

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury

For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

Form 990 header section containing organization name (FOR PETE'S SAKE CANCER RESPITE FOUNDATION), EIN (23-3013896), address (620 W GERMANTOWN PIKE SUITE 250), and principal officer (MARCELLA B SCHANKWEILER).

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.

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include 3 (Voting members), 4 (Independent voting members), 5 (Total employees), 6 (Total volunteers), 7a (Total unrelated business revenue), 7b (Total unrelated business taxable income).

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include 8 (Contributions and grants), 9 (Program service revenue), 10 (Investment income), 11 (Other revenue), 12 (Total revenue), 13 (Grants and similar amounts paid), 14 (Benefits paid), 15 (Salaries and compensation), 16a (Professional fundraising fees), 16b (Total fundraising expenses), 17 (Other expenses), 18 (Total expenses), 19 (Revenue less expenses).

Table with 4 columns: Line number, Description, Beginning of Current Year, End of Year. Rows include 20 (Total assets), 21 (Total liabilities), 22 (Net assets or fund balances).

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.

Signature block for Marcella B Schankweiler, President, dated 2023-02-08.

Paid Preparer Use Only section containing preparer name (BEE BERGVALL & CO), address (WARRINGTON, PA), and phone number (215) 343-2727.

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 FY22, FPS PROVIDED RESPITE SERVICES TO 105 PATIENTS AND THEIR FAMILIES, RESULTING IN 90 TRAVEL RESPITE EXPERIENCES WITH 341 TRAVELERS AND 15 STAYCATION RESPITES EXPERIENCES WITH 45 FAMILY MEMBERS. ADDITIONALLY, 100 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 486 PEOPLE THROUGH ITS DIRECT RESPITE PROGRAM THIS YEAR. IN ADDITION, FPS CONTINUED ITS SUPPORT OF PRIOR RESPITE RECIPIENTS THROUGH ITS ANCILLARY SUPPORT PROGRAM WITH OVER 22,473 TOUCHPOINTS MADE TO FAMILIES. DUE TO COVID-19, TWO MAIN CHANGES TO OUR RESPITE PROGRAM INCLUDE OUR FOCUSED APPROACH TO COMMUNITY RESPITES WITH OUR TRAVEL PARTNER WOODLOCH RESORT AND THE FORMALIZATION OF OUR STAYCATION RESPITE PROGRAM. WHEN THE PANDEMIC OCCURRED, OUR SWIFT REACTION AND RELATIONSHIP WITH OUR TRAVEL PARTNER WOODLOCH RESORT ALLOWE

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 \$ 1,303,682 including grants of \$ 42,595 ) (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 NOMINATING MEDICAL INSTITUTIONS IN FY22 INCLUDE JEFFERSON HEALTH, ALLEGHENY HEALTH NETWORK, LEHIGH VALLEY, UNIVERSITY OF PENNSYLVANIA ABRAMSON CANCER CENTER, MD ANDERSON CANCER CENTER, TEMPLE HEALTH AND MONTEFIORE HEALTH ALONG WITH 25 ADDITIONAL MEDICAL INSTITUTIONS.

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 175 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, WHICH MEANS THAT FPS HAS TAKEN THE STEPS TO BE ACCOUNTABLE, TRANSPARENT AND FINANCIALLY HEALTHY. ALSO, FPS MAINTAINS OUR PLATINUM-LEVEL STATUS WITH GUIDESTAR WHICH DEMONSTRATES OUR COMMITMENT OF TRANSPARENCY AND EFFICIENT, EFFECTIVE MANAGEMENT AND STEWARDSHIP. 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 FY22, FPS RECEIVED 336,895 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 FPS FAMILