count)?		4a		X	
b	If "Yes," enter the name	of the foreign country	▶								
	See instructions for filing	g requirements for FinC	EN Form 114, Repo	ort of Foreign Bank and Fi	inancial Ac	counts (F	BAR).				
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b	Did any taxable party no	tify the organization th	at it was or is a part	y to a prohibited tax shelt	ter transact	tion?		5b		x	
с	If "Yes" to line 5a or 5b,	did the organization file	e Form 8886-T?					5c			
6a	Does the organization h	ave annual gross receip	ots that are normally	greater than \$100,000, a	and did the	organiza	tion solicit				
	any contributions that w	ere not tax deductible	as charitable contrik	outions?				6a		x	
b	If "Yes," did the organization	ation include with every	/ solicitation an expr	ress statement that such	contributio	ns or gift	S				
	were not tax deductible	?						6b			
7	Organizations that may										
а	Did the organization receive	e a payment in excess of \$	575 made partly as a co	ontribution and partly for goo	ods and serv	ices provid	ded to the payor?	7a	х		
b	If "Yes," did the organization	ation notify the donor c	of the value of the go	ods or services provided	?			7b	Х		
с	Did the organization sell	, exchange, or otherwis	se dispose of tangib	le personal property for w							
	to file Form 8282?							7c		х	
d	If "Yes," indicate the nu	mber of Forms 8282 file	ed during the year			7d					
е				premiums on a personal		ntract?		7e		x	
f	Did the organization, du	ring the year, pay prem	iums, directly or ind	lirectly, on a personal ben	nefit contrad	ct?		7f		X	
g	If the organization receiv	/ed a contribution of qu	alified intellectual p	roperty, did the organizat	tion file For	m 8899 a	s required?	7g			
h	If the organization receiv	/ed a contribution of ca	ars, boats, airplanes,	, or other vehicles, did the	e organizati	ion file a l	Form 1098-C?	7h			
8				d a donor advised fund m							
	sponsoring organization							8			
9	Sponsoring organization			C ,							
а	Did the sponsoring orga	-		der section 4966?				9a			
b		•		nor advisor, or related per				9b			
10	Section 501(c)(7) organ		,	<i>,</i> , , , , , , , , , , , , , , , , , ,							
а			d on Part VIII, line 1	2		10a					
b	Gross receipts, included				Γ	10b					
11	Section 501(c)(12) orga		, , ,			•					
а						11a					
b				d to other sources against							
		-	-			11b					
12a				ation filing Form 990 in lie				12a			
		•	0	ed during the year	1	12b					
13	Section 501(c)(29) qual	-									
а		-		than one state?				13a			
				on must report on Schedu							
b			-	in by the states in which							
		-	-		I	13b					
с					····· F	13c					
				ces during the tax year?				14a		x	
				provide an explanation of				14b			
15 15				of more than \$1,000,000 in							
-								15		x	
	If "Yes," see the instruct										
16				4968 excise tax on net ir	nvestment i	income?		16		x	
	If "Yes," complete Form										
17			st, any disqualified r	erson, or mine operator e	engage in a	inv					
••				section 4951, 4952 or 49		•		17		1	
	If "Yes," complete Form	-									
132005	12-09-21			6				Form	990	(2021)	

08411114 701245 131560.300

^{2021.05000} FRIENDS OF KIDS WITH CANC 131560.1

	990 (2021) FRIENDS OF KIDS WITH CANCER		43-161		[Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and fo	or a "No	' respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	i No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		26		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other			
-	officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the			· –		-
Ŭ				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			··· —	+	x
5	Did the organization become aware during the year of a significant diversion of the organization's asso					x
					+	x
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					
7a				_		x
	more members of the governing body?			. 7 a	+	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
_	persons other than the governing body?			. 7 b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?					
b	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>enue/</u>	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			. 10:	3	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\hfill \ldots$			10	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11;	a X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12:	a X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12	x a	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done	, 		120	x	
13	Did the organization have a written whistleblower policy?			. 13	Х	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•			
а	The organization's CEO, Executive Director, or top management official			15	a X	
	Other officers or key employees of the organization					1
~	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 arrangem	ent w	ith a			
iou				16		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			. 10	1	
D.	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
				10		
<u>Soc</u>	exempt status with respect to such arrangements?		<u></u>	16	<u>)</u>	
17					<u> </u>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-1 (section 501(c)	(3)s only	') availa	able
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict d	of interest policy,	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨			
	THE ORGANIZATION - 314.275.7440					
	16 SUNNEN DRIVE, 161, SAINT LOUIS, MO 63143					
132006	12-09-21			Fo	m 990) (2021)
	7					
111	14 701245 131560.300 2021.05000 FRIENDS (DF 1	KIDS WITH	CAN	C 13	3156

0.1

Form 990 (2		43-1614563	Page 7				
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 Comple	to this table for all persons required to be listed. Benert componentian for the colondar year anding with	b or within the organization	'a tax yoar				

