** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

АГ	or the	2021 calendar year, or tax year beginning	and	enaing						
B C a	heck if oplicab	C Name of organization			D Employer identif	ication number				
X	Addre	CHILDREN'S CANCER CONNECTION								
	Name chang	Doing business as			42-13131	.67				
	Initial return	Number and street (or P.O. box if mail is not delivered to stre	eet address)	Room/suite	E Telephone numb					
	Final return				515-243-					
	termir ated Amen		gn postal code		G Gross receipts \$ 1,486,142.					
	return	OURISION, IA SUISI			H(a) Is this a group					
	_tion pendi	F Name and address of principal officer:			for subordinates? Yes X No					
	<u> </u>	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No					
		empt status: X 501(c)(3) 501(c) () ◀ (insert n		or 527	1	a list. See instructions				
		te: WWW.CHILDRENCANCERCONNECTION		1	H(c) Group exempti					
	orm o	organization: X Corporation Trust Association Summary	Other -	L Year	of formation: 1900	M State of legal domicile; IA				
Га		Briefly describe the organization's mission or most significant		DUITUE	60 DDOCDA	MC ANNITATTV				
ė	1	TO CONNECT IOWA FAMILIES AFFECT				MS ANNOALLI				
au										
/err	2 3	Check this box	1	1						
9	4	Number of voting members of the governing body (Part VI, line Number of independent voting members of the governing bod								
∞ 4	5	Total number of individuals employed in calendar year 2021 (F								
ties	6	Total number of volunteers (estimate if necessary)								
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), lin			78					
Ā		Net unrelated business taxable income from Form 990-T, Part								
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,		Prior Year	Current Year				
•	8	Contributions and grants (Part VIII, line 1h)			854,078.					
nue	9				21,450.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			20,134.					
Ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, ar			65,942.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, co			961,604.	1,432,559.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,000.	11,500.				
	14				0.					
ç	15	Salaries, other compensation, employee benefits (Part IX, colu	mn (A), lines 5-10)		623,328.	627,981.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
ф	b	Total fundraising expenses (Part IX, column (D), line 25)	143,1	37.						
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			244,626.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A	A), line 25)		882,954.					
	19	Revenue less expenses. Subtract line 18 from line 12			78,650.	395,414.				
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)			1,610,762.					
et A	21	Total liabilities (Part X, line 26)			30,185.					
	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block			1,580,577.	2,056,468.				
						l.maladaa and baliaf ikia				
		Ities of perjury, I declare that I have examined this return, including act, and complete. Declaration of preparer (other than officer) is based o				iy kilowledge alid bellet, it is				
uue,	COLLEC	i, and complete. Declaration of preparer (other than officer) is based of	ii ali lillorillation oi wi	ilicii preparei	lias ally kilowieuge.					
Ciar		Signature of officer			I Date					
Sigr Here		JENNIFER HINES, CEO								
Her	5	Type or print name and title								
		Print/Type preparer's name Preparer's s	signature	[Date Check	PTIN				
Paid		STEVE SCHWEIZER	ngnaturo		if self-empl					
Prep		Firm's name DENMAN & COMPANY, LLP			Firm's EIN	42-0794029				
Use			E 400		THIII O LIN					
	,		266-1453		Phone no. 51	L5-225-8400				
May	the I	RS discuss this return with the preparer shown above? See ins			1	X Yes No				

