Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	ne 201	3 calendar year, or tax year beginning , 2013, a	and ending			, 2	)				
В.			C Name of organization		D Employ	er identifi	cation nun	ber				
<b>D</b> 0	Check if a	pplicable:	FRIENDS OF KIDS WITH CANCER		43-1	61456	53					
	Addre		Doing Business As									
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address)	toom/suite	E Telepho	ne numbe	er					
	Initia	l return	530 MARYVILLE CENTRE DRIVE LL5		(314) 275-7440							
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code									
	Amer		ST LOUIS, MO 63141		G Gross r	eceipts \$	1	626	,585.			
		cation	F Name and address of principal officer: JUDY CIAPCIAK		H(a) Is this		urn for	Yes	X No			
			530 MARYVILLE CENTRE DRIVE LL5 ST LOUIS, MO	63141	Subord H(b) Are all		included?	Yes	No			
ı	Tax-ex	empt st	tatus: X 501(c)(3) 501(c) ( ) <b>◄</b> (insert no.) 4947(a)(1) or	527	If "No,	' attach a lis	st. (see instru	ctions)				
J	Websi	ite: 🕨	WWW.FRIENDSOFKIDS.COM		H(c) Group	exemption i	number >					
K	Form	of orgar	nization: X Corporation Trust Association Other	L Year of form	mation: 1992	M State	e of legal do	micile:	MO			
P	art I	Su	mmary	•								
	1	Briefly	y describe the organization's mission or most significant activities: ENRICHI	NG THE D	AILY LIV	ES OF	CHILD	REN				
e	1		ERGOING TREATMENT FOR, AND SURVIVORS OF, CANCE									
ano		BLO	OD-RELATED DISEASES.									
/err	2	Check	k this box if the organization discontinued its operations or disposed	of more than 2	5% of its net a	ssets.						
Governance	3	Numb	per of voting members of the governing body (Part VI, line 1a)			3			27.			
		Numb	per of independent voting members of the governing body (Part VI, line 1b)			4			27.			
Activities &			number of individuals employed in calendar year 2013 (Part V, line 2a)						7.			
ξi			number of volunteers (estimate if necessary)						250.			
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a			0			
			nrelated business taxable income from Form 990-T, line 34						0			
					Prior Yea		Cur	rent Ye	ar			
a	8	Contri	ibutions and grants (Part VIII, line 1h)		628	819.		761,	047.			
Revenue	9		am service revenue (Part VIII, line 2g)			0			0			
	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		81	854.		73,	307.			
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		479	481.		434,	861.			
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		1,190		1,		215.			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0			0			
	14		fits paid to or for members (Part IX, column (A), line 4)			0			0			
s	15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		189	160.		193,	747.			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)  fundraising expenses (Part IX, column (D), line 25)   101,184.			0						
cbel	b	Total	fundraising expenses (Part IX, column (D), line 25)   101,184.									
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		775	029.		871,	871.			
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		964	189.	1,		618.			
			nue less expenses. Subtract line 18 from line 12		225	965.			597.			
or					ginning of Curr		End	of Yea				
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)		2,941	987.	3,	476,	513.			
Ass I Ba	21	Total	liabilities (Part X, line 26)			539.			383.			
Net Tur	22		ssets or fund balances. Subtract line 21 from line 20		2,907	448.	3,		130.			
	rt II		gnature Block									
Un	der per		of perjury, I declare that I have examined this return, including accompanying schedules			st of my	knowledge	and be	lief, it is			
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	y knowledge.							
Sig			Signature of officer		Date							
He	re											
			Type or print name and title									
		Print/	Type preparer's name Preparer's signature	Date /	Check	if	PTIN					
Paid		D	Jay Adams	11/2/14	self-em		P000		8			
	parer		s name ►HOFFMAN, BRICKER & ADAMS, P.C.		Firm's EIN	▶ 43-1	L78039	3				
USE	Only		saddress >12977 N 40 DR #309 ST. LOUIS, MO 63141		Phone no.		579.2					
May	y the I		cuss this return with the preparer shown above? (see instructions)				. X Y	s	No			
For	Pape	rwork	Reduction Act Notice, see the separate instructions.						(2013)			

FRIENDS OF KIDS WITH CANCER 43-1614563 Form 990 (2013) Page 2 Part III **Statement of Program Service Accomplishments** Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: ) (Expenses \$ 598,066. including grants of \$ ) (Revenue \$ RECREATION FOR CHILDREN WITH CANCER, INCLUDES ENTERTAINMENT, PARTIES, TOYS, SNACKS, GIFT CARDS, AND SPECIAL GIFTS. ENTERTAINMENT PROVIDES MOVIES, VIDEO GAMES, BOARD GAMES, BOOK MARKERS, PAINTS, CRAFT SUPPLIES, COMPUTERS AND COMPUTER GAMES, SNACKS AND SOME MEALS ARE AVAILABLE FOR PATIENTS AND THEIR FAMILIES. 4b (Code: ) (Expenses \$ 133,588. including grants of \$ ) (Revenue \$ EDUCATIONAL SUPPORT FOR CHILDREN WITH CANCER. THE ORGANIZATION PROVIDES A COST FREE EDUCATOR AND EDUCATIONAL TOYS AND GAMES ASSISTANCE TO THE CHILDREN THROUGH INDIVIDUAL AND SMALL GROUP EDUCATIONAL TESTING IS ALSO PERFORMED TO TUTORIAL SESSIONS. DETERMINE THE EFFECTS OF THE TREATMENTS AND TO PROVIDE A BENEFIT TO ASSIST IN THEIR RETURN TO MAINSTREAM EDUCATION. SOME COLLEGE SCHOLARSHIPS ARE PROVIDED TO QUALIFIED PEDIATRIC CANCER SURVIVORS. ) (Expenses \$ 115,464. including grants of \$ ) (Revenue \$ EMOTIONAL SUPPORT FOR CHILDREN WITH CANCER. ART THERAPY, PLAY THERAPY AND TALK THERAPY ARE AVAILABLE THROUGH A CERTIFIED THERAPIST TO PROVIDE A MEANS OF COMMUNICATION AND RELEASE OF EMOTIONS BY THE PATIENTS. PARENTS AND SIBLINGS OF PATIENTS ARE ALSO HELPED WITH AVAILABLE SUPPORT GROUPS.