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				200	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	lual tr	tional		nploy	st con yee	_	1099-1420)		organizations
	line)	n dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BRANDY BIMSLAGER	40.00				Ť	1 0	<u> </u>			
EXECUTIVE DIRECTOR		1		х				91,413.	0.	11,652.
(2) DIANE VOIGT	40.00									
FINANCE MANAGER		1		х				60,282.	0.	14,824.
(3) MARGIE SEDLACK	5.00									
PROG. COOR. (RES. 03/21) & DIRECTOR		х						3,198.	0.	160.
(4) SCOTT BIERMANN	4.00									
PRESIDENT		х		х				0.	0.	0.
(5) SUSANNE ROSENBERG	3.00									
VICE PRESIDENT		Х		х				٥.	0.	0.
(6) KAREN KORN	3.00									
SECRETARY		Х		х				٥.	٥.	0.
(7) JAY ADAMS	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) KRIS ARNESON	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MATT BIFFIGNANI	2.00									
DIRECTOR		Х						0.	0.	0.
(10) BILL BRASSER	2.00									
DIRECTOR		Х						٥.	0.	0.
(11) DON BROWN, JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JONATHAN BURKE	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MERRI CROSS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MAURA GARASCIA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) TONY GODFREY	1.00									
DIRECTOR		Х						0.	0.	0.
(16) RICK HENRY	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SHARON HUBER	1.00									
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

8

132007 12-09-21

Form 990 (2021)

08411114 701245 131560.300

Form 990 (2021) FRIENDS OF KI	DS WITH CA	NCE	R						43-16145	63	F	⊃ _{age} 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	, unle	Pos check ss per nd a d	more rson i	than s boti	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimat amoun othe	t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	o	mpens from ti ganiza nd rela ganiza	he ation ated
(18) CHERYL LAWLESS DIRECTOR	1.00	x						0.	0			0.
(19) RICK LOMMEL DIRECTOR	1.00	x						0.	0			0.
(20) THOMAS LYNCH DIRECTOR	1.00	x						0.	0	•		0.
(21) KATHY MANGANARO DIRECTOR	1.00	x						0.	0			٥.
(22) TOM RUSSO DIRECTOR	1.00	x						0.	0			0.
(23) EDWIN SCHMID DIRECTOR	2.00	x						0.	0			0.
(24) BEN TUREC DIRECTOR	1.00	x						0.	0			0.
(25) JILL TUREC DIRECTOR	3.00	x						٥.	0			0.
(26) SUSAN VENINCASA DIRECTOR	2.00	x						0.	0			0.
1b Subtotal 154,893. c Total from continuation sheets to Part VII, Section A 0.						0		26,636. 0.				
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but no 							b o re	154,893. eceived more than \$100.	0 000 of reportable	•	26	,636.
compensation from the organization						,					Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	-			•	•		Ŭ		•	3		x
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization	4		x
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i> 	ccrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	dual for services	5		x
Section B. Independent Contractors											irom	
Complete this table for your five highest cor the organization. Report compensation for t									, 1	ation	TOIT	
(A) Name and business	address	NO	NE					(B) Description of s	ervices		(C) ensati	on
9 Total number of independent contractors for		ot li-	nita	4 + 2 -	the		+04		are then			
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz SEE PART VII, SECTION A CONTINU	ation 🕨		me			o 0	neu	above, who received mo		For	990	(2021)
132008 12-09-21												(2021)

08411114 701245 131560.300

Form 990 FRIENDS OF K	43-1614563											
Part VII Section A. Officers, Directors, Tru	ection A. Officers, Directors, Trustees, Key Employees, and Highest Co											
(A)	(B) (C)						(D)	(F)				
Name and title	Average					l I		Reportable	Reportable	Estimated		
	hours (heck	all :	that	app	ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	_				oyee		the	organizations	compensation		
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the		
	hours for related	e or d	ee			sated		(W-2/1099-MISC)		organization and related		
	organizations	ustee	trus		ee	n pen				organizations		
	below	dual ti	tiona		(old n	stcor	_			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former					
(27) ERIC VOGEL	1.00											
DIRECTOR		Х						0.	0.	0.		
(28) TERRI WURDACK	2.00											
DIRECTOR		х						0.	0.	0.		
			-									
		-										
		1										
Total to Part VII, Section A, line 1c		<u></u>				<u></u>						