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CONNECTING FAMILIES AFFECTED BY CHILDHOOD CANCER BY PROVIDING
	OPPORTUNITIES THAT ENCOURAGE RELATIONSHIPS AND STRENGTHEN COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 measured by expenses.
-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$371,300. including grants of \$) (Revenue \$)
	CHILDREN'S CANCER CONNECTION PROVIDES WEEKLONG RESIDENTIAL CAMP FOR
	CHILDREN THAT HAVE OR HAVE HAD CANCER. WE ALSO PROVIDE A SEPERATE WEEK
	OF CAMP FOR THE BROTHERS AND SISTERS OF THE CHILDREN DIAGNOSED WITH
	CANCER. IN ADDITION, WE PROVIDE DAY CAMP PROGRAMS, FAMILY WEEKENDS,
	TEEN CAMPS, AND OTHER RETREATS THROUGHOUT THE YEAR.
	400.000
4b	(Code:) (Expenses \$) (Expenses \$) (Revenue \$)
	CHILDREN'S CANCER CONNECTION STRIVES TO BE A LEADER IN PROVIDING
	SERVICES FROM DIAGNOSIS THROUGH THE ENTIRE JOURNEY. OUR HOSPITAL AND
	CLINIC-BASED PROGRAMMING SUPPORTS THE CHILD, FAMILY, AND HEALTHCARE
	TEAM. PROGRAMS LIKE THE MY JOURNEY SERIESTM, INCLUDES MY JOURNEY BOOK,
	A PARENT RESOURCE AND TEACHING GUIDE FOR THE HEALTHCARE TEAM.
	BEADS4BRAVERY ALLOWS THE CHILD A WAY OF JOURNALING THEIR TREATMENT
	PROCESS BY COLLECTING UNIQUE BEADS THAT REPRESENT THE DIFFERENT
	PROCEDURES THEY FACE. THE COURAGE STORE PROVIDES A TRACKING AND REWARD
	SYSTEM TO HELP PATIENTS FEEL EMPOWERED THROUGHOUT TREATMENT.
4c	(Code:) (Expenses \$
	CHILDREN'S CANCER CONNECTION OFFERS SUPPORT SERVICES AND OUTINGS AS A
	WAY TO CONNECT CHILDREN AND THEIR FAMILIES WITH OTHERS WHO TRULY
	UNDERSTAND THE DEVASTATING EFFECTS CANCER HAS ON THE ENTIRE FAMILY.
	THROUGHOUT THE YEAR, THESE PROGRAMS ARE OFFERED IN THE FORM OF FAMILY
	ACTIVITIES AND OUTINGS, SUPPORT PROGRAMMING FOR BEREAVED FAMILIES, AND
	GROUP ACTIVITIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 11,500 • including grants of \$ 11,500 •) (Revenue \$)
<u>4e</u>	Total program service expenses 795,464.
-10	Form 990 (2021)
	Form 390 (2021)

132002 12-09-21

Form 990 (2021) CHILDREN'S CANCER CONNECTION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	Ť		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	X	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		X
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		Х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Λ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ہے ا	v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			<u></u>
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

| Form 990 (2021) | CHILDREN'S CANCER | Part IV | Checklist of Required Schedules (continued)

	- Tourings		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	_NO_
	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		Х
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		Х
b	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		
d	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			
	Schedule L, Part I	25b		<u> X</u>
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-ٽ-		
02	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		Х
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		<u></u>
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			لل
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		7.7	
	(gambling) winnings to prize winners?	1c	X	(a.e ::
132004	l 12-09-21	Form	330 ((2021)

CHILDREN'S CANCER CONNECTION Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

> 6 Form **990** (2021) 2021.04000 CHILDREN'S CANCER CONNECT 9999-001

If "Yes," complete Form 6069

CHILDREN'S CANCER CONNECTION 42-1313167 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