ATTACHMENT 2

859,520.

) (Revenue \$

(Expenses \$ 12,402. include

4e Total program service expenses ►

JSA
3E1020 2.000

12,402. including grants of \$

**4d** Other program services (Describe in Schedule O.)

Form 990 (2013) Page **3** 

#### **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 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 Х 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets х reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Х complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . . . Х 14 a Did the organization maintain an office, employees, or agents outside of the United States?.......... **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 Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV........ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х 19 Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

JSA

Form 990 (2013)

Page 4

#### Checklist of Required Schedules (continued) Part IV Yes No 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States Х 22 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 Х 23 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 Х through 24d and complete Schedule K. If "No," go to line 25a..................... b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 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? Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or Х disqualified persons? If so, complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III........... Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . . . . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV....... 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Х

Form 990 (2013) Page **5** 

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box's of Form 1000. Enter of in not applicable			
	Enter the number of Forms w-28 included in line 1a. Enter -0- ii not applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	х	
2.	reportable gaming (gambling) winnings to prize winners?	1c	71	
Za	- I			
h	Statements, filed for the calendar year ending with or within the year covered by this return . 2a / // If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		Х
L	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		
D	· · · · · · · · · · · · · · · · · · ·	6b		
7	gifts were not tax deductible?	UD .		
	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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
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		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	0		Х
9	organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		-25
-	Did the organization make any taxable distributions under section 4966?	9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 3E1040 1.000

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	a 27			
	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	onship with			
	any other officer, director, trustee, or key employee?	-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under	r the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other p	person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by)	members,			
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions underta	aken during			
	the year by the following:			3.5	
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at			х
Socti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9 Cod	<u> </u>	Λ
Secti	on B. Folicies (This Section B requests information about policies not required by the lintern	iai Neveriue	Coue	Yes	No
40.	D'il the come d'article have been been been been alle a (Clares)	]	10a	103	X
	Did the organization have local chapters, branches, or affiliates?		IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	-	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purpo		11a	Х	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Describe in Schedule O the process, if any, used by the organization to review this Form 990.	j the form?	ıια		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that				
b	rise to conflicts?	- 1	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy				
Ū	describe in Schedule O how this was done	- 1	12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation an				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	ırrangement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to said				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	90-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	//a O\			
	X Own website X Another's website X Upon request Other (explain in Schedu	,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of inte	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and organization: MOLLY HENRY 530 MARYVILLE CENTRE DRIVE LL5 ST. LOUIS, MO 63141 314-275-		е		
16.4	organization.			000	

3E1042 1.000

Section A.

Form 990 (20	13)	FRIEN	NDS OF KI	DS WITH	CANC	ER	43-1614563 <sub>Pi</sub>			
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Conti	ractors								
	Check if Schedule	O contains	a response	e or note to	any li	ne in this Part	VII			

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

	hours per	box,	unles	eck s pe	rson	e than or	an	(D) Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)RICK LOMMEL	4.00									
PRESIDENT	4.00	Х		х				0	0	C
(2)ALLEN BROCKMAN	1.00									
DIRECTOR	1.00	Х						0	0	C
(3)MARY MERCURIO	3.00									
VP	3.00	Х		х				0	0	C
(4)JAY ADAMS	2.00									
TREASURER	2.00	Х		Х				0	0	C
(5)KRIS ARNESON	2.00									
DIRECTOR	2.00	Х						0	0	C
(6)MARIANNE BERGAMINI	1.00									
DIRECTOR	1.00	Х						0	0	C
(7)MATT BIFFIGNANI	3.00									
DIRECTOR	3.00	X						0	0	O
(8)JONATHAN BURKE	1.00									
DIRECTOR	1.00	Х						0	0	C
(9)JOE CUROTTO	1.00									
DIRECTOR	1.00	X						0	0	O
(10)MANDY DROZDA	1.00									
SECRETARY	1.00	Х		Х				0	0	C
(11)MARY JOTTE	1.00									
DIRECTOR	1.00	Х						0	0	C
(12)CHERYL LAWLESS	1.00									
DIRECTOR	1.00	Х						0	0	C
(13)TOM LYNCH	1.00									
VP	1.00	Х		х				0	0	
(14)CHUCK MCDONNAL	1.00									
DIRECTOR	1.00	Х						0	0	0

Form **990** (2013)

JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (co	ontinued)
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
15) MARGIE SEDLACK DIRECTOR	2.00	х						0		0	C
16) FRANK SCHMIDT	2.00										
DIRECTOR	2.00	х						0		0	C
17) BEN TUREC	1.00										
DIRECTOR	1.00	х								0	C
18) JILL TUREC	3.00							0		- 0	
DIRECTOR	3.00	х								0	C
19) MARY LYNNE WILSON	1.00							0		U	
DIRECTOR	1.00	х								0	C
20) TERRI WURDACK	1.00							0		U	
DIRECTOR	1.00	v								0	C
21) KATHY MANGANARO	1.00	X						0		U	
	1.00	v								0	C
DIRECTOR	1.00	Х						0		0	·
22) ED SCHMID		3.5									
DIRECTOR	1.00	X						U		0	
23) MATT WHITE	1.00	37									
DIRECTOR	1.00	X						U		0	
24) JOHN KIJOWSKI	$\begin{array}{r} 1.00 \\ \hline 1.00 \end{array}$	3.5									
DIRECTOR		Х						0		0	C
25) GARY BILDER	1.00	37									
DIRECTOR	1.00	Х						0		0	0
1b Sub-total								67 277		0	0
c Total from continuation sheets to Part VII, So	-							67,277. 67,277.		0	0
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not reportable compensation from the organization</li> </ul>	imited to th		iste				re	<u> </u>	\$100,000 d		
											Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3 X
<b>4</b> For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	lf If	"Yes	,"				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5 X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>											
(A) Name and business address  (B) Description of services Compensat										(C) ompensation	