132201 04-01-21

					OF KIDS	WIT	H CANCER			43-161456	3 Page 9
Pa	rt V	/111	Statement of Re	veni	ue						
			Check if Schedule O	conta	ins a respo	nse	or note to any line		(B)		
								(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a						
rani		b	Membership dues								
, G		с	Fundraising events				687,109.				
ar /			Related organizations								
is, C		е	Government grants (contr	ibutic	ons) 1e						
tion S		f	All other contributions, gifts,	grants	s, and						
Dthe			similar amounts not included				956,807.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in				215,569.	1 642 016			
ы С		h	Total. Add lines 1a-1f	<u></u>			Business Code	1,643,916.			
		~					Business Code				
vice	2	a b									
Ser		c									
am		d									
Program Service Revenue		е									
P		f	All other program service	reven	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	-				156 010			156 010
			other similar amounts)					156,818.			156,818,
	4		Income from investment of		•	•	· · · ·				
	5		Royalties		(i) Real		(ii) Personal				
	6	а	Gross rents	6a	(.) 1104.		(
	Ū	b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))			►				
	7	а	Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a	2,779,1	47.					
		b	Less: cost or other basis		1 005 0						
evenue			and sales expenses	7b 7c	1,907,9 871,2						
eve			Gain or (loss)					871,228.			871,228.
∋r R€			Net gain or (loss) Gross income from fundraising				····· •	071,220.			071,220.
Other	0	u	including \$	-							
Ŭ			contributions reported on								
			Part IV, line 18		,	8a	90,098.				
		b	Less: direct expenses			8b	89,663.				
			Net income or (loss) from			ts	►	435.			435.
	9	а	Gross income from gamin				F				
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b		51,815.			51,815.
	10					, 		51,015.			51,013.
		a	Gross sales of inventory, I and allowances			10a					
		b	Less: cost of goods sold			101					
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·				
ŝ							Business Code				
Miscellaneous Revenue	11	а					ļļ				
scellaneo Revenue		b									
Sev		С									
Mis			All other revenue								
	12		Total. Add lines 11a-11d Total revenue. See instruction					2,724,212.	0.	0.	1,080,296.
13200				5110			F	,		1	Form 990 (2021
											(_36

08411114 701245 131560.300

11

FRIENDS OF KIDS WITH CANCER

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

43-1614563 Page 10

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 160,000 160,000. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 33,472 33,472. 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 71,908. trustees, and key employees 181,529 37,713. 71,908 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 202,272. 59,539. 117,224. 25,509. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9,886 2,934. 5,756 1,196. 7,306. 18,212, 10,201 705. 9 Other employee benefits 26,833. 7,003 13,360 6,470. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 17,400. 17,400 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees 23,766. 23,766 f Other. (If line 11g amount exceeds 10% of line 25, g 3,076. 3,076 column (A), amount, list line 11g expenses on Sch 0.) 36,257 1,295, 34,962. Advertising and promotion 12 15,984 3,163. 6,527 6,294. 13 Office expenses _____ 8,770. 8,770 Information technology 14 Royalties 15 125,253 65,414. 17,849 41,990. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 31,393 16,481, 4,333 10,579. 22 Depreciation, depletion, and amortization 7,946. 7,946 23 Insurance Other expenses. Itemize expenses not covered 24 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.) GIFTS, PARTY SUP, & ENT 561,886, 561,886. а ART THERAPY COUNSELING 100,412 100,412. b EDUCATORS & ED SUPPLIES 79,737. 79,737. С 2,573. MISCELLANEOUS 2,573 d All other expenses е 199,613. Total functional expenses. Add lines 1 through 24e 1,646,657, 1,136,355 310,689 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

12

132010 12-09-21

08411114 701245 131560.300

Form 990 (2021)

Form 990 (
Part X	Balance	Sheet

FRIENDS OF KIDS WITH CANCER

		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			50,370.	1	109,374
	2	Savings and temporary cash investments			331,553.	2	538,444
	3	Pledges and grants receivable, net		3	15,000		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	nese pers	sons		5	
	6	Loans and other receivables from other disqu		· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net		E C C C C C C C C C C C C C C C C C C C		7	
Assets	8	Inventories for sale or use				8	
As	9	Description of the second state for some state is a second state of the second state o			14,206.	9	16,842
		Land, buildings, and equipment: cost or other	1	Ι Γ			· · · · ·
		basis. Complete Part VI of Schedule D		279,185.			
	b	Less: accumulated depreciation			155,323.	10c	127,752
	11	Investments - publicly traded securities			5,211,038.	11	5,828,995
	12	Investments - other securities. See Part IV, line			, ,	12	, ,
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must en	5,762,490.	16	6,636,40'		
	17	Accounts payable and accrued expenses			97,376.	17	130,07
	18	Grants payable	1	18	/		
	19	Deferred revenue		5,000.	19	350	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				20	
	22	Loans and other payables to any current or fo				21	
lies	22	trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
Lia	00			22			
	23 24	Secured mortgages and notes payable to unre-				23 24	
	24 25	Unsecured notes and loans payable to unrela Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on lir					
			les 17-24). Complete Part X	9,581.	05	7,637
	06	of Schedule D		·····	111,957.	25	138,064
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c				26	150,00
ŝ		-	песк пе				
l Se	07	and complete lines 27, 28, 32, and 33.			5,604,362.	07	6,401,982
alai	27				27		
	28	Net assets with donor restrictions		46,171.	28	96,361	
ñ		Organizations that do not follow FASB ASC	; 958, ch	eck here 🕨 🛄			
2	~	and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	C 100 01
ž	32	Total net assets or fund balances			5,650,533.	32	6,498,343
	33	Total liabilities and net assets/fund balances			5,762,490.	33	6,636,407 Form 990 (202

Form **990** (2021)

132011 12-09-21

Form	1990 (2021) FRIENDS OF KIDS WITH CANCER	43-161456	3	Pa	_{ge} 12
	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	2,	724,	212.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	646,	657.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	077,	555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	650,	533.
5	Net unrealized gains (losses) on investments	5		229,	745.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,	498,	343.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X 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	О.			
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				
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021