JENNIFER HINES - 515-243-6239 5701 GREENDALE RD, JOHNSTON, 50131

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

Form **990** (2021)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DR. JULIE ANDERSON-SUDDARTH CHAIR	2.00	X		X				0.	0.	0 .
(2) KEITH MUHLBAUER	2.00	^		^		\vdash		0.	0.	0.
VICE CHAIR	2.00	х		х				0.	0.	0 .
(3) STACY MAREAN	2.00							•	•	
TREASURER		Х		х				0.	0.	0 .
(4) MIKE CURRIE	2.00									
SECRETARY		Х		Х				0.	0.	0 .
(5) CRYSTAL HENSING	1.00									
DIRECTOR		Х						0.	0.	0
(6) MICHELLE FISCHBACH	1.00]								
DIRECTOR		Х						0.	0.	0 .
(7) MIKE WHITMER	1.00	1							_	
DIRECTOR	1	Х				_		0.	0.	0 .
(8) JOSH STEPHENSON	1.00	ļ								
DIRECTOR	1 00	Х				├		0.	0.	0
(9) NICOLE HERMAN	1.00	.,							_	•
DIRECTOR (10) JOHN CORNISH	1.00	Х						0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(11) PATTI MEYER	1.00	^				\vdash		0.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(12) DR. LANE MOSER	1.00	<u></u>				H				
DIRECTOR		x						0.	0.	0
(13) JENNIFER HINES	40.00								-	-
CHIEF EXECUTIVE OFFICER				Х				101,160.	0.	9,250
										•
		<u> </u>				_				
		1								
		<u> </u>				_	ļ			
		1								
										5 000 (222

Form 990 (2021)

	990 (2021) CHILDREN	'S CANCE	R	CC	NN	EC	TI	ON	I	42-13	<u> 313</u> 2	167	Pa	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	am	(F) timate nount other	of
		hours for related organizations below line)	In dividual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om the anizati d relate unizatio	e ion ed
			•											
1b	Subtotal							<u> </u>	101,160.		0.	9	9,2	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A						▶	101,160.		0.	0. 9,250.		0. 50.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	•	Ī	Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	J f	or such individual			4		X
	rendered to the organization? If "Yes," com tion B. Independent Contractors											5		X
1	Complete this table for your five highest conthe organization. Report compensation for the co	-	-								ensat	ion fro	m	
	(A) Name and business	address	NC	ONI	3				(B) Description of s	ervices	C	(Comper		<u>n</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nite	d to	thos		ted	above) who received mo	ore than				
	y 100,000 of compensation from the organiz	Lation P										Form	990 (2	2021)