NONE NONE

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Page 8 Form 990 (2013)

Part VII Section A. Officers, Directors, Tru	(B)				C)		9	(D)	(E)	1		(F)	
Name and title	Average			-	sition			Reportable	Reportat	مام	Fs	timated	
Name and title	hours per	(do i	not cl			e than o	ne	compensation	compensatio			nount of	
	week (list any	box,	unles	ss pe	erson	is both	an	from	related	<b>I</b>	(	other	
	hours for			_		or/trust		the	organizati	ons		pensation	
	related	Individual t or director	Inst	Officer	Key employee	Higi	Former	organization	(W-2/1099-	MISC)		om the	
	organizations	ividu	l ii	cer	em	hes	mer	(W-2/1099-MISC)			_	anization d related	
	below dotted line)	otor al	l g		탕	ee t co						nizations	
	illie)	Individual trustee or director	1 1		yee	mp					orgo	inizationo	
		tee	Institutional trustee			Highest compensated employee							
			Φ			ited							
26) DON BROWN	1.00												
DIRECTOR	1.00	Х						0		0			(
27) MERRI CROSS	1.00												
DIRECTOR	1.00	Х						0		0			(
28) JUDY CIAPCIAK	50.00												
EXECUTIVE DIRECTOR	50.00				x			67,277.		0			(
													_
	ļ 												
										$\longrightarrow$			
	<u> </u>												
										$\longrightarrow$			_
	<del></del>												
1b Sub-total							_						_
c Total from continuation sheets to Part VII, S					• •								_
d Total (add lines 1b and 1c)	-												_
2 Total number of individuals (including but not							re	ceived more than	\$100 000 o				_
reportable compensation from the organization				ua	DOV	s) Wild	J 16	ceived more man	φ100,000 0				
												Yes I	10
3 Did the organization list any former office	er. directo	r. or	tru	ıste	e.	kev e	ame	lovee, or highest	compensa	ated			
employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the													
organization and related organizations gro													
individual											4		X
											-		
<b>5</b> Did any person listed on line 1a receive or for services rendered to the organization? <i>If "You have be a proper or the area of the ar</i>											5		X
Section B. Independent Contractors	co, compre	10 001	icac	110 0	, 101	34011	рсп	3011					=
Complete this table for your five highest com	pensated in	ndepe	ende	ent	con	tracto	rs t	hat received more	than \$100	.000 of			_
compensation from the organization. Report of													
year.													
(A)								(B)			(C)		
Name and business add	dress							Description of se	rvices	Cc	ompens	sation	
													_
							-						
													_
													_
2 Total number of independent contractors (in	ncluding bu	ıt no	t lim	nite	d to	thos	e li	isted above) who	received				
more than \$100,000 in compensation from th								,					

Page 9

Part VIII	Statement of Revenue
гансун	Statelliellt of Nevello

		Check if Schedule O contains a respon	ise or note to ai	ny line in this Part $ackslash$	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	761,047. 198,219.	761,047.			
<u>o</u>	h	Total. Add lines 1a-1f		701,047.			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code	0			
	3	Investment income (including dividends, intere other similar amounts). ATTACHMENT 3 Income from investment of tax-exempt bond processes the state of	est, and	60,120.			60,120.
	6a b c	Royalties (i) Real  Gross rents  Less: rental expenses  Rental income or (loss)	(ii) Personal	0			
	d 7a b	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  Gain or (loss)  (i) Securities  176,485.  163,298.  13,187.	(ii) Other	0			
	d	Net gain or (loss)		13,187.			13,187.
Other Revenue	8a b	Gross income from fundraising events (not including \$  of contributions reported on line 1c).  See Part IV, line 18	628,933. 194,072.				
ŏ	С	Net income or (loss) from fundraising events	<b>☆i宀ù'ạ'</b> ▶	434,861.			
	9a b	Gross income from gaming activities.  See Part IV, line 19 a  Less: direct expenses b					
		Net income or (loss) from gaming activities	<b>•</b>	0			
	10a	Gross sales of inventory, less returns and allowances		V			
	b	Less: cost of goods sold <b>b</b> Net income or (loss) from sales of inventory		0			
	Ť	Miscellaneous Revenue	Business Code	0			
	44-						
	11a						<u> </u>
	b						
	C C	All other revenue					
	d	Total. Add lines 11a-11d	<b>L</b>	0			
	е 12	Total revenue. See instructions		1,269,215.			73,307.
		. J.a Ovolido: Oco modudollo III III III		_,20,,210.		ļ	,.,,,,,,

# 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 resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	U			
5	Compensation of current officers, directors,	67,278.	22,426.	22,426.	22,426.
_	trustees, and key employees	07,270.	22,420.	22,420.	22,420.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7		93,961.	30,820.	32,612.	30,529.
	Other salaries and wages	337302.	307020.	32,012.	30,327.
8	Pension plan accruals and contributions (include section	8,127.	2,662.	2,817.	2,648.
۰	401(k) and 403(b) employer contributions)	12,039.	4,013.	4,013.	4,013.
	Other employee benefits	12,342.	4,073.	4,218.	4,051.
	Fees for services (non-employees):	, -	,	,	• • • •
	a Management	0			
	Legal	0			
	Accounting	4,810.		2,405.	2,405.
	I Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	f Investment management fees	13,572.		13,572.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	19,904.	9,136.	5,732.	5,036.
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	0			
	Interest	0			
	Payments to affiliates	4,912.	2,947.	1,965.	
	Depreciation, depletion, and amortization	4,512.	2,941.	1,505.	
	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	ART THERAPY LABOR	65,001.	65,001.		
•	ART THERAPY SUPPLIES	8,229.	8,229.		
-	RECREATIONAL CRAFT SUPPLIES	7,285.	7,285.		
	CREDIT CARD FEES	3,638.		1,213.	2,425.
_	All other expenses ATCH 5	744,520.	702,928.	13,941.	27,651.
	Total functional expenses. Add lines 1 through 24e	1,065,618.	859,520.	104,914.	101,184.
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here  if				
	following SOP 98-2 (ASC 958-720)	0			

