

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: FOR PETE'S SAKE CANCER RESPITE FOUNDATION. Doing business as: . . . . . Number and street (or P.O. box if mail is not delivered to street address): 620 W GERMANTOWN PIKE SUITE 250. Room/suite: . . . . . City or town, state or province, country, and ZIP or foreign postal code: PLYMOUTH MEETING, PA 19462

D Employer identification number: 23-3013896. E Telephone number: (267) 708-0510. G Gross receipts \$ 2,145,670

F Name and address of principal officer: MARCELLA B SCHANKWEILER, 620 W GERMANTOWN PIKE, PLYMOUTH MEETING, PA 19462

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.TAKEABREAKFROMCANCER.ORG

K Form of organization: Corporation

L Year of formation: 1999. M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FPS ENABLES CANCER PATIENTS AND THEIR LOVED ONES THE OPPORTUNITY TO STRENGTHEN, DEEPEN AND UNIFY THEIR RELATIONSHIPS BY CREATING UNFORGETTABLE AND LASTING RESPITE EXPERIENCES. IN FY21, FPS PROVIDED RESPITE SERVICES TO 99 PATIENTS AND THEIR FAMILIES, RESULTING IN 52 TRAVEL RESPITE EXPERIENCES WITH 223 TRAVELERS AND 13 STAYCATION RESPITES EXPERIENCES WITH 31 FAMILY MEMBERS. ADDITIONALLY, 118 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. . . . .

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (15), 4 Number of independent voting members (14), 5 Total number of individuals employed (15), 6 Total number of volunteers (531), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (1,649,647 / 1,552,902), 9 Program service revenue (0), 10 Investment income (80,713 / 348,289), 11 Other revenue (-67,323 / -41,598), 12 Total revenue (1,663,037 / 1,859,593)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (107,319 / 23,524), 14 Benefits paid (0), 15 Salaries, other compensation (981,809 / 601,745), 16a Professional fundraising fees (0), 16b Total fundraising expenses (220,254), 17 Other expenses (556,456 / 451,242), 18 Total expenses (1,645,584 / 1,076,511), 19 Revenue less expenses (17,453 / 783,082)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (3,072,271 / 3,808,795), 21 Total liabilities (165,842 / 119,589), 22 Net assets or fund balances (2,906,429 / 3,689,206)

Part II Signature Block

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

Sign Here: Signature of officer, Date 2022-02-04, Type or print name and title: MARCELLA B SCHANKWEILER PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2022-02-08, Check if self-employed, PTIN P00133440, Firm's name BEE BERGVALL & CO, Firm's EIN 23-2749044, Firm's address PO BOX 754 WARRINGTON, PA 189760754, Phone no. (215) 343-2727

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FPS ENABLES CANCER PATIENTS AND THEIR LOVED ONES THE OPPORTUNITY TO STRENGTHEN, DEEPEN AND UNIFY THEIR RELATIONSHIPS BY CREATING UNFORGETTABLE AND LASTING RESPITE EXPERIENCES. IN FY20, FPS PROVIDED SERVICES TO 190 PATIENTS AND THEIR FAMILIES, RESULTING IN 124 RESPITE EXPERIENCES WITH 438 TRAVELERS. ADDITIONALLY, 158 PEOPLE WERE SERVED THROUGH ANCILLARY SERVICES. FPS SERVED A TOTAL OF 596 PEOPLE. THESE NUMBERS REFLECT THE CHANGES MADE TO OUR PROGRAM BECAUSE OF THE COVID-19 PANDEMIC AND OUR NEED TO SUSPEND ANY NEW NOMINATIONS FROM MARCH 2020 THROUGH JUNE 2020. THE TWO MAIN CHANGES TO OUR PROGRAM INCLUDE OUR FOCUSED APPROACH TO COMMUNITY RESPITES WITH OUR TRAVEL PARTNER WOODLOCH AND THE FORMALIZATION OF OUR STAYCATION RESPITE PROGRAM. WHEN THE PANDEMIC OCCURRED, WE HAD NEARLY 50 FAMILIES IN QUE FOR OUR TRAVEL RESPITE PROGRAM. BECAUSE OF OUR SWIFT REACTION, WE WERE ABLE TO SEND 21 FAMILIES ON COMMUNITY RESPITES IN JUNE AND THE REMAINING FAMILIES WERE PART OF THE NEWLY FORMED STAYCATION RES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 800,606 including grants of \$ 23,524 ) (Revenue \$ )