132008 12-09-21

Form 990 (2021) CHILDRE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
, G	С	Fundraising events 1c	8,336.				
ar A	d	Related organizations 1d					
s, G		Government grants (contributions) 1e	211,200.				
isi	f	All other contributions, gifts, grants, and					
but		similar amounts not included above \dots 1f 1,	074,222.				
d dri	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>ဒိ မ</u>	h	Total. Add lines 1a-1f	1	1,293,758.			
			Business Code				
e	2 a	REGISTRATION FEES	900099	700.	700.		
e vi	b						
ı Se enu	С						
ran 3ev	d						
Program Service Revenue	е						
-		All other program service revenue		700.			
-	<u>g</u> 3			700.			
	3	Investment income (including dividends, interestate complex amounts)		18,077.			18,077.
	4	other similar amounts)		10,011.			10,077.
	5	Royalties					
	Ū	(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	5 · · · · · · · · · · · · · · · · · · ·					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 29,227.					
	b	Less: cost or other basis					
Jue		and sales expenses 7b 30,489.					
ther Revenue		Gain or (loss) $7c -1,262$.		1 060			1 060
Ã.		Net gain or (loss)	D	-1,262.			-1,262.
the	8 a	Gross income from fundraising events (not					
Ò		including \$ 8,336. of					
		contributions reported on line 1c). See	93,945.				
	h	Part IV, line 18 Less: direct expenses 8a 8b		-			
		Net income or (loss) from fundraising events	<u> </u>	75,462.			75,462.
		Gross income from gaming activities. See		,			10/2021
	- 4	Part IV, line 19					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	>				
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10l	4,611.				
	С	Net income or (loss) from sales of inventory .)	-263.	-263.		
<u>v</u>		VT G G T T 1 1 1 T G T G	Business Code	46.000	46 000		
eon	11 a	MISCELLANEOUS	900099	46,087.	46,087.		
llan (en)	b						
Miscellaneous Revenue	C	All other revenues		+			
Ξ̈́	d	All other revenue		46,087.			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instructions		1,432,559.	46,524.	0.	92,277.
	14	TOTAL TOVETIME. DEC IIISTIMUTIONS	······	<u>+, =34,337.</u>			5 000 (2224)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	,	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	11 500	11 500		
	individuals. See Part IV, line 22	11,500.	11,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 160	76 000	10 116	14 160
	trustees, and key employees	101,160.	76,882.	10,116.	14,162
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	400 017	201 417	40.000	F0 000
7	Other salaries and wages	422,917.	321,417.	42,292.	59,208
8	Pension plan accruals and contributions (include	15 201	11 (14	1 [20]	0 145
_	section 401(k) and 403(b) employer contributions)	15,321.	11,644.	1,532. 5,025.	2,145 7,035 5,367
9	Other employee benefits	50,248.	38,188.	5,025.	7,035
0	Payroll taxes	38,335.	29,135.	3,833.	5,367
1	Fees for services (nonemployees):				
а	Management	4 074	2 700	407	607
b	Legal	4,974.	3,780.	497.	697
	Accounting	12,725.	9,671.	1,273.	1,781
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	5 050		5 050	
f	Investment management fees	5,258.		5,258.	
g	Other. (If line 11g amount exceeds 10% of line 25,	0 544	5 404	0.5.4	1 100
	column (A), amount, list line 11g expenses on Sch O.)	8,544.	6,494.	854.	1,196 5,482
2	Advertising and promotion	21,930.	16,448.	206	5,482
3	Office expenses	3,063.	2,328.	306.	429
4	Information technology	48,563.	36,908.	4,856.	6,799
15	Royalties	20.206	20 011	2 270	C 10C
6	Occupancy	39,296.	29,811.	3,379.	6,106
7	Travel	8,051.	6,119.	805.	1,127
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 000	1 050	1 060	1 000
9	Conferences, conventions, and meetings	3,209.	1,070.	1,069.	1,070
20	Interest				
21	Payments to affiliates	21 262	22.764	2 107	4 270
2	Depreciation, depletion, and amortization	31,269.	23,764.	3,127.	4,378
3	Insurance	8,445.	6,418.	845.	1,182
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	56,148.	42,672.	5,615.	7,861
b	OUTSIDE FACILITY RENTAL	53,329.	51,579.	7,121	1,750
c	SMALL EQUIPMENT	19,349.	14,705.	1,935.	2,709
d	PRINTING AND PUBLICATIO	16,735.	12,718.	1,674.	2,343
	All other expenses	56,776.	42,213.	4,253.	10,310
е 5	Total functional expenses. Add lines 1 through 24e	1,037,145.	795,464.	98,544.	143,137
ວ 6	Joint costs. Complete this line only if the organization	±,00,,±±0•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70,344	<u> </u>
J	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			303,190.	1	703,248.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			79,368.	3	208,499.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese per	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		15,419.	8	14,504. 2,480.	
۲	9	Prepaid expenses and deferred charges			2,107.	9	2,480.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	648,278. 45,208.			444
	b	Less: accumulated depreciation		522,787. 91,146.	10c	603,070.	
	11	Investments - publicly traded securities	91,146.	11	91,458.		
	12	Investments - other securities. See Part IV, lin	592,024.		654,500.		
	13	Investments - program-related. See Part IV, lin	4 504	13	4 0.51		
	14	Intangible assets		4,721.	14	4,061.	
	15	Other assets. See Part IV, line 11			0.	15	479,109.
	16	Total assets. Add lines 1 through 15 (must e			1,610,762.	16	2,760,929.
	17	Accounts payable and accrued expenses			12,685.	17	21,567.
	18	Grants payable		17,500.	18	104,500.	
	19	Deferred revenue	17,500.	19	104,500.		
	20	Tax-exempt bond liabilities		- Color de la D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela			0.	24	578,394.
	25	Other liabilities (including federal income tax,				2-7	37070320
		parties, and other liabilities not included on lin					
						25	
	26	Total liabilities. Add lines 17 through 25			30,185.	26	704,461.
		Organizations that follow FASB ASC 958, o	heck he	e ▶ X			
es es		and complete lines 27, 28, 32, and 33.		, — I			
auc	27	Net assets without donor restrictions			1,336,689.	27	1,374,004.
Bal	28	Net assets with donor restrictions			243,888.	28	682,464.
рц		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
<u>.</u>		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	l income,	or other funds		31	
Set	32	Total net assets or fund balances			1,580,577.	32	2,056,468.
	33	Total liabilities and net assets/fund balances			1,610,762.	33	2,760,929.