JSA 3E1052 1.000

Form 990 (2013) Page **11** 

#### Part X **Balance Sheet** (A) Beginning of year End of year 190,581. 181,125. Cash - non-interest-bearing 1 103,130. 45,548. 2 Savings and temporary cash investments 2 0 0 3 Pledges and grants receivable, net 3 Accounts receivable, net o 0 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary n organizations (see instructions). Complete Part II of Schedule L 0 6 Notes and loans receivable, net Q 0 7 7 Inventories for sale or use Prepaid expenses and deferred charges ATCH 6 Q n 8 2,136. 2,253. 9 9 10a Land, buildings, and equipment: cost or 47,176. 10a other basis. Complete Part VI of Schedule D 29,259. 17,917. b Less: accumulated depreciation 10b 18,829.10c 2,636,767. 11 3,220,214. Investments - publicly traded securities ATCH 7 11 Investments - other securities. See Part IV, line 11 0 12 0 12 Investments - program-related. See Part IV, line 11 0 13 0 13 0 0 14 14 0 15 0 Other assets. See Part IV, line 11 15 2,941,987.16 3,476,513. 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . 30,383. Accounts payable and accrued expenses 34,539. 17 17 0 18 0 18 Deferred revenue 0 0 19 19 0 20 Tax-exempt bond liabilities 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D . . . . 0 21 0 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 Unsecured notes and loans payable to unrelated third parties 0 24 24 n 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 0 of Schedule D 34,539. 26 30,383. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 2,854,245. 27 3,346,113. Unrestricted net assets 27 Temporarily restricted net assets 28,203. 75,017. 28 28 25,000. 25,000. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ō complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 2,907,448. 3,446,130. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances........ 2,941,987. 3,476,513. 34 34

Form 990 (2013) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			69,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2				518.
3	Revenue less expenses. Subtract line 2 from line 1	3				597.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,9	07,4	448.
5	Net unrealized gains (losses) on investments	5		3	35,0	085.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,4	46,1	130.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			,		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," e	xplair	n in			
	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 con	piled	lor			
	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n 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 overs	ight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplaiı	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	fortl	h in			
	the Single 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 und	_	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

#### SCHEDULE A (Form 990 or 990-EZ)

# **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.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of	the organization							Emplo	yer iden	itificatio	n numb	er	
FRIEN	DS OF KIDS W	ITH CANCER							43	-161	4563		
Part I	Reason for P	ublic Charity Statu	s (All organizations mu	ıst con	nplete	this pa	art.) Se	e instr	uctions	<b>3.</b>			
		•	cause it is: (For lines 1 th										
1	1		association of churches	•		•		•	)_				
2			(1)(A)(ii). (Attach Schedul					-/(/(-/					
3			service organization descr		section	n 170/h	\(1\(A\	/iii\					
4	· ·	•	perated in conjunction wi			-			n 170/k	~\/4\/ <i>I</i>		Entor	tho
4	•	= :	berated in conjunction wi	ılıı a ı	юѕрна	ii uescii	ibeu III	Sectio	11 170(1	J)( I )(F	()(III).	IIILEI	the
_	hospital's name,												
5	-	•	enefit of a college or univ	ersity	owned	i or ope	erated i	by a go	vernme	entai u	nit des	cribe	a in
_	1	(Complete l	·										
6		=	t or governmental unit des										
7			es a substantial part of it	s supp	ort fro	m a go	vernme	ental ur	nit or fro	om the	e gene	ral pu	ıblic
	1	tion 170(b)(1)(A)(vi)											
8	A community tru	st described in <b>sect</b>	<b>ion 170(b)(1)(A)(vi).</b> (Com	nplete F	Part II.)								
9 X	An organization	that normally receiv	res: (1) more than 331/3 %	6 of its	suppo	ort from	contrib	outions,	memb	ership	fees, a	and g	ross
	receipts from a	ctivities related to its	s exempt functions - subj	ject to	certai	n excep	otions,	and (2)	no mo	re tha	ın 331/	з % о	f its
	support from g	ross investment inc	ome and unrelated busi	ness t	axable	incom	e (less	sectio	n 511	tax) f	rom b	usines	sses
	acquired by the	organization after Ju	ne 30, 1975. See <b>section</b>	509(a	<b>)(2)</b> . (0	Complet	e Part I	II.)					
10	An organization	organized and opera	ated exclusively to test for	public	safety.	See se	ction 5	09(a)(4	١).				
11	An organization	organized and ope	erated exclusively for the	bene	fit of,	to perf	orm th	e funct	tions of	or to	o carry	out/	the
	-	-	upported organizations de			-					-		
		•	bes the type of supporting				, , ,	•			. ,		
	a Type I	<b>b</b> Type II	c Type III-Function	-					I-Non-fu	_		egrat	ed
е	,		ne organization is not con	-	-						•	_	
·			other than one or more			-	-	-			-	-	
	or section 509(a	_	Total than one of more	publici	y oupp	ortou o	rgarnzo	1110110 0	10001100	, a III 0	COLIOIT	300(0	•/( •/
f			en determination from th	o IDS	that it	ic o T	ma I I	īvno II	or Typ	م ااا م	unnort	ina	
•	=		en determination nom th	e iivo	liiat it	is a ry	ype i, i	ype II,	от тур	C III 3	ирроп	iiig [	
_	organization, che				المراد والمراد			41	• • • •			٠. ١	
g	_	_	inization accepted any gif	t or co	ntributi	ion irom	i any oi	trie					
	following person												
		-	ctly controls, either alone	_		-				and		Yes	No
			f the supported organizati	on?							11g(i)		
		mber of a person de									11g(ii)	$\sqcup$	
	. ,	•	son described in (i) or (ii) a								11g(iii)		
h	Provide the follo	wing information abo	out the supported organize	ation(s)	).								
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv)	Is the		ou notify		ls the	(vii) A	Amount o		tary
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in Iisted in	the orga		col. (i) o	zation in		suppo	rt	
			(see instructions))		overning ment?		ort?		U.S.?				
				Yes	No	Yes	No	Yes	No				
(4)													
(A)													
(B)													
(C)													
<b>(5)</b>													
(D)													
(E)													
·- <i>i</i>													
Total													