FAMILIES IN THE FPS RESPITE PROGRAM ARE SUPPORTED IN SEVERAL WAYS. BASED UPON THE HEALTH OF THE PATIENT, THEY EITHER RECEIVE A TRAVEL RESPITE OR A STAYCATION RESPITE. BOTH ARE TAILORED TO THE FAMILY AND THE RELEVANT NEEDS AS DETERMINED BY THE NOMINATOR AND THE FPS PROGRAM COORDINATOR VIA CONVERSATIONS WITH THE PATIENT AND CAREGIVER. FOLLOWING THE TRAVEL RESPITE OR STAYCATION RESPITE, FPS CONTINUES TO PROVIDE ANCILLARY SUPPORT TO THE PATIENT, CAREGIVER, AND FAMILY. TO BE ELIGIBLE FOR THE PROGRAM, A PATIENT MUST BE NOMINATED BY A MEMBER OF HIS/HER ONCOLOGY TEAM. FPS NOMINATORS USE CLINICAL ASSESSMENT FACTORS TO BEST IDENTIFY PATIENTS IN NEED OF RESPITE. NEW NOMINATORS PARTICIPATE IN A SHORT EDUCATIONAL PROGRAM ABOUT THE MISSION OF FPS. SOME NOMINATORS SERVE AS MEMBERS OF THE FPS PATIENT ADVISORY COMMITTEE, CHARGED WITH OVERSEEING THE ENTIRE PATIENT PROGRAM, PROGRAM GUIDELINES, AND CLINICAL ASSESSMENT FACTORS. OUR TOP FIVE NOMINATING MEDICAL INSTITUTIONS IN FY21 INCLUDE LEHIGH VALLEY, UNIVERSITY OF PENNSYLVANIA ABRAMSON CANCER CENTER, MD ANDERSON CANCER CENTER, TEMPLE HEALTH AND MONTEFIORE HEALTH.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

PANO CERTIFICATION: FPS IS A PROUD RECIPIENT OF THE PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) STANDARDS FOR EXCELLENCE CERTIFICATION. THIS AWARD RECOGNIZES FPS AS AN ETHICAL AND ACCOUNTABLE ORGANIZATION DEDICATED TO THE HIGHEST LEVEL OF EXCELLENCE WITHIN THE NONPROFIT SECTOR AND IS BESTOWED ONLY TO THE MOST WELL-MANAGED AND RESPONSIBLY GOVERNED NONPROFIT ORGANIZATIONS THAT HAVE DEMONSTRATED COMPLIANCE WITH THE 56 SPECIFIC STANDARDS FOR EXCELLENCE BASED ON HONESTY. FPS IS ONE OF ONLY 200 NONPROFITS NATIONWIDE AND THE FIRST NONPROFIT IN MONTGOMERY COUNTY TO HOLD THIS HONOR FROM OVER 11,000 REGISTERED PA CHARITIES. FPS IS PROUD TO HOLD THIS CERTIFICATION SINCE 2005 AND IN DECEMBER, 2020 WAS REACCREDITED UNDER THIS PROGRAM. IN ADDITION TO OUR PANO ACCREDITATION, FPS RECEIVED A FOUR-STAR CHARITY RATING WITH CHARITY NAVIGATOR IN MARCH, 2021. CHARITY NAVIGATOR IS AN ORGANIZATION WITH MORE THAN 160,000 NONPROFITS RATED, AND THEIR RATINGS SHOW CHARITABLE GIVERS/ SOCIAL INVESTORS HOW EFFICIENTLY A CHARITY WILL USE SUPPORT TODAY, HOW WELL IT HAS SUSTAINED ITS PROGRAMS AND SERVICES OVER TIME, AND THEIR LEVEL OF COMMITMENT TO GOOD GOVERNANCE, BEST PRACTICES, AND OPENNESS WITH INFORMATION. LASTLY, WE ENCOURAGE OUR STAKEHOLDERS TO READ PATIENT REVIEWS IN THE FPS PROFILE ON GREATNONPROFITS.ORG.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

OUR THIRD ACCOMPLISHMENT IS OUR COMMITMENT TO FISCAL RESPONSIBILITY, NONPROFIT SUSTAINABILITY AND ORGANIZATIONAL MANAGEMENT SINCE THE PANDEMIC STARTED. WITH SWIFT DECISION MAKING AND A CONTINUED FOCUS ON OUR MISSION, WE HAVE DELIVERED OUR SERVICES, MANAGED CASH AND MADE DECISIONS ON PERSONNEL STAFFING TO STRENGTHEN THE ORGANIZATION'S OVERALL POSITION AND ENSURE THAT RESPITE WILL BE PROVIDED IN THE YEARS TO COME. IN FY21, FPS RECEIVED 307,428 OF IN-KIND SUPPORT FOR THE PROGRAM IN THE FORM OF COMPLIMENTARY OFFICE SPACE, PATIENT ACCOMMODATIONS, PROFESSIONAL AND MARKETING SERVICES, RESPITE SUPPLIES AND SPECIAL EVENT GOODS AND SERVICES. NONCASH CONTRIBUTIONS ARE CRITICAL TO THE ORGANIZATION'S SUCCESS AND ALLOWS FPS TO BEST USE ITS CONSTITUENT DOLLARS.