Form **990** (2021)

Pai	TXI 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)		1,43				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03	7,1	<u>45.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 14.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,580,577.				
5	Net unrealized gains (losses) on investments	5	80,477.				
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	2,05	6,4	68.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization CHILDREN'S CANCER CONNECTION 42-1313167 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1312300.	1196579.	746,643.	854,078.	1360127.	5469727.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1210200	1106550	E46 642	054 050	1260100	E 4 6 0 E 0 E
	Total. Add lines 1 through 3	1312300.	1196579.	746,643.	854,078.	1360127.	5469727.
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,						F.C.1 40F
_	column (f)						561,405.
	Public support. Subtract line 5 from line 4.						4908322.
	ndar year (or fiscal year beginning in)	(a) 2017	/b) 2018	(a) 2010	(4) 2020	(a) 2001	(f) Total
	Amounts from line 4	(a) 2017 1312300.	(b) 2018 1196579.	(c) 2019 746, 643.	(d) 2020 854,078.	(e) 2021 1360127.	(f) Total 5469727.
	Gross income from interest,	1312300.	11303736	740,043.	034,070:	13001276	34037276
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27,463.	26,855.	28,070.	20,134.	18,077.	120,599.
۵	Net income from unrelated business	27,1031	20,0331	20,070	20,131	10,077	120/3330
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,695.	12,219.	31,152.	21,450.	28,276.	106,792.
11	Total support. Add lines 7 through 10		, -		,		5697118.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir				01(c)(3)	
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	86.15 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	90.38 %
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-		•		>
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· ▶∟

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.)

Se	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.")								
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								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
k	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support				•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Amounts from line 6		, ,	, ,		1			
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	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.)								
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,		
	check this box and stop here	-							
Se	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2021 (I			column (f))		15	%		
	Public support percentage from 2020					16	%		
Se	ction D. Computation of Inves	tment Income	Percentage						
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%		
	Investment income percentage from 2020 Schedule A, Part III, line 17								
	a 33 1/3% support tests - 2021. If the								
-	more than 33 1/3%, check this box ar								
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and		
-	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization						>		

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Schedule A (Form 990) 2021

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.)

	Yes	No
1		
2		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b ule A (Forn	~ 000	0001

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer	s,		
	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 supporte	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
01	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	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			
Soot	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	non D. All Type III Supporting Organizations			
			Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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	2		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ione)		
a	The organization satisfied the Activities Test. Complete line 2 below.	10110).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	ce manachem	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule	Δ	(Form	990)	202

5

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

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
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	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	Г	10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(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			
<u>a</u>	From 2016			
<u>b</u>	From 2017			
c	From 2018			
d	From 2019			
<u>e</u>	From 2020			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2021 distributable amount			
<u>i</u>	Carryover from 2016 not applied (see instructions)			
i_	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			
<u>b</u>	Applied to 2021 distributable amount			
<u> </u>	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:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
d	Excess from 2020			

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **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

Name of the organization

CHILDREN'S CANCER CONNECTION

42-1313167

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X 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

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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CHILDREN'S CANCER CONNECTION

42-1313167

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 325,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$60,000 .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$ 120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CHILDREN'S CANCER CONNECTION

42-1313167

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadala P. (Farm 000) (0001)

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** CHILDREN'S CANCER CONNECTION 42-1313167 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

123454 11-11-21

Schedule B (Form 990) (2021)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