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2

Par	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	10.000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					.,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.						
<u>6</u>	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	(a) 2003	(b) 2010	(6) 2011	(4) 2012	(e) 2013	(i) rotai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup					T T	
14	Public support percentage for 2013 (li	ne 6, column (f	) divided by line	11, column (f))		14	%
15	Public support percentage from 2012						%_
16a	331/3% support test - 2013. If the o	_					
_	this box and <b>stop here</b> . The organization			_			
b	331/3% support test - 2012. If the c						
	check this box and <b>stop here.</b> The orga						
1/a	10%-facts-and-circumstances test - 2		=				
	10% or more, and if the organization Part IV how the organization meets t	he "facts-and-o	circumstances" t	est. The organi	zation qualifies	as a publicly s	•
	organization						<b>&gt;</b>
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization in Part IV how the organization						-
	Explain in Part IV how the organization				•	•	
18	supported organization  Private foundation. If the organization						
10	instructions	ala not oneok		., 10a, 10b, 17 <i>a</i>	., or 175, check	. This box and Set	´ <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2013

Page 3 Schedule A (Form 990 or 990-EZ) 2013

Part III

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support	ay aa.oo	10010 11010 1100	.σ., μ.σασσ σσ	p.oto : a.t	.,	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(1)	(", "	(-, -	(1)	(1)	()
•	received. (Do not include any "unusual grants.")	611,580.	608,770.	669,261.	628,819.	761,047.	3,279,477.
2	Gross receipts from admissions, merchandise	011,300.	000,770.	005,201.	020,017.	701,047.	3,213,411.
_	sold or services performed, or facilities						
	' '						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose	434,263.	501,474.	571,772.	645,786.	632,243.	2,785,538.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	1,045,843.	1,110,244.	1,241,033.	1,274,605.	1,393,290.	6,065,015.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b						0
8	Public support (Subtract line 7c from						
	line 6.)						6,065,015.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,045,843.	1,110,244.	1,241,033.	1,274,605.	1,393,290.	6,065,015.
10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	59,123.	75,898.	69,319.	71,129.	73,307.	348,776.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	59,123.	75,898.	69,319.	71,129.	73,307.	348,776.
11	Net income from unrelated business	33,123.	1370501	05,515.	71,125.	73,307.	310,77701
••	activities not included in line 10b,						
	whether or not the business is regularly						0
	carried on					+	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part IV.) <b>Total support.</b> (Add lines 9, 10c, 11,						
	140)	1,104,966.	1,186,142.	1,310,352.	1,345,734.	1,466,597.	6,413,791.
14	First five years. If the Form 990 is for						
14	•	0		, ,	,	`	~ ′
500	organization, check this box and stop here.						
	tion C. Computation of Public Sup Public support percentage for 2013 (line 8,	•	•	n (f))		15	94.56%
15						15	94.13%
16	Public support percentage from 2012 Sche					16	74.13%
	tion D. Computation of Investmen			0 h (**)	Т	47	E 110/
17	Investment income percentage for 2013 (lir	•				17	5.44%
18	Investment income percentage from 2012 S				l	18	5.87%
19 a	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check thi	-	-	•	•		
b	33 1/3 % support tests - 2012. If the orga						
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	ganization qualifie	s as a publicly	supported organiz	ation -
20	Private foundation. If the organization of	did not check a	a box on line 1	4, 19a, or 19b,	check this box	x and see instru	ctions >

JSA 3E1221 1.000

Schedule A (Form 990 or 990-EZ) 2013 Page 4

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2013

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FRIENDS OF KIDS WITH CANCER 43-1614563