(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

FPS ALSO PROVIDES EMOTIONAL SUPPORT TO OUR TRAVELERS AND THEIR CAREGIVERS. IN FY21, FPS PROVIDED 5,388 ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 290 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 14,800 PEOPLE. THESE TOUCHPOINTS INCLUDE FACEBOOK, PATIENT SELF-CARE NEWSLETTER, AND CANCER CARE BOOKS. FPS HAS BEEN COLLECTING OUTCOME MEASURES OF ITS COMMUNITY RESPITE MODEL TO GAUGE PROGRAM EFFECTIVENESS AND THE THERAPEUTIC BENEFITS OF RESPITE. THIS DATA IS CRITICAL IN ASSESSING THE ORGANIZATION'S CONTINUED ADVOCACY OF ITS MISSION AND HAS BECOME THE BASIS FOR ITS STRATEGIC APPROACH TO CHANGING THE CONTINUUM OF CARE FOR CANCER PATIENTS AND THEIR FAMILIES. PLEASE REVIEW THIS DATA ON THE FOR PETE'S SAKE WEBSITE UNDER ABOUT US STRATEGIC INITIATIVES HTTPS://TAKEABREAKFROMCANCER.ORG/STRATEGIC-INITIATIVES/ THIS DATA IS CONTINUALLY UPDATED. IN ADDITION TO THIS COMMUNITY RESPITE DATA, FPS CONTINUES TO USE A MEASUREMENT THAT HAS BEEN IN PLACE SINCE 2005. SUCH MEASUREMENT INDICATES AN OVERALL RATING IN THE IMPROVED ABILITY TO COPE WITH CANCER. THE RATING IS 3.88 ON A SCALE OF ONE TO FOUR. FURTHER, ONE HUNDRED PERCENT OF ALL NOMINATING PROFESSIONALS RECOGNIZE POST-RESPITE IMPROVEMENT IN THE PATIENTS AND PATIENT'S FAMILY/CAREGIVER'S ABILITY TO COPE WITH CANCER. SPECIFICALLY, THEY NOTE A 51% INCREASE IN THE PATIENT'S COPING ABILITY, A 44% INCREASE IN THE CAREGIVER'S COPING ABILITY, AND A 48% INCREASE IN THE CHILDREN'S COPING ABILITY. AS PART OF THE FPS COMMITMENT TO TRANSPARENCY, FPS POSTS ITS PATIENT AND NOMINATOR OUTCOME MEASURES ON ITS WEBSITE UNDER THE IMPACT SECTION. FPS ALSO BEGAN A RESEARCH STUDY TO CORRELATE THE SIGNIFICANCE OF RESPITE WITH IMPROVED OUTCOMES RELATED TO COMMUNICATION, TREATMENT, MENTAL HEALTH, RELATIONSHIPS (BOTH WITHIN FAMILY AND TREATMENT TEAM) AND OTHER GENERALIZED DAILY ACTIVITIES. THIS STUDY WAS COMPLETED DURING THE FISCAL YEAR AND THE DATA IS CURRENTLY BEING SCORED AND WILL BE AVAILABLE UPON COMPLETION.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 800,606

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16), and Yes/No/blank response cells.

If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

Table with 2 main columns: Question, Answer. Rows include: 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 Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

**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 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, or 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCELLA B SCHANKWEILER PRESIDENT	40.00	X		X			112,845	0	20,841	
(2) BRAD MINOR CHAIRMAN	1.00	X		X			0	0	0	
(3) CHRISTOPHER SELGRATH DO VICE CHAIRMA	1.00	X		X			0	0	0	
(4) CHARLES GREENBERG SECRETARY	1.00	X		X			0	0	0	
(5) JOSEPH MANION TREASURER	1.00	X		X			0	0	0	
(6) KEVIN NORRIS DIRECTOR	1.00	X					0	0	0	
(7) CATHERINE SHIELDS DIRECTOR	1.00	X					0	0	0	
(8) DEB RINALDI DIRECTOR	1.00	X					0	0	0	
(9) CHRISTOPHER SOLECKI DIRECTOR	1.00	X					0	0	0	
(10) SUSAN SCHULTZ DIRECTOR	1.00	X					0	0	0	
(11) JOSEPH NICOLAS DIRECTOR	1.00	X					0	0	0	
(12) TRISH SINNOTT DIRECTOR	1.00	X					0	0	0	
(13) DALE MOSS DIRECTOR	1.00	X					0	0	0	
(14) BRIAN HAVRILLA DIRECTOR	1.00	X					0	0	0	
(15) MEG GARRETT DIRECTOR	1.00	X					0	0	0	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>	205,114				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	158,700				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,189,088				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	66,870				
	<b>h Total.</b> Add lines 1a-1f . . .			1,552,902			
<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . .						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		293,629			293,629	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>6a</b>					
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	200,782				
		(ii) Other					
		<b>7a</b>					
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	146,122				
	<b>c</b> Gain or (loss)	<b>7c</b>	54,660				
	<b>d</b> Net gain or (loss) . . . . .			54,660		54,660	
<b>8a</b> Gross income from fundraising events (not including \$ 205,114 of contributions reported on line 1c). See Part IV, line 18 . . . . .							
	<b>8a</b>	86,757					
	<b>b</b> Less: direct expenses	<b>8b</b>	138,555				
<b>c</b> Net income or (loss) from fundraising events . . . . .			-51,798		-51,798		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>	11,600					
	<b>b</b> Less: direct expenses	<b>9b</b>	1,400				
<b>c</b> Net income or (loss) from gaming activities . . . . .			10,200		10,200		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			1,859,593		306,691		