CHILDREN'S CANCER CONNECTION

Employer identification number 42-1313167

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Ac	counts. Complete if the
	organization anomored 100 orn orn 000,1 artify, into	(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor	advised fund	s
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferri	ng
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservat	ion of a histo	rically important land area
	Protection of natural habitat	Preservat	ion of a certit	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a cor	servation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic s	tructure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	y the organiz	zation during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	• • • • •	g of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing	conservation	n easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing con	servation eas	ements during the year
_	> \$. = = (1) (1) (=) (
8	Does each conservation easement reported on line 2(d) above	•	. , . , . , .	
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·		
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	•	atements ma	it describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. c	r Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under FASB ASC 958		ent and hala	nce sheet works
ıu	of art, historical treasures, or other similar assets held for pub	, ,		
	service, provide in Part XIII the text of the footnote to its finan	,		oc of public
h	If the organization elected, as permitted under FASB ASC 958			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	childright, education, or recearer in	r iai ti ioi ai ioo	or public corvice,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				k 4
2	If the organization received or held works of art, historical trea			provide
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	· ·		> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2021

132051 10-28-21

		I'S CANCER					42-13		7 Pa	age 2		
Pai	t III Organizations Maintaining Co	llections of Art,	Historical Trea	asures, or	Other	Similar	Assets	(contin	ued)			
3	Using the organization's acquisition, accessio	n, and other records,	check any of the fo	ollowing that	make siç	gnificant ι	use of its					
	collection items (check all that apply):											
а	Public exhibition	d	Loan or exch	nange progra	ım							
b	Scholarly research	е	Other									
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pai	t IV Escrow and Custodial Arrang		e if the organizatior	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or				
	reported an amount on Form 990, Part											
1a	Is the organization an agent, trustee, custodia		•				_	7		7		
	on Form 990, Part X?						L	Yes		No		
b	If "Yes," explain the arrangement in Part XIII a	nd complete the folio	wing table:									
								Amount				
	Beginning balance											
	Additions during the year											
е	Distributions during the year											
f	Ending balance					1f		7				
	Did the organization include an amount on Fo					ty?	L	Yes		∐ No		
Pa	If "Yes," explain the arrangement in Part XIII.					^						
ı uı	t V Endowment Funds. Complete if	(a) Current year	(b) Prior year	(c) Two year			rears back	(e) Four	Veare	hack		
4.	Paninging of way belongs	592,024.	635,723.		3,931.		31,036.	_ ` '		515.		
la h	Beginning of year balance	332,024.	033,723.	370	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		31,030.			275.		
D	Contributions Net investment earnings, gains, and losses	95,125.	-9,000.	118	3,658.	_	48,748.			403.		
4	Γ	29,227.	31,786.		3,581.		10,710.		• ,			
u _	Other expenditures for facilities		,		,							
٠	and programs											
f	Administrative expenses	3,422.	2,913.	3	3,285.		3,357.		3,	157.		
g	End of year balance	654,500.	592,024.		723.	5	78,931.			036.		
2	Provide the estimated percentage of the curre	· · · · · ·			, -		,					
	Board designated or quasi-endowment	81.2020	%	Tiola ao.								
b	Permanent endowment ▶ 1.2910	%	_/~									
С	Term endowment ▶ 17.5070 %											
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.										
За	Are there endowment funds not in the posses		on that are held an	d administer	ed for the	e organiza	ation					
	by:	-				-			Yes	No		
	(i) Unrelated organizations							3a(i)		X		
	(ii) Related organizations							3a(ii)		X		
b	If "Yes" on line 3a(ii), are the related organizat							3b				
4	Describe in Part XIII the intended uses of the		ment funds.									
Pai	t VI Land, Buildings, and Equipme	ent.										
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. Se	ee Form 990,	, Part X, I	line 10.						
	Description of property	(a) Cost or oth	` '	or other	(c) Ad	ccumulate	ed	(d) Book	c value	е		
		basis (investme	· ·		dep	oreciation						
1a	Land			0,800.						00.		
	Buildings		379	9,200.				379	, 2	00.		
С	Leasehold improvements											
d	Equipment		58	8,278.		45,20	18.	13	3,0	70 <u>.</u>		
		1	i i									