Par	t I	Organizations Maintaining Donor Advis Complete if the organization answered		Accounts.
		, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Tota	I number at end of year	. ,	
2		regate contributions to (during year)		
3		regate grants from (during year)		
4		regate value at end of year.		
5		the organization inform all donors and donor	advisors in writing that the assets held i	n donor advised
J		s are the organization's property, subject to the		
6	Did t	he organization inform all grantees, donors, ar	nd donor advisors in writing that grant fu	nds can be used
	only	for charitable purposes and not for the benefi	t of the donor or donor advisor, or for ar	ny other purpose
	conf	erring impermissible private benefit?		Yes No
Par	t II	Conservation Easements. Complete if the	ne organization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purp	ose(s) of conservation easements held by the	organization (check all that apply).	
		Preservation of land for public use (e.g., recre	eation or education) Preservation	of an historically important land area
		Protection of natural habitat	Preservation	of a certified historic structure
		Preservation of open space		
2	Com	plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
		ement on the last day of the tax year.	·	
				Held at the End of the Tax Year
а	Tota	I number of conservation easements		2a
b		I acreage restricted by conservation easements		
С		ber of conservation easements on a certified		
d		ber of conservation easements included in (c)		
-		ric structure listed in the National Register	•	_   2d
3		ber of conservation easements modified, tran		
•		ear >	oromou, released, extinguioned, or term	mated by the organization during the
4		ber of states where property subject to conse	rvation easement is located	
5		s the organization have a written policy regard		
5		tions, and enforcement of the conservation ea		-
6		and volunteer hours devoted to monitoring, ir		
•		-	ispecting, and emoreing conservation ce	define during the year
7		 unt of expenses incurred in monitoring, inspec	ting and enforcing conservation easem	ents during the year
•			ding, and emorcing conservation easem	ents during the year
8		s each conservation easement reported on line	2(d) above entirely the requirements of	section 170(h)(4)(P)
0				
9		nd section 170(h)(4)(B)(ii)? art XIII, describe how the organization reports		
9		nce sheet, and include, if applicable, the text of		
		nization's accounting for conservation easeme		iciai statements that describes the
Par	t III	Organizations Maintaining Collections		er Similar Assets
	• • • •	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	o. J
10	If the	<u> </u>		revenue statement and belence sheet
1a	work	e organization elected, as permitted under SF is of art, historical treasures, or other simila ic service, provide, in Part XIII, the text of the fo	ar assets held for public exhibition, ed	lucation, or research in furtherance of
	publi	ic service, provide, in Part XIII, the text of the fo	potnote to its financial statements that de	escribes these items.
b		e organization elected, as permitted under s		
		s of art, historical treasures, or other similatic service, provide the following amounts relati		lucation, or research in furtherance of
		Revenues included in Form 990, Part VIII, line 1		
	(ii) A	Assets included in Form 990, Part X		▶\$
2		e organization received or held works of a		
		wing amounts required to be reported under S		
а		enues included in Form 990, Part VIII, line 1		
b		ets included in Form 990, Part X		

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

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Sched	dule D (Form 990) 2013												age <b>2</b>
Par	t    Organizations Maintaining	Colle	ctions of	Art, His	torical T	reasur	es, (	or Oth	er Similaı	Asset	<b>ts</b> (con	tinue	d)
3	Using the organization's acquisition,	acces	sion, and	other reco	rds, chec	k any o	f the	followi	ng that are	e a sigr	nificant ι	ıse of	fits
	collection items (check all that apply):	:											
а	Public exhibition			d		or excha							
b	Scholarly research			е	Other								
С	Preservation for future generat												_
4	Provide a description of the organiza	ation's	collections	s and exp	ain how	they fur	ther	the org	anization's	exempt	t purpos	e in F	Part
	XIII.												
5	During the year, did the organization sassets to be sold to raise funds rather										Yes		No
Par	t IV Escrow and Custodial Arra					ization	ansv	wered '	Yes" to Fo	orm 990	0, Part I	V, lin	e 9,
	or reported an amount on F	Form 9	90, Part <i>≿</i>	K, line 21.									
1a	Is the organization an agent, trustee,									Г	_		1
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII	and comp	lete the fo	lowing tak	ole:							
									Am	nount			
С	Beginning balance						$\overline{}$						
d	Additions during the year												
е	Distributions during the year												
f	Ending balance										_		
2a	Did the organization include an amou	ınt on F	orm 990,	Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Pa												
Par	t V Endowment Funds. Comple			1				- 1					
4.	Danissis success belows	<b>(a)</b> Cur	rent year	<b>(b)</b> Pr	or year	(c) Tw	o year	s back	(d) Three year	ars back	(e) Four	years b	ack_
	Beginning of year balance												
	Contributions												
С	Net investment earnings, gains,												
	and losses												
	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
T	Administrative expenses												
g	End of year balance			<u> </u>	/!: 4	<u> </u>	( ))						
2	Provide the estimated percentage of Board designated or quasi-endowmer				e (line 1g	column	(a))	neid as:					
a	·	··· ▶		- <sup>70</sup>									
	Permanent endowment ►  Temporarily restricted endowment ►		%										
C	The percentages in lines 2a, 2b, and 2			00%									
32	Are there endowment funds not in the		-		ation that	are hel	d and	d admini	stared for th	ne			
Ju	organization by:	c posse	,331011 01 11	no organiz	ation that	are ner	a and	adiiiiii	Stored for ti	10	ſ,	Yes	No
	(i) unrelated organizations										3a(i)	163	NO
	(ii) related organizations										3a(ii)		
b	If "Yes" to 3a(ii), are the related organ										3b		
4	Describe in Part XIII the intended use			•							0.0		
Par	t VI Land, Buildings, and Equipr		0. ga <u>-</u> a.										
1 ai	Complete if the organization	n ans	vered "Ye	es" to For	m 990, P	art IV, I	ine 1	11a. Se	e Form 99	30, Part	X, line	10.	
	Description of property			other basis stment)		or other ba ther)	sis		umulated ciation	(d	l) Book val	ue	
1a	Land		(111765					черте	- Juliott				
b	Buildings	L											
	Leasehold improvements	F				4,00	00.					4,0	00.
d	Equipment	F				43,17			29,259.		]	13,9	
	Other				1	,-	+		- , =			-, -,	
	L Add lines 1a through 1e (Column (c		egual Forr	n 990 Par	t X colum	n (B) lin	e 10	(c) )	<b>•</b>			17.9	<del>17.</del>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Page **3** 

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" to Form 990	Part	IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives				
	held equity interests				
(A)					
(B)					
<u>(G)</u>					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII					
I alt VIII	Complete if the organization answered	"Yes" to Form 990	. Part	IV. line 11c. See Form 990.	Part X. line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuate	
	(4) 2 6661 piloti et investinent	(a) Doon value		Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.  Complete if the organization answered	"Voo" to Form 000	Dort	IV line 11d See Form 000	Dort V line 15
			, rait	TV, line 11d. See Form 990,	(b) Book value
(1)	(a)	Description			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		<u> </u>	
Part X	Other Liabilities.				
	Complete if the organization answered line 25.	l "Yes" to Form 990	, Part	: IV, line 11e or 11f. See Forr	n 990, Part X,
1.	(a) Description of liability	(b) Book valu	е		
(1) Feder	al income taxes				
(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>			