**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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	23,524	23,524		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	133,686	80,211	13,369	40,106
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	362,497	282,474	12,376	67,647
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	66,649	52,237	2,291	12,121
<b>10</b> Payroll taxes	38,913	28,795	1,946	8,172
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	8,200		8,200	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,602	12,716	661	3,225
<b>12</b> Advertising and promotion	2,647		25	2,622
<b>13</b> Office expenses	53,806	21,440	1,279	31,087
<b>14</b> Information technology	52,681	32,262	1,226	19,193
<b>15</b> Royalties				
<b>16</b> Occupancy	39,937	33,733	2,832	3,372
<b>17</b> Travel	931	422	470	39
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,760	2,370	624	766
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	35,201	28,885	1,740	4,576
<b>23</b> Insurance	16,281	12,038	3,023	1,220
<b>24</b> 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.)				
<b>a</b> ACCOMMODATIONS	111,776	111,776		
<b>b</b> PROGRAM ANCILLARY SERV.	65,956	65,956		
<b>c</b> BAD DEBTS	20,357			20,357
<b>d</b> DUES AND SUBSCRIPTIONS	11,630	5,415	2,956	3,259
<b>e</b> All other expenses	11,477	6,352	2,633	2,492
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,076,511	800,606	55,651	220,254
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	93,323	<b>1</b>	537,332
	<b>2</b> Savings and temporary cash investments	761,988	<b>2</b>	736,806
	<b>3</b> Pledges and grants receivable, net . . . . .	353,951	<b>3</b>	333,163
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	9,992	<b>9</b>	24,910
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 365,614		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 189,795	174,744	<b>10c</b> 175,819
	<b>11</b> Investments—publicly traded securities . . . . .	1,334,671	<b>11</b>	1,688,366
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	115,486	<b>14</b>	94,092
	<b>15</b> Other assets. See Part IV, line 11	228,116	<b>15</b>	218,307
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,072,271	<b>16</b>	3,808,795	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,142	<b>17</b>	6,177
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	158,700	<b>25</b>	113,412
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	165,842	<b>26</b>	119,589
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,594,776	<b>27</b>	2,356,623
	<b>28</b> Net assets with donor restrictions	1,311,653	<b>28</b>	1,332,583
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	2,906,429	<b>32</b>	3,689,206
<b>33</b> Total liabilities and net assets/fund balances	3,072,271	<b>33</b>	3,808,795	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,859,593
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,076,511
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	783,082
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	2,906,429
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-9,809
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	9,504
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	3,689,206

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

2020

Open to Public Inspection

**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.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury

Internal Revenue Service  
**Name of the organization**

FOR PETE'S SAKE CANCER RESPITE FOUNDATION

**Employer identification number**

23-3013896

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	993,265	1,323,393	2,328,167	1,649,647	1,394,202	7,688,674
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	993,265	1,323,393	2,328,167	1,649,647	1,394,202	7,688,674
<b>5</b> 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). . .						1,099,522
<b>6 Public support.</b> Subtract line 5 from line 4.						6,589,152

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	993,265	1,323,393	2,328,167	1,649,647	1,394,202	7,688,674
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	8,245	51,676	75,506	80,713	293,629	509,769
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .	820,118	463,706	410,189	162,594	34,560	1,891,167
<b>11 Total support.</b> Add lines 7 through 10						10,089,610

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	65.310 %
<b>15</b> Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.050 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	
<b>19a 33 1/3% support tests—2020.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2019.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	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>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	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 <b>Part VI</b> 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.		
<b>5a</b>	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 <b>Part VI</b> , 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>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) .		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b>	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 <b>Part VI</b> .		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b>	Did a disqualified person (as defined in 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 <b>Part VI</b> .		
<b>10a</b>	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>b</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).		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
  - b** A family member of a person described in 11a above?
  - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization'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 supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in line 2a 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):  |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

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

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	<b>5</b>	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
<b>a</b> From 2015. . . . .			
<b>b</b> From 2016. . . . .			
<b>c</b> From 2017. . . . .			
<b>d</b> From 2018. . . . .			
<b>e</b> From 2019. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

### Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	SPECIAL EVENTS 1,891,167

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization FOR PETE'S SAKE CANCER RESPITE FOUNDATION	<b>Employer identification number</b> 23-3013896
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
FOR PETE'S SAKE CANCER RESPITE  
FOUNDATION

Employer identification number  
23-3013896

**Part I**  
**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
 FOR PETE'S SAKE CANCER RESPITE  
 FOUNDATION

**Employer identification number**  
 23-3013896

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization FOR PETE'S SAKE CANCER RESPITE FOUNDATION	Employer identification number 23-3013896
--	--

**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 information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

**Supplemental Financial Statements**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
FOR PETE'S SAKE CANCER RESPITE  
FOUNDATION