Open to Public

Inspection identification number

Name of the organizatio

Name	e of t	he organization						Employer	identification number				
			S OF KIDS WITH						43-1614563				
Par	tl	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	rgani	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only (one box.)							
1 [A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).						
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	ו 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
-		city, and state:											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
-		section 170(b)(1)(A)(iv). (Complete Part II.)											
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 [X	An organization that normal	•	ntial part of its support fi	rom a gove	ernmental ı	unit or from th	e general p	public described in				
- F		section 170(b)(1)(A)(vi). (C											
8 [A community trust describe			-								
9 [An agricultural research org				-		-	-				
		or university or a non-land-g	frant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	or				
10	_	university:		than 00 1/00/ of its sum	art from a	ontribution	o momborob	in face and	d areas reasints from				
10 [An organization that normal activities related to its exem											
		income and unrelated busin		•	. ,				•				
		See section 509(a)(2). (Cor				ses acqui	ed by the org	anization a					
11 [An organization organized a	-	vely to test for public sa	fetv See	section 50)9(a)(4)						
12	=	An organization organized a	-	•	•			rrv out the	purposes of one or				
		more publicly supported or	-	-	-			•					
		lines 12a through 12d that	-										
а		Type I. A supporting orga	•••					-	giving				
		the supported organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	ipporting				
		organization. You must c	omplete Part IV, Se	ctions A and B.									
b] Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or mana	ge the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally						-					
		that is not functionally inte	0	c ,	•			an attentiv	reness				
		requirement (see instructi	,	•									
е		Check this box if the orga					Туре I, Туре	II, Type III					
-		functionally integrated, or		<i>y</i> o 11	0 0								
		er the number of supported o	•										
<u> </u>		vide the following information) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other				
	•	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	structions)	support (see instructions)				
				above (see instructions))									
Total													

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

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1,692,478.	1,559,978.	1,981,740.	1,358,167.	1,643,916.	8,236,279.
2	Tax revenues levied for the organ- ization's benefit and either paid to						
3	or expended on its behalf The value of services or facilities furnished by a governmental unit to						
	the organization without charge	1,692,478.	1,559,978.	1,981,740.	1,358,167.	1,643,916.	8,236,279.
	Total. Add lines 1 through 3	1,092,470.	1,339,970.	1,901,740.	1,350,107.	1,045,910.	0,230,275.
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)						
6	Public support. Subtract line 5 from line 4.						8,236,279.
	ction B. Total Support						0,200,275.
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1,692,478.	1,559,978.	1,981,740.	1,358,167.	1,643,916.	8,236,279.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	115,103.	139,133.	146,309.	85,086.	156,818.	642,449.
9	Net income from unrelated business	,	,	,	,	,	,
-	activities, whether or not the						
	business is regularly carried on					52,250.	52,250.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8,930,978.
	Gross receipts from related activities,	etc. (see instructio	ins)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	92.22 %
	Public support percentage from 2020					15	92.98 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	${\color{black} \text{stop}}$ here. The organization qualifies		•				
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				>
18	Private foundation. If the organizatio	n did not check a b	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar		>
						Schedule A (Form 990) 2021

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 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						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
-						,
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest						
17 Investment income percentage for 20)21 (line 10c. colur	mn (f), divided by I	ine 13. column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					· · ·	
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
132023 01-04-22						ule A (Form 990) 2021
		17	1			

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

18

132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	FRIENDS	OE
------------	-----------	--------	---------	----

43-1614563 Page 5

> Yes No

1

2

Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c

Section B. Type I Supporting Organizations

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.	
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,

upervised, or controlled the supporting organization. Section 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			
		- 1		

<u>the supported organization(s)</u> Section 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			
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

e instruction	the vear	Test durina th	Integral Part Te	v the li	to satist	zation used	the organ	method that	xt to the	k the box nex	1 Che
e 11151	the year v	i est auring th	integrai Part Te	y the li	to satisi	zation usec	the organ	method that	χτ το τηθ	k the box nex	• Cne

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

	T I		
С	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	-

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

08411114 701245 131560.300

Sche	dule A (Form 990) 2021 FRIENDS OF KIDS WITH CANCER			43-1614563	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportion	ng Organ	nizations		0
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain ir	Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must			· ,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	'ear
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			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting org	anization (see	

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Schedule A (Form 990) 2021

Section D - Distributions

2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

Current Year

1

Schedule A	(Form 990) 2021	FRIENDS OF KIDS WITH CANCER	43-1614563	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide the explanations required by Part II, line 10; Part II, line 17, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa	ıC,
132028 01-04-2	2	22	Schedule A (Form S	990) 2021

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
-----	--------	------------	------	-----

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

```
2021
```

Employer identification number

4	3	_	1	6	1	4	5	6	3	

FRIENDS	OF	KIDS	WITH	CANCER
---------	----	------	------	--------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

FRIENDS	OF KIDS WITH CANCER		43-1614563
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$60,3:	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$60,01	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$42,9	Person X Payroll Image: 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