Schedule D (Form 990) 2021

603,070.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 CHILDREN'S	CANCER CONNECT	ION	42-1313167 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INDEXED GROWTH PORTFOLIO	654,500.	END-OF-YEAR MARK	KET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	654,500.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) LAND & BUILDING HELD FOR S	SALE		479,109.
(2)			,
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		▶ 479,109.
Part X Other Liabilities.	10.)		-
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			

(6)
(7)
(8)
(9)

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

▶

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

Part XI	Recond	ciliation of	Revenue po	er /	Audit	ted Finai	ncial S	tatem	ents	With	Revenue	per R	eti

ı aı	Train reconciliation of Nevertue per Addited i mancial States				
	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	1,526,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	80,477.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	18,483.		
е	Add lines 2a through 2d			2e	98,960.
3	Subtract line 2e from line 1			3	1,427,301.
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	4a	5,258.		
	Other (Describe in Part XIII.)	4b			
b	Calci (Besonbe ii i at Aiii.)				
	Add lines 4a and 4b			4c	5,258.
С	Add lines 4a and 4b				
С	A 1.1.12. A 1.41				
С	Add lines 4a and 4b	ements With			1,432,559. n.
С	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F		
5 Pa	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With	Expenses per F	5 Returi	1,432,559. n.
c 5 Pa	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 12a.	Expenses per F	5 Returi	1,432,559. n.
c 5 Pa 1 2	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With 12a. 2a	Expenses per F	5 Returi	1,432,559. n.
1 2 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per F	5 Return	1,432,559. n.
1 2 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	5 Return	1,432,559. n. 1,050,370.
1 2 a b c d	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	5 Return	1,432,559. n. 1,050,370.
1 2 a b c d	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	5 Return	1,432,559. n. 1,050,370.
Pa 1 2 a b c d e	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	5 Return	1,432,559. n. 1,050,370.
1 2 a b c d e 3	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 10 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	5 Return	1,432,559. n. 1,050,370.
1 2 a b c d e 3 4 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	Expenses per F	5 Return	1,432,559. n. 1,050,370. 18,483. 1,031,887.
1 2 a b c d e 3 4 a b	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	18,483. 5,258.	5 Return	1,432,559. n. 1,050,370.

Part 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.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LIABILITY (OR ASSET) FOR AN UNCERTAIN POSITION THAT MORE
LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL
REVENUE SERVICE. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS AND
DETERMINED THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN
THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURES IN
THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY
TAX AUTHORITIES; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX
PERIODS IN PROGRESS. MANAGEMENT BELIEVES THE ORGANIZATION IS NO LONGER
SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2017.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

CHILDREN'S CANCER CONNECTION

Employer identification number

42-1313167

Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not				
required to complete this part				Ole I II - II I I I						
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations f Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?										
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
Total			•							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration				

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro			vents with gross receipt	s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				POLK CITY GO		(add col. (a) through			
			CTNA DSM	GOLD AND GOL	1	col. (c))			
a)			(event type)	(event type)	(total number)	001. (0))			
Revenue									
eve	1	Gross receipts	67,025.	19,895.	15,361.	102,281.			
ш.									
	2	Less: Contributions	6,980.	125.	1,231.	8,336.			
	3	Gross income (line 1 minus line 2)	60,045.	19,770.	14,130.	93,945.			
	4	Cash prizes							
	_								
"		Noncash prizes							
ses	_	Death/feeilleenenene	2 045		1 702	2 020			
ber	6	Rent/facility costs	2,045.		1,783.	3,828.			
Direct Expenses	_	Food and houseness	2,269.	794.	2,183.	5,246.			
iec	′	Food and beverages	2,209.	7 7 4 •	2,103.	J, 240.			
	_	Entortainment							
	8 9	Entertainment Other direct expenses	5,661.	2,515.	1,233.	9,409.			
	10			2/3131		18,483.			
		Net income summary. Subtract line 10 from lin	. ,			75,462.			
Pa	rt I	Gaming. Complete if the organization a				,			
		\$15,000 on Form 990-EZ, line 6a.							
4)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))			
eve									
ш	1	Gross revenue							
S	2	Cash prizes							
ens									
Direct Expenses	3	Noncash prizes							
ž.		Dont/facility acets							
۵	4	Rent/facility costs							
	5	Other direct expenses							
		Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
				1					
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•				
			()						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
						_			
9	En	ter the state(s) in which the organization condu							
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No			
b	lf "	If "No," explain:							
	_								
	_	ere any of the organization's gaming licenses re							
		Yes No							
b	If "	Yes," explain:							
	_								