**Employer identification number**

23-3013896

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of organization easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<b>Held at the End of the Year</b>
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4 Number of states where property subject to conservation easement is located ▶ _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____	
(ii) Assets included in Form 990, Part X . . . . . ▶ \$ _____	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____	
b Assets included in Form 990, Part X . . . . . ▶ \$ _____	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	2,136,396	1,809,919	1,130,320	1,102,332	1,013,978
<b>b</b> Contributions . . . . .		250,000	652,000		77,431
<b>c</b> Net investment earnings, gains, and losses	352,026	87,477	53,599	64,963	10,923
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	20,000	11,000	26,000	36,975	
<b>f</b> Administrative expenses . . . . .	250				
<b>g</b> End of year balance . . . . .	2,468,172	2,136,396	1,809,919	1,130,320	1,102,332

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 56.410 %
  - b** Permanent endowment ▶ 43.590 %
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . .   |     | No |
| <b>(ii)</b> Related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		14,402		14,402
<b>b</b> Buildings . . . . .		294,722	138,027	156,695
<b>c</b> Leasehold improvements		22,105	20,734	1,371
<b>d</b> Equipment . . . . .		34,385	31,034	3,351
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				175,819

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, (B) through (I), and Total.

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (2) through (10) and Total.

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Row (1) BENEFICIAL INTEREST IN REMAINDER TRU has a book value of 218,307. Total row has a book value of 218,307.

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row (1) Federal income taxes has a book value of 113,412. Total row has a book value of 113,412.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,103,146
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-9,809	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	220,502	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	9,504	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 220,197
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 1,882,949
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-23,356	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -23,356
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .			<b>5</b> 1,859,593

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,320,369
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	220,502	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	23,356	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 243,858
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 1,076,511
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b> 1,076,511

**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.

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	FPS HAS ESTABLISHED A RESTRICTED ENDOWMENT FUND ACCOUNT. IN ACCORDANCE WITH THE DONORS' INTENT, THE PRINCIPAL OF THIS FUND IS INVESTED IN PERPETUITY AND EARNINGS GENERATED ARE RESTRICTED AND USED FOR PROGRAM EXPENSES EXCLUSIVELY. MONIES HELD IN THIS ENDOWMENT ARE SEGREGATED INTO A SEPARATE ACCOUNT.
SCHEDULE D, PAGE 4, PART XI, LINE 2D	PRESENT VALUE ADJUSTMENT 9,504
SCHEDULE D, PAGE 4, PART XI, LINE 4B	SPECIAL EVENT EXPENSES -23,356
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 23,356

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

**2020**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**FOR PETE'S SAKE CANCER RESPITE  
FOUNDATION**

**Employer identification number**  
**23-3013896**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 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**  **No**
- b** 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) Did fundraiser have custody or control of contributions?		(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

**3** 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.

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<b>VIRTUAL EVENT</b> (event type)	<b>GOLF</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
<b>1</b> Gross receipts . . . . .	176,101	62,508	50,107	288,716
<b>2</b> Less: Contributions . . . . .	128,004	23,848	50,107	201,959
<b>3</b> Gross income (line 1 minus line 2) . . . . .	48,097	38,660		86,757
<b>Direct Expenses</b>				
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .	27,031	12,679		39,710
<b>6</b> Rent/facility costs . . . . .		13,690		13,690
<b>7</b> Food and beverages . . . . .				
<b>8</b> Entertainment . . . . .	33,182	1,125	14,967	49,274
<b>9</b> Other direct expenses . . . . .	9,475	706	582	10,763
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				113,437
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-26,680

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>Revenue</b>			
<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes . . . . .				
<b>3</b> Noncash prizes . . . . .				
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: P A

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

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**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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**11** Does the organization conduct 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?  Yes  No

**13** Indicate the percentage of gaming activity conducted in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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 ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** 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:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

<b>Part IV Supplemental Information.</b> Provide the explanations 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 provide any additional information. See Instructions.	
Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization FOR PETE'S SAKE CANCER RESPITE FOUNDATION

Employer identification number 23-3013896

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STAYCATION STIPEND	14	7,774		FMV	
(2) PATIENT STIPEND	52	15,750		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	AS PART OF ITS RESPITE EXCURSION PROGRAM, FPS WANTS TO ENSURE THAT EACH TRAVELING FAMILY HAS AMPLE FINANCIAL RESOURCES TO MAKE THE RESPITE MEANINGFUL AND MEMORABLE. THUS, IN ADDITION TO ATTRACTION TICKETS, GIFT CERTIFICATES, TOILETRIES, INSPIRATIONAL WRITINGS, JOURNALS, ROBES, ETC. AS PART OF THE RESPITE, FPS ALSO PROVIDES EACH PATIENT AND HIS/HER TRAVELING PARTNERS WITH A GENEROUS CASH STIPEND FOR INCIDENTAL EXPENSES. AT A MINIMUM, THIS STIPEND IS 1,000 PER WEEK PER FAMILY. THIS INCREASES BASED UPON THE PATIENT/CAREGIVER/FAMILY'S OUTSTANDING NEEDS, FAMILY SIZE AND FINAL RESPITE DESTINATION.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FOR PETE'S SAKE CANCER RESPITE  
FOUNDATION

**Employer identification number**  
23-3013896

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (AUCTION ITEMS)	X	136	32,789	FAIR MARKET VALUE
26 Other (EVENT SUPPLIES)	X	12	9,385	FAIR MARKET VALUE
27 Other (PROG. SUPPLIES)	X	31	18,112	FAIR MARKET VALUE
28 Other (OTHER)	X	10	6,584	FAIR MARKET VALUE

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 **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II.		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	PART I, COLUMN (B): NUMBER OF CONTRIBUTIONS

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990 or 990-**  
**EZ)****Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**2020****Open to Public  
Inspection**

Department of the Treasury

Name of the organization  
FOR PETE'S SAKE CANCER RESPITE  
FOUNDATION

Employer identification number

23-3013896

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FPS ENABLES CANCER PATIENTS AND THEIR LOVED ONES THE OPPORTUNITY TO STRENGTHEN, DEEPEN AND UNIFY THEIR RELATIONSHIPS BY CREATING UNFORGETTABLE AND LASTING RESPITE EXPERIENCES. IN FY20, FPS PROVIDED SERVICES TO 190 PATIENTS AND THEIR FAMILIES, RESULTING IN 124 RESPITE EXPERIENCES WITH 438 TRAVELERS. ADDITIONALLY, 158 PEOPLE WERE SERVED THROUGH ANCILLARY SERVICES. FPS SERVED A TOTAL OF 596 PEOPLE. THESE NUMBERS REFLECT THE CHANGES MADE TO OUR PROGRAM BECAUSE OF THE COVID-19 PANDEMIC AND OUR NEED TO SUSPEND ANY NEW NOMINATIONS FROM MARCH 2020 THROUGH JUNE 2020. THE TWO MAIN CHANGES TO OUR PROGRAM INCLUDE OUR FOCUSED APPROACH TO COMMUNITY RESPITES WITH OUR TRAVEL PARTNER WOODLOCH AND THE FORMALIZATION OF OUR STAYCATION RESPITE PROGRAM. WHEN THE PANDEMIC OCCURRED, WE HAD NEARLY 50 FAMILIES IN QUE FOR OUR TRAVEL RESPITE PROGRAM. BECAUSE OF OUR SWIFT REACTION, WE WERE ABLE TO SEND 21 FAMILIES ON COMMUNITY RESPITES IN JUNE AND THE REMAINING FAMILIES WERE PART OF THE NEWLY FORMED STAYCATION RESPITE PROGRAM.
FORM 990, PAGE 2, PART III, LINE 4A	FAMILIES IN THE FPS RESPITE PROGRAM ARE SUPPORTED IN SEVERAL WAYS. BASED UPON THE HEALTH OF THE PATIENT, THEY EITHER RECEIVE A TRAVEL RESPITE OR A STAYCATION RESPITE. BOTH ARE TAILORED TO THE FAMILY AND THE RELEVANT NEEDS AS DETERMINED BY THE NOMINATOR AND THE FPS PROGRAM COORDINATOR VIA CONVERSATIONS WITH THE PATIENT AND CAREGIVER. FOLLOWING THE TRAVEL RESPITE OR STAYCATION RESPITE, FPS CONTINUES TO PROVIDE ANCILLARY SUPPORT TO THE PATIENT, CAREGIVER, AND FAMILY. TO BE ELIGIBLE FOR THE PROGRAM, A PATIENT MUST BE NOMINATED BY A MEMBER OF HIS/HER ONCOLOGY TEAM. FPS NOMINATORS USE CLINICAL ASSESSMENT FACTORS TO BEST IDENTIFY PATIENTS IN NEED OF RESPITE. NEW NOMINATORS PARTICIPATE IN A SHORT EDUCATIONAL PROGRAM ABOUT THE MISSION OF FPS. SOME NOMINATORS SERVE AS MEMBERS OF THE FPS PATIENT ADVISORY COMMITTEE, CHARGED WITH OVERSEEING THE ENTIRE PATIENT PROGRAM, PROGRAM GUIDELINES, AND CLINICAL ASSESSMENT FACTORS. OUR TOP FIVE NOMINATING MEDICAL INSTITUTIONS IN FY21 INCLUDE LEHIGH VALLEY, UNIVERSITY OF PENNSYLVANIA ABRAMSON CANCER CENTER, MD ANDERSON CANCER CENTER, TEMPLE HEALTH AND MONTEFIORE HEALTH.