08411114 701245 131560.300

24 2021.05000 FRIENDS OF KIDS WITH CANC 131560.1

Name of organization

Page 2
Employer identification number

	B (Form 990) (2021)		Page 3
Name of or	rganization		Employer identification number
FRIENDS	OF KIDS WITH CANCER		43-1614563
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

25

123453 11-11-21

Schedule B (Form 990) (2021)

08411114 701245 131560.300

Schedule E	3 (Form 990) (2021)		Page 4
Name of or	ganization		Employer identification number
FRIENDS (OF KIDS WITH CANCER		43-1614563
Part III		a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No.	· · ·		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	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, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.		[
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

08411114 701245 131560.300

		0		~	- 4				No. 1545-0047
SC	HEDULE D	Supplementa							
(Forr	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10							UZI
	ment of the Treasury		Attach to Form 990					-	en to Public
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								pection
Nam	e of the organizati	ON FRIENDS OF KIDS WITH CANCER					Emp	43-161	cation number 4563
Pa		ations Maintaining Donor Advise		er Si	milar Funds or	Ac	count	ts. Complet	e if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin							
			(a) Donor ad	lvised	d funds	(b) Func	is and other a	accounts
1		nd of year							
2		f contributions to (during year)							
3		f grants from (during year)							
4 5		t end of year on inform all donors and donor advisors in v	writing that the accord		d in donor advisod	func			
5	-	on's property, subject to the organization's	-					T Ye	es 🗌 No
6		on inform all grantees, donors, and donor a							
	•	ooses and not for the benefit of the donor o	•	Ũ					
	impermissible priv							🗌 Ye	es 🗌 No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered	"Yes	" on Form 990, Par	t IV,	line 7.		
1	Purpose(s) of cons	servation easements held by the organization	on (check all that ap	oly).					
		n of land for public use (for example, recrea	tion or education)		Preservation of a l		-	•	
	—	f natural habitat			Preservation of a o	certi	fied hist	toric structure	•
•		n of open space			diam in the former of				
2	day of the tax year	through 2d if the organization held a qualif r	led conservation cor	ntribu	ition in the form of a	a coi			on the last
а		onservation easements					2a		
							2b		
	-	vation easements on a certified historic stru					2c		
	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure								
	listed in the Natior	nal Register					2d		
3		vation easements modified, transferred, rel					zation d	during the tax	
	year 🕨								
4		where property subject to conservation eas							
5	0	tion have a written policy regarding the per			, G				
6	,	orcement of the conservation easements it			d onforcing concor				
6		r hours devoted to monitoring, inspecting,	nandling of violation	5, an	a enforcing conserv	auo	ii casei	nems during	line year
7	Amount of expens	 ses incurred in monitoring, inspecting, hanc	ling of violations, an	d enf	orcing conservatior	n eas	ements	s durina the v	ear
	▶\$				g			j j	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirer	nents	s of section 170(h)(4	1)(B)	i)		
	and section 170(h)(4)(B)(ii)?						🗌 Ye	es 🗌 No
9		be how the organization reports conservation			•				
		d include, if applicable, the text of the footr	ote to the organization	on's	financial statement	s tha	t descr	ibes the	
Pa	organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical	Tros	sures or Othe	r S	imilar	Accote	
I a		f the organization answered "Yes" on Form		nec		10	mai	A33613.	
1a		elected, as permitted under FASB ASC 95		reve	nue statement and	hala	nce she	eet works	
Id	•	easures, or other similar assets held for put	•						
		Part XIII the text of the footnote to its finar	-				P	=	
b	•	elected, as permitted under FASB ASC 95				ance	sheet v	works of	
	art, historical treas	sures, or other similar assets held for public	exhibition, educatio	n, or	research in furthera	ance	of pub	lic service,	
	-	ing amounts relating to these items:							
		ded on Form 990, Part VIII, line 1					▶ \$	S	
-		ed in Form 990, Part X					▶ \$	S	
2		received or held works of art, historical tre-				ain, p	provide		
	the following amol	unts required to be reported under FASB A	SU YOB relating to th	iese l	lems:				