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 CHILDREN S CANCER CONNECTION 42	T 2 T 2 T 0 \	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization							Employer identification number
CHILDREN'S CANCER CONNECTION							42-1313167
Part I General Information on Grants	and Assistance						
1 Does the organization maintain record		-			-		
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's	procedures for monit	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance recipient that received more that					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
(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
2 Enter total number of section 501(c)(3	I) and government or	I ganizations listed in th	e line 1 table		<u> </u>	<u> </u>	>
3 Enter total number of other organizati	ons listed in the line	1 table					

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

(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
DLARSHIPS	18	11,500.	0.		
t IV Supplemental Information. Provide the informa	ation required in Part I, lin	e 2; Part III, column	(b); and any other ac	l Iditional information.	
			•		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

CHILDREN'S CANCER CONNECTION

Employer identification number 42-1313167

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TO PROVIDE SCHOLARSHIPS FOR THOSE DIRECTLY AFFECTED BY CHILDHOOD CANCER
WHO ATTEND OR PLAN TO ATTEND AN ACCREDITED TWO OR FOUR YEAR
INSTITUTION. CHILDREN'S CANCER CONNECTION EMPOWERING SCHOLARSHIPS

SCHOLARSHIPS IN THE VALUES FROM \$500-\$5,000.

EXPENSES \$ 11,500. INCLUDING GRANTS OF \$ 11,500. REVENUE \$ 0.

INCLUDE BOARD REIMBURSEMENT SCHOLARSHIPS AND TUITION ASSISTANCE.

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

A DRAFT COPY OF THE FORM 990 IS PROVIDED TO THE FINANCE COMMITTEE (A

COMMITTEE OF THE BOARD OF DIRECTORS) FOR REVIEW. OTHER BOARD MEMBERS ARE

NOTIFIED THAT THE DRAFT 990 IS AVAILABLE AND HAVE AN OPPORTUNITY TO REVIEW

THE DRAFT FORM IF DESIRED. AFTER THE DRAFT COPY IS APPROVED BY THE FINANCE

COMMITTEE, THE FORM IS ELECTRONICALLY FILED BY THE PAID PREPARER.

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

EACH TRUSTEE, OFFICER, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS,

AND EMPLOYEES SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS THAT SUCH PERSON

HAS RECEIVED A COPY OF THE CONFLICT-OF-INTEREST POLICY, HAS READ AND

UNDERSTAND THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND

UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND MUST

ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS

TAX-EXEMPT PURPOSES.

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

THE EXECUTIVE COMMITTEE ANNUALLY PERFORMS A REVIEW OF THE EXECUTIVE

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization CHILDREN'S CANCER CONNECTION	Employer identification number 42-1313167
DIRECTOR AND APPROVES THE SALARY. COMPENSATION REASONABLEN	ESS IS CONSIDERED
PRIMARILY USING COMPARABLE WAGES FOR SIMILAR POSITIONS IN	THE LOCAL AREA. A
BOARD MEMBER CONTACTS AUREON FROM WHOM THE ORGANIZATION'S	PERSONNEL ARE
LEASED TO NOTIFY THEM OF THE SALARY LEVEL CHANGE AND EFFE	CTIVE DATE.
FORM 990, PART VI, SECTION C, LINE 18:	
AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM PRIOR YEAR.	