FORM 990, PAGE 2, PART III, LINE 4B	PANO CERTIFICATION: FPS IS A PROUD RECIPIENT OF THE PENNSYLVANIA ASSOCIATION OF NONPROFIT ORGANIZATIONS (PANO) STANDARDS FOR EXCELLENCE CERTIFICATION. THIS AWARD RECOGNIZES FPS AS AN ETHICAL AND ACCOUNTABLE ORGANIZATION DEDICATED TO THE HIGHEST LEVEL OF EXCELLENCE WITHIN THE NONPROFIT SECTOR AND IS BESTOWED ONLY TO THE MOST WELL-MANAGED AND RESPONSIBLY GOVERNED NONPROFIT ORGANIZATIONS THAT HAVE DEMONSTRATED COMPLIANCE WITH THE 56 SPECIFIC STANDARDS FOR EXCELLENCE BASED ON HONESTY. FPS IS ONE OF ONLY 200 NONPROFITS NATIONWIDE AND THE FIRST NONPROFIT IN MONTGOMERY COUNTY TO HOLD THIS HONOR FROM OVER 11,000 REGISTERED PA CHARITIES. FPS IS PROUD TO HOLD THIS CERTIFICATION SINCE 2005 AND IN DECEMBER, 2020 WAS REACCREDITED UNDER THIS PROGRAM. IN ADDITION TO OUR PANO ACCREDITATION, FPS RECEIVED A FOUR-STAR CHARITY RATING WITH CHARITY NAVIGATOR IN MARCH, 2021. CHARITY NAVIGATOR IS AN ORGANIZATION WITH MORE THAN 160,000 NONPROFITS RATED, AND THEIR RATINGS SHOW CHARITABLE GIVERS/ SOCIAL INVESTORS HOW EFFICIENTLY A CHARITY WILL USE SUPPORT TODAY, HOW WELL IT HAS SUSTAINED ITS PROGRAMS AND SERVICES OVER TIME, AND THEIR LEVEL OF COMMITMENT TO GOOD GOVERNANCE, BEST PRACTICES, AND OPENNESS WITH INFORMATION. LASTLY, WE ENCOURAGE OUR STAKEHOLDERS TO READ PATIENT REVIEWS IN THE FPS PROFILE ON GREATNONPROFITS.ORG.
FORM 990, PAGE 2, PART III, LINE 4D	FPS ALSO PROVIDES EMOTIONAL SUPPORT TO OUR TRAVELERS AND THEIR CAREGIVERS. IN FY21, FPS PROVIDED 5,388 ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 290 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 14,800 PEOPLE. THESE TOUCHPOINTS INCLUDE FACEBOOK, PATIENT SELF-CARE NEWSLETTER, AND CANCER CARE BOOKS. FPS HAS BEEN COLLECTING OUTCOME MEASURES OF ITS COMMUNITY RESPITE MODEL TO GAUGE PROGRAM EFFECTIVENESS AND THE THERAPEUTIC BENEFITS OF RESPITE. THIS DATA IS CRITICAL IN ASSESSING THE ORGANIZATIONS CONTINUED ADVOCACY OF ITS MISSION AND HAS BECOME THE BASIS FOR ITS STRATEGIC APPROACH TO CHANGING THE CONTINUUM OF CARE FOR CANCER PATIENTS AND THEIR FAMILIES. PLEASE REVIEW THIS DATA ON THE FOR PETE'S SAKE WEBSITE UNDER ABOUT US STRATEGIC INITIATIVES <a href="https://takeabreakfromcancer.org/strategic-initiatives/">HTTPS://TAKEABREAKFROMCANCER.ORG/STRATEGIC-INITIATIVES/</a> THIS DATA IS CONTINUALLY UPDATED. IN ADDITION TO THIS COMMUNITY RESPITE DATA, FPS CONTINUES TO USE A MEASUREMENT THAT HAS BEEN IN PLACE SINCE 2005. SUCH MEASUREMENT INDICATES AN OVERALL RATING IN THE IMPROVED ABILITY TO COPE WITH CANCER. THE RATING IS 3.88 ON A SCALE OF ONE TO FOUR. FURTHER, ONE HUNDRED PERCENT OF ALL NOMINATING PROFESSIONALS RECOGNIZE POST-RESPITE IMPROVEMENT IN THE PATIENTS AND PATIENT'S FAMILY/CAREGIVER'S ABILITY TO COPE WITH CANCER. SPECIFICALLY, THEY NOTE A 51% INCREASE IN THE PATIENT'S COPING ABILITY, A 44% INCREASE IN THE CAREGIVER'S COPING ABILITY, AND A 48% INCREASE IN THE CHILDREN'S COPING ABILITY. AS PART OF THE FPS COMMITMENT TO TRANSPARENCY, FPS POSTS ITS PATIENT AND NOMINATOR OUTCOME MEASURES ON ITS WEBSITE UNDER THE IMPACT SECTION. FPS ALSO BEGAN A RESEARCH STUDY TO CORRELATE THE SIGNIFICANCE OF RESPITE WITH IMPROVED OUTCOMES RELATED TO COMMUNICATION, TREATMENT, MENTAL HEALTH, RELATIONSHIPS (BOTH WITHIN FAMILY AND TREATMENT TEAM) AND OTHER GENERALIZED DAILY ACTIVITIES. THIS STUDY WAS COMPLETED DURING THE FISCAL YEAR AND THE DATA IS CURRENTLY BEING SCORED AND WILL BE AVAILABLE UPON COMPLETION.
FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW OF THE 990 HAS BEEN EXTENSIVE, BEGINNING WITH STAFF AND ACCOUNTING REVIEW TO FORMULATING A DRAFT PRODUCT. THE DRAFTS OF BOTH THE 990 AND AUDITED FINANCIAL STATEMENTS WERE THEN REVIEWED BY THE FPS FINANCE COMMITTEE WITH COMMENTS AND SUGGESTIONS DIRECTED TO THE FPS TREASURER. AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE AND TREASURER, THE DRAFTS ARE FORWARDED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS. THE AUDIT AND FORM 990 ARE CONSIDERED FINAL AFTER THE REVIEW PERIOD HAS PASSED.
FORM 990, PAGE	AS PART OF ITS STANDARDS FOR EXCELLENCE ACCREDITATION, FPS HAS DEVELOPED STRATEGIES FOR MONITORING