JSA 3E1270 1.000

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

Schedule D (Form 990) 2013

Page <b>4</b>
ı aye 🖜

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,604,300.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	1,001,500.
a	Net unrealized gains on investments 2a 335,085.		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	335,085.
3	Subtract line 2e from line 1	3	1,269,215.
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,269,215.
Part		ırn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С.	Other losses 2c		
d	Other (Describe in Part XIII.)  Add lines 30 through 3d		
e	Add lines 2a through 2d Subtract line 2e from line 1	2e	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
+ a	Investment expenses not included on Form 990, Part VIII, line 7b  4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4h	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 2b; Part III,		ne 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

JSA

Schedule D (Form 990) 2013

3E1271 1.000

#### Part XIII Supplemental Information (continued)

SCH D, XIII

THE FINANCIAL ACCOUNTING STANDARDS BOARDS (FASB) HAS ISSUED A FINANCIAL REPORTING STANDARD EFFECTIVE IN 2009 THAT REQUIRES DISCLOSURE AND POSSIBLY RECOGNITION OF UNCERTAIN INCOME TAX POSITIONS IN FINANCIAL STATEMENTS FOR ALL ENTITIES THAT REPORT UNDER U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, INCLUDING TAX-EXEMPT ORGANIZATIONS. FOR AN EXEMPT ORGANIZATION, AN UNCERTAIN TAX POSITION MIGHT BE ONE THAT POTENTIALLY AFFECTS THE ORGANIZATION'S TAX EXEMPT STATUS OR THAT AFFECTS WHETHER OR NOT IT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX ON SOME IF ITS REVENUE AND THE AMOUNT OF SUCH TAX. UNDER CURRENT ACCOUNTING STANDARDS, UNCERTAIN TAX POSITIONS ARE REQUIRED TO BE RECORDED AND DISCLOSED ONLY IF IT IS PROBABLE A CLAIM WILL BE ASSERTED AND THERE IS A REASONABLE POSSIBILITY THAT THE OUTCOME WILL BE UNFAVORABLE. FRIENDS OF KIDS WITH CANCER BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN ITS FINANCIAL STATEMENTS UNDER CURRENT STANDARDS OR THE NEW STANDARD.

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number FRIENDS OF KIDS WITH CANCER 43-1614563 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а е Internet and email solicitations Solicitation of government grants b f Phone solicitations Special fundraising events C g d In-person solicitations 2a 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? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) fundraiser listed in or entity (fundraiser) from activity contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2013 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events GOLF TOURNAMEN FASHION SHOW 5. (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 205,517. 199,427. 227,299. 632,243. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 205,517. 199,427. 227,299 632,243. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 84,503. 84,503. 7 Food and beverages 8 Entertainment ..... 9 Other direct expenses 7,106. 46,210. 59,563. 112,879. 10 Direct expense summary. Add lines 4 through 9 in column (d) 197,382. 434,861 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No

9	nter the state(s) in which the organization operates gaming activities:	
а	the organization licensed to operate gaming activities in each of these states?	0
b	"No," explain:	
10 a	ere any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes No.	0
b	"Yes," explain:	
	·	
		_

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)

Schedule G (Form 990 or 990-EZ) 2013

#### FRIENDS OF KIDS WITH CANCER

Sched	ule G (Form 990 or 990-EZ) 2013	}
11	Does the organization operate gaming activities with nonmembers? Yes No	-
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	)
b	An outside facility	)
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ▶	_
	Address ▶	_
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	_
	Address ▶	_
16	Gaming manager information:	
	Name ▶	_
	Gaming manager compensation ► \$	
	Description of services provided ▶	_
	Director/officer	
17	Mandatory distributions:	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year > \$	_
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
		-

Schedule G (Form 990 or 990-EZ) 2013

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** 

Name of the organization FRIENDS OF KIDS WITH CANCER 43-1614563 Types of Property (c) (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods..... Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, 11 12 Securities - Miscellaneous Qualified conservation contribution - Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory . . . . . . . . . . . . 19 20 Drugs and medical supplies 21 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 195. 198,219. Other ▶( ATCH 1\_\_\_\_) 25 26 Other ►(\_\_\_\_\_) 27 Other ►(\_\_\_\_\_) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . . Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? Х 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard Х contributions? 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) (2013)

describe in Part II.

Schedule M (Form 990) (2013) Page **2** 

Dort II

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

#### ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION (	A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
PROFESSIONAL SPORTS TICK	E X	85.	38,801.	TICKET VALUE
TOYS, GIFT CARDS, OTHER	x	110.	159,418.	THRIFT SHOP VALUE
TOTALS	-	195.	198,219.	

Schedule M (Form 990) (2013)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2013
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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 990-EZ.

Name of the organization

FRIENDS OF KIDS WITH CANCER

Employer identification number 43-1614563

PART VI, SEC B, LINE 12C

ANNUALLY ALL DIRECTORS AND EMPLOYEES ARE REQUIRED TO DISCLOSE ANY

CONFLICT OF INTEREST THEY MAY HAVE. EACH DIRECTOR AND EMPLOYEE COMPLETES

A CONFLICT OF INTEREST QUESTIONAIRE TO DETERMINE WHETHER A CONFLICT

EXISTS.

PART VI, SEC B, LINE 15B

A COMPENSATION COMMITTEE EXISTS TO REVIEW THE ANNUAL COMPENSATION OF EACH EMPLOYEE. DURING THIS PROCESS THEY EXAMINE PERFORMANCE REVIEWS AND TALK WITH THE EXECUTIVE DIRECTOR WHO OVERSEES THE EMPLOYEES AND THE EXECUTIVE COMMITTEE WHO OVERSEES THE EXECUTIVE DIRECTOR. THE COMPENSATION COMMITTEE PRESENTS A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR FURTHER DISCUSSION AND A VOTE TO DETERMINE COMPENSATION OF EACH EMPLOYEE.