а	Revenue included on Form 990, Part VIII, line 1	
-		

b	Asse	ts inclu	ided	in	Forr	n 99	90,	Parl	tΧ
				_			-		

08411114 701245 131560.300

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 Schedule D (Form 990) 2021

27

2021.05000 FRIENDS OF KIDS WITH CANC 131560.1

\$

\$

		KIDS WITH CANCE				43-161		Page	ә 2	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simi	lar Asset	s (contir	nued)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significa	nt use of its				
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other	0.0						
с										
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	empt pur	pose in Part	XIII.			
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						Yes		No	
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par	t X, line 21.				,				
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets not	t include	d				
Ĩ	on Form 990, Part X?						Yes		No	
h	If "Yes," explain the arrangement in Part XIII					∟		•	10	
b			owing table.				Amoun	t		
~	Reginning balance				1	•	,	-		
	Beginning balance									
	Additions during the year									
	Distributions during the year					f				
	Ending balance						Yes			
	Did the organization include an amount on Fo				•				No	
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years back		ee years back	(a) Four	r years ba	ck	
4.		2,102,907.	2,076,753.	1,393,727.	. ,	,548,547.	. ,	462,72		
	Beginning of year balance	2,102,507.	2,010,133.	600,000	_	,540,547.	/	, 402, 72	<u>.</u>	
	Contributions	207 027	150 154	,		04 020		155,82	7	
									1.	
	Grants or scholarships									
е	Other expenditures for facilities	100.000	100 000	157 000		70 000		70 00		
	and programs	109,000.	126,000.	157,000.		70,000.		70,00	0.	
f	Administrative expenses	0.001.544		0.056.550				- 10 - 1	_	
g	End of year balance	2,301,744.			1	,393,727.	1	,548,54	7.	
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
	Board designated or quasi-endowment	100	_%							
	Permanent endowment .0000	%								
С	Term endowment .0000	-								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	the orga	nization	1			
	by:								10	
	(i) Unrelated organizations						3a(i)	X	۲ 	
	(ii) Related organizations						3a(ii)	X	۲ 	
b	If "Yes" on line 3a(ii), are the related organiza						3b			
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10	•				
	Description of property	(a) Cost or of	her (b) Cost	or other (c)	Accumu	lated	(d) Boo	k value		
		basis (investm	ient) basis	(other) d	epreciat	ion				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			42,361.	2	0,280.		22,08	1.	
	Other			236,824.	13	1,153.		105,67		
	. Add lines 1a through 1e. <i>(Column (d) must e</i>		(column (R) line 1					, 127,75	2.	
		gaari onn 000, i all /		~~./		Schedule	D (Forn			
						Concut	,, 0, 1			

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		-	
(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)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	I.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. 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)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV. line	11e or 11f. See Form 990, Part X. line 25.	
(a) Description of lightlity	, ,	, ,	(b) Book value
(1) Federal income taxes			(-)
(2) CAPITAL LEASE OBLIGATION			7,637.
(3)			,,,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>e 25.)</u>		7,637.

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) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 FRIENDS OF KIDS WITH CANCER	43-1614563	B Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,689,281.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a245		
b	Donated services and use of facilities 2b 128,500	•	
с			
d			
е	Add lines 2a through 2d	2e	-11,165.
3	Subtract line 2e from line 1	3	2,700,446.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>·</u>	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	23,766.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,724,212.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,841,471.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 128,500	<u>.</u>	
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)	<u>.</u>	
е	Add lines 2a through 2d	2e	218,580.
3	Subtract line 2e from line 1	3	1,622,891.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>.</u>	
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	23,766.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,646,657.
Pa	rt XIII Supplemental Information.		

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.

30

PART V, LINE 4:

ENDOWMENT FUNDS ARE DESIGNATED BY THE BOARD OF DIRECTORS TO PROVIDE A

RETURN ON INVESTMENTS THAT SUPPORTS THE ORGANIZATION BOTH IN THE

SHORT-TERM FOR ANNUAL INCOME AND THE LONG-TERM FOR MAINTENANCE AND GROWTH

OF THE ENDOWMENT'S PURCHASING POWER.

PART X, LINE 2:

THE ORGANIZATION IS A QUALIFIED NOT-FOR-PROFIT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT FROM

FEDERAL INCOME TAXES.

THE ORGANIZATION HAS ADDRESSED THE PROVISIONS OF FASB ASC 740, ACCOUNTING

132054 10-28-21

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 FRIENDS OF KIDS WITH CANCER	43-1614563	Page 5
Part XIII Supplemental Information (continued)		
FOR INCOME TAXES. IN THAT REGARD, THE ORGANIZATION HAS EVALUATED ITS TAX		
POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,		
CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO		
PROVISION FOR INCOME TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY		
UNCERTAIN TAX POSITIONS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES REPORTED NET AGAINST REVENUE 90,080.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES REPORTED NET AGAINST REVENUE 90,080.		

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047					
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021
Department of the Treasury								Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer id	Inspection entification number
	FRIENDS OF	KIDS WITH CANCER					43-16145	63
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-E	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, P		tion of tion of fundra (includ rofessio	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le	•	· · · ·		agreei	nents under which ti			e
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
								<u> </u>
Total								
		n is registered or licensed to solicit o	contrib	utions	or has been notified	l it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form S	990 or 1	990-E	Ζ.		Schedul	e G (Form 990) 2021
-								

132081 10-21-21

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.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			GOLF TOURNAMENT	FRIENDSGIVING	8	(add col. (a) through col. (c))		
a			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	351,191.	162,738.	263,278.	777,207.		
	2	Less: Contributions	302,993.	162,738.	221,378.	687,109.		
	3	Gross income (line 1 minus line 2)	inus line 2) 48 , 198 . 41 , 900					
	4	Cash prizes	3,273.		1,813.	5,086.		
	5	Noncash prizes	13,053.	260.	1,698.	15,011.		
benses	6	Rent/facility costs	21,824.		1,125.	22,949.		
Direct Expenses	7	Food and beverages	15,880.		474.	16,354.		
_	8	Entertainment			1,227.	1,227.		
	9	Other direct expenses	8,821.	3,622.	16,593.	29,036.		
1	10	Direct expense summary. Add lines 4 through						
1	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		🕨	435.		

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			52,232.	52,232.
ŝ	2	Cash prizes				
Direct Expenses	3	Noncash prizes			333.	333.
irect E	4	Rent/facility costs				
	5	Other direct expenses			84.	84.
	6	Volunteer labor	└── Yes % └── No	Yes%	X Yes 100 %	
	7	Direct expense summary. Add lines 2 through	15 in column (d)			417.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			51,815.
9	En	ter the state(s) in which the organization condu	cts gaming activities: M	0		
		he organization licensed to conduct gaming ac				Yes X No
b		No," explain: LICENSING IS NOT REQUIRE SECTION 39(F) PROVIDES THAT A CHA			ιE	
		AFFLES AND SWEEPSTAKES. CHAPTER 572				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes X No
b	lf "	Yes," explain:				

132082 10-21-21

** SEE PART IV FOR COMPLETE EXPLANATIONS

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	FRIENDS OF KIDS WITH CANCER 4	3-16145	63	Page 3
		aming activities with nonmembers?		Yes	X No
	to administer charitable gaming?			Yes	X No
	Indicate the percentage of gamin		13a		%
					%
		e person who prepares the organization's gaming/special events books and records:		•	
	Name ►				
	Address 🕨				
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	X No
b		ing revenue received by the organization ▶ \$ and the amount e third party ▶\$			
c	If "Yes," enter name and address				
	Name 🕨				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation	► \$			
	Description of services provided	•			
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
a	I is the organization required under	r state law to make charitable distributions from the gaming proceeds to		Ves	X No
b	retain the state gaming license? Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the	∟	103	
	organization's own exempt activit	ies during the tax year 🕨 \$			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and s applicable. Also provide any additional information. See instructions.	Part III, li	ines 9,	9b, 10b,
SCH	EDULE G, PART III, LINE 9	B, EXPLANATION:			
LIC	ENSING IS NOT REQUIRED. T	HE MISSOURI CONSTITUTION, ARTICLE			
3,	SECTION 39(F) PROVIDES TH	AT A CHARITABLE ORGANIZATION MAY SPONSOR			
RAF	FLES AND SWEEPSTAKES. CHA	PTER 572 OF THE MISSOURI REVISED STATUTES			
PRO	HIBITS ALL GAMBLING ACTIV	ITIES NOT LICENSED BY THE STATE OF			
MIS	SOURI. HOWEVER, THERE IS	NO STATE AGENCY ASSIGNED TO REGULATE			
	RITABLE RAFFLES AND SWEEP				
		•			
SCH	EDULE G, PART III, LINES				
1320	33 10-21-21	34 Sci	nedule G	(Form	990) 2021

08411114 701245 131560.300

Part IV Supplemental Information (continued)

THE ORGANIZATION HOSTS CHARITABLE RAFFLES AS PART OF ITS FUNDRAISING

EVENTS AND ACTIVITIES. NO OTHER GAMING OR GAMBLING ACTIVITIES ARE

UNDERTAKEN BY THE ORGANIZATION.

Schedule G (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)	and and other repletation to organizatione,							
Department of the Treasury Attach to Form 990.								
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Name of the organization Employer								
Part I General Information on Grants ar		-					43-1614563	
 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 								
1 (a) 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	
SSM HEALTH CARDINAL GLENNON CHILDREN'S FOUNDATION – 3800 PARK AVENUE – ST. LOUIS, MO 63110	43-1754347	501(C)3	60,000.	0.			TO SUPPORT THE ART THERAPY PROGRAM.	
MERCY HEALTH FOUNDATION 14528 SOUTH OUTER 40 RD STE 100 CHESTERFIELD, MO 63017	20-0901499	501(C)3	50,000.	0.			TO SUPPORT THE ART THERAPY PROGRAM.	
ST. LOUIS CHILDREN'S HOSPITAL FOUNDATION - ONE CHILDREN'S PLACE - ST. LOUIS, MO 63110	43-1626863	501(C)3	50,000.	0.			TO SUPPORT THE ART THERAPY PROGRAM.	
 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations 		•	e line 1 table			1	3. 	

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

Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 assistance
DUCATIONAL SCHOLARSHIPS	11	33,472.	0.		

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

PART I, LINE 2:

THE ART THERAPY PROGRAM CONTRACTS ARE REVIEWED AND AGREED UPON ANNUALLY.

PER THE CONTRACT, QUARTERLY AND/OR BIANNUAL REPORTS ARE DUE TO FRIENDS OF

KIDS WITH CANCER FROM EACH TREATMENT CENTER, WHICH INCLUDES AN EXTENSIVE

BREAKDOWN OF ART THERAPY SERVICES RENDERED.

SCHOLARSHIP APPLICATIONS ARE REVIEWED AND GRANTS AWARDED BY A BOARD

COMMITTEE. THE GRANTS ARE PAID DIRECTLY TO THE COLLEGES AND UNIVERSITIES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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

2021 **Open to Public** Inspection

Employer identification number

Name of the organization

FRIENDS		VIDC	աтտո	CANCED	
FRIENDS	Or	KIDS	MT.I.H	CANCER	

	FRIENDS OF KIDS WI	TH CANCEF	2				43-1614	1563	3	
Par	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n		(d) od of deter contributio		0	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	1	2,545.	PUBLI	ICLY TR	ADED EX	CHAI	IGE	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (TOYS, GIFT CA)	X	179	205,587.						
26	Other (TICKETS)	X	141	7,437.	TICKI	ET FACE	VALUE			
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz								0	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					0	
~~	5							_	Yes	No
30a	During the year, did the organization receive by									
	must hold for at least three years from the date							•		х
	exempt purposes for the entire holding period?						3	0a		
	If "Yes," describe the arrangement in Part II.	aliay that re	avisos the soview	f any nanatandard cantributi					x	
31	Does the organization have a gift acceptance p	•	-	-	ons?			81	^	
32a	Does the organization hire or use third parties of		•							x
L	contributions?						3	2a		
	If "Yes," describe in Part II.	olumn (o) fo	a tuno of property	(for which column (a) is shoe	kod					
33	If the organization didn't report an amount in co	Jullin (C) foi	a type of property	nor which column (a) is chec	neu,					
	describe in Part II.						aduda NA /E			0001

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021	FRIENDS	OF	KIDS	WITH	CANCER	
----------------------------	---------	----	------	------	--------	--

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

SCHEDULE M, PART I, COLUMN (B):

Part II

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS FOR TOYS, GIFT

CARDS, AND SECURITIES, AND REPORTING THE NUMER OF ITEMS FOR TICKETS.

Schedule M (Form 990) 2021

132142 11-17-21

Page 2

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ	OMB No. 1545-0047					
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021					
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. 		Open to Public Inspection					
Name of the organization	1		identification number					
	FRIENDS OF KIDS WITH CANCER	43-16	14563					
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:							
OUR MISSION IS TO	BE AN ADVOCATE FOR THESE SPECIAL KIDS AND PROVIDE							
THEM AND THEIR FAM	ILIES WITH THE EDUCATIONAL, EMOTIONAL, AND							
RECREATIONAL SUPPO	RT NEEDED AS A RESULT OF THE LONG HOURS OF							
CHEMOTHERAPY, ILLN	ESS, AND ISOLATION.							
·								
FORM 990, PART VI,	SECTION A, LINE 2:							
DIRECTOR BEN TUREC	AND DIRECTOR JILL TUREC HAVE A FAMILY RELATIONSHIP.							
	CECHTON D ITNE 11D.							
FORM 350, FART VI,	SECTION B, LINE 11B:							
A DRAFT OF THE FOR	M 990 IS PREPARED AND DISTRIBUTED TO ALL BOARD MEMBERS							
FOR REVIEW. ANY QU	ESTIONS OR COMMENTS RECEIVED RELATED TO THE FORM 990 ARE							
ADDRESSED AND RESO	LVED PRIOR TO FILING OF THE FORM 990.							
FORM 990, PART VI,	SECTION B, LINE 12C:							
ANNUALLY ALL DIREC	TORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICT							
OF INTEREST THAT T	HEY MAY HAVE. EACH DIRECTOR AND EMPLOYEE COMPLETES A							
CONFLICT OF INTERE	ST QUESTIONNAIRE TO DETERMINE WHETHER A CONFLICT EXISTS.							
FORM 990, PART VI,	SECTION B, LINE 15:							
A COMPENSATION COM	MITTEE EXISTS TO REVIEW THE ANNUAL COMPENSATION OF EACH							
EMPLOYEE. DURING T	HE PROCESS, THEY EXAMINE PERFORMANCE REVIEWS AND TALK							
WITH THE EXECUTIVE	WITH THE EXECUTIVE DIRECTOR, WHO OVERSEES THE EMPLOYEES, AND THE EXECUTIVE							
COMMITTEE, WHO OVE	COMMITTEE, WHO OVERSEES THE EXECUTIVE DIRECTOR. THE COMPENSATION COMMITTEE							
PRESENTS A RECOMME	NDATION TO THE BOARD OF DIRECTORS FOR FURTHER DISCUSSION							
AND A VOTE TO DETE	RMINE COMPENSATION OF EACH EMPLOYEE.							
	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	lule O (Form 990) 2021					
132211 11-11-21	40							

Name of the organization

FRIENDS OF KIDS WITH CANCER

Page 2 Employer identification number 43-1614563

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, COMPENSATION STATEMENT:

NAME: MARGIE SEDLACK

COMPENSATION EXPLANATION: MARGIE SEDLACK IS A DISTINGUISHED MEMBER OF

OUR BOARD OF DIRECTORS. SHE WAS ALSO OUR PROGRAM COORDINATOR AND

LIAISON TO CARDINAL GLENNON HOSPITAL UNTIL HER RETIREMENT IN MARCH

2021. COMPENSATION PAID TO MARGIE WAS PURELY FOR HER SERVICES AS

PROGRAM COORDINATOR. NO PORTION OF HER COMPENSATION WAS ATTRIBUTED TO

HER SERVICE AS A BOARD MEMBER.

PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

Schedule O (Form 990) 2021