Return Reference	Explanation
6, PART VI, LINE 12C	AND ENFORCING POTENTIAL CONFLICTS OF INTEREST. ANNUALLY, INDIVIDUAL BOARD MEMBER PERFORMANCE EVALUATIONS ARE DISTRIBUTED WITH THE CONFLICT OF INTEREST FORMS. THE SECRETARY IS THEN CHARGED WITH COLLECTION OF THESE FORMS AND REPORTING OF RESULTS TO THE CHAIR OF THE GOVERNANCE COMMITTEE.
FORM 990, PAGE 6, PART VI, LINE 15A	AS PART OF ITS STANDARDS FOR EXCELLENCE ACCREDITATION, FPS HAS DEVELOPED STRATEGIES FOR DETERMINING REVIEW OF ITS CURRENT COMPENSATION STRUCTURE WHICH BEGINS WITH THE PRESENTATION OF THE PRELIMINARY BUDGET TO THE FINANCE COMMITTEE AND THE BOARD. THIS COMPENSATION REVIEW TAKES INTO ACCOUNT COMPARATIVE SALARIES IN SIMILARLY BUDGETED ORGANIZATIONS. ALL SALARIES ARE INDIVIDUALLY LISTED IN THE PRELIMINARY BUDGET BASED UPON SAID COMPARISONS. FINAL BUDGET APPROVAL IS THEN GRANTED AFTER THE FINAL BUDGET PRESENTATION IN JUNE OF EACH FISCAL YEAR.
FORM 990, PAGE 6, PART VI, LINE 15B	AS PART OF ITS STANDARDS FOR EXCELLENCE ACCREDITATION, FPS HAS DEVELOPED STRATEGIES FOR DETERMINING REVIEW OF ITS CURRENT COMPENSATION STRUCTURE WHICH BEGINS WITH THE PRESENTATION OF THE PRELIMINARY BUDGET TO THE FINANCE COMMITTEE AND THE BOARD. THIS COMPENSATION REVIEW TAKES INTO ACCOUNT COMPARATIVE SALARIES IN SIMILARLY BUDGETED ORGANIZATIONS. ALL SALARIES ARE INDIVIDUALLY LISTED IN THE PRELIMINARY BUDGET BASED UPON SAID COMPARISONS. FINAL BUDGET APPROVAL IS THEN GRANTED AFTER THE FINAL BUDGET PRESENTATION IN JUNE OF EACH FISCAL YEAR.
FORM 990, PAGE 6, PART VI, LINE 19	FPS IS PROUD OF ITS FINANCIAL INTEGRITY AND ITS COMMITMENT TO STEWARDSHIP USING THE FINANCIAL RESOURCES ENTRUSTED TO US BY OUR COMMUNITY OF FAMILY AND FRIENDS. AS PART OF THE COMMITMENT, FPS BELIEVES IN TRANSPARENCY AND POSTS ITS AUDIT AND FORM 990 ON <a href="http://WWW.TAKEABREAKFROMCANCER.ORG">WWW.TAKEABREAKFROMCANCER.ORG</a> AND CONTINUALLY EDUCATES ITS STAKEHOLDERS ABOUT ITS STRATEGIC INITIATIVES, VIA OUR WEBSITE. WE ALSO INVITE PROSPECTIVE DONORS TO VISIT OUR FINANCIAL AND PROGRAM INFORMATION AVAILABLE ON <a href="http://WWW.GUIDESTAR.ORG">WWW.GUIDESTAR.ORG</a> AND READ OVER REVIEWS ON <a href="http://WWW.GREATNONPROFITS.ORG">WWW.GREATNONPROFITS.ORG</a> . FPS IS A PLATINUM-LEVEL GUIDESTAR EXCHANGE PARTICIPANT, DEMONSTRATING ITS COMMITMENT TO TRANSPARENCY. ANY ADDITIONAL DOCUMENTATION IS AVAILABLE UPON REQUEST.
FORM 990, PART VIII	THE REDUCTION IN REVENUE WAS THE RESULT OF FPS NOT MAKING A STRATEGIC EFFORT TO ACQUIRE MAJOR GIFTS TO SUPPORT THE ONGOING ENDOWMENT EFFORTS. IN THE PRIOR FISCAL YEAR ONE LARGE GIFT OF 300,000 WAS RECEIVED, WHILE THIS YEAR THERE WERE NO LARGE GIFTS.
FORM 990, PART XI, LINE 9	PRESENT VALUE ADJUSTMENT 9,504 SPECIAL EVENT EXPENSES 23,356 SPECIAL EVENT EXPENSES -23,356 TOTAL 9,504

## **Additional Data**

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