SCHEDULE VI, SEC B, QUESTION 11

A DRAFT OF THE 990 IS PREPARED AND DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW. ANY QUESTIONS OR COMMENTS RECEIVED RELATING TO THE 990 ARE ADDRESSED AND RESOLVED PRIOR TO THE FILING OF THE 990.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FRIENDS OF KIDS WITH CANCER IS DEVOTED TO ENRICHING THE DAILY LIVES
OF CHILDREN UNDERGOING TREATMENT FOR, AND SURVIVORS OF, CANCER AND
BLOOD-RELATED DISEASES. OUR MISSION IS TO BE AN ADVOCATE FOR THESE
SPECIAL KIDS AND PROVIDE THEM AND THEIR FAMILIES WITH THE
EDUCATIONAL, EMOTIONAL, AND RECREATIONAL SUPPORT NEEDED AS A RESULT

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization FRIENDS OF KIDS WITH CANCER Employer identification number

Page 2

43-1614563 ATTACHMENT 1 (CONT'D)

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OF THE LONG HOURS OF CHEMOTHERAPY, ILLNESS AND ISOLATION.

ATTACHMENT 2

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

DESCRIPTION GRANTS **EXPENSES** REVENUE

**EXPANSION** 12,402.

> TOTALS 12,402.

FORM 990, PART VIII - INVESTMENT INCOME

(A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE 60,120.

INTEREST & DIVIDEND INCOME 60,120.

TOTALS 60,120. 60,120.

ATTACHMENT 4

ATTACHMENT 3

#### FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
FASHION SHOW	205,517.	91,609.	113,908.
GOLF TOURNAMENTS	199,427.	46,210.	153,217.
HAT'S ON DAY	45,338.	2,565.	42,773.
WALK WITH A FRIEND	61,956.	14,398.	47,558.
TRIVIA NIGHT	19,672.	1,959.	17,713.
ART FROM THE HEART	49,108.	3,750.	45,358.
OTHER	47,915.	33,581.	14,334.

Schedule O (Form 990 or 990-EZ) 2013

Name of the organization

FRIENDS OF KIDS WITH CANCER

43-1614563

#### FORM 990, PART VIII - FUNDRAISING EVENTS

GROSS DIRECT NET
DESCRIPTION INCOME EXPENSES INCOME

TOTALS 628,933. 194,072. 434,861.

#### FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.		(D) FUNDRAISING EXPENSES
CRISIS INTERVENTION	25,955.	25,955.		
EDUCATIONAL LABOR	41,138.	41,138.		
EDUCATIONAL & IT EQUIP & SFTWR	11,921.	11,921.		
INSURANCE	3,348.		3,348.	
MISCELLANEOUS	603.	172.	431.	
OUTREACH	1,666.			1,666.
PROMOTIONAL ITEMS	8,818.			8,818.
SPECIAL REQUESTS	12,402.	12,402.		
SUPPORT GROUPS	13,654.	13,654.		
EDUCATIONAL TESTING	67,320.	67,320.		
THIRD PARTY EVENTS	1,839.			1,839.
RECREATIONAL DESIGNATED	64,850.	64,850.		
MEETINGS	2,580.	1,161.	258.	1,161.
TELEPHONE	6,380.	1,914.	2,552.	1,914.
VEHICLE	7,038.	4,219.	2,819.	
NEWSLETTER	6,903.	1,035.		5,868.
SCHOLARSHIPS	11,500.	11,500.		

Page 2

ATTACHMENT 4 (CONT'D)

ATTACHMENT 5

Schedule O (Form 990 or 990-EZ) 2013

Page 2 Name of the organization Employer identification number FRIENDS OF KIDS WITH CANCER 43-1614563

FORM	990.	PART	ΙX	_	OTHER	EXPENSES	

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	_	(D) FUNDRAISING EXPENSES
PSYCHO/SOCIAL TESTING	2,625.	2,625.		
SPECIAL NEEDS FUNDS				
RECREATIONAL TOYS	209,365.	209,365.		
RECREATIONAL PARTIES/FOOD/ETC	88,873.	88,873.		
POSTAGE	3,233.	970.	1,293.	970.
SUPPLIES	7,593.	2,278.	3,037.	2,278.
EDUCATIONAL TOYS AND SUPPLIES	1,710.	1,710.		
RECREATIONAL GIFTS	84,168.	84,168.		
RECREATIONAL MEMORIES	16,685.	16,685.		
GRANT WRITING	2,939.			2,939.
RECREATIONAL TICKETS	38,801.	38,801.		
PAYROLL PROCESSING FEES	613.	212.	203.	198.
TOTALS	744,520.	702,928.	13,941.	27,651.

ATTACHMENT	6	

ATTACHMENT 5 (CONT'D)

#### FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING DESCRIPTION BOOK VALUE

PREPAID INSURANCE 2,253.

TOTALS 2,253.

ATTACHMENT 7

Schedule O (Form 990 or 990-EZ) 2013 Page 2

ATTACHMENT 7 (CONT'D)

Employer identification number Name of the organization FRIENDS OF KIDS WITH CANCER 43-1614563

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MORGAN SSB - ENDOWMENT SECURIT		FMV
MORGAN SSB - ENDOWMENT BONDS		FMV
MORGAN SSB - ENDOWMENT CASH		FMV
MORGAN SSB - INVESTMENT SECURI		FMV
PLANCORP - INVESTMENT BOND	331,278.	FMV
PLANCORP - INVESTMENT EQUITIES	367,330.	FMV
PLANCORP - ENDOWMENT CASH	39,796.	FMV
PLANCORP - ENDOWMENT FIXED INC	77,957.	FMV
PLANCORP - ENDOWMENT BOND	914,075.	FMV
PLANCORP - ENDOWMENT EQUITIES	1,489,778.	FMV
TOTALS	3,220,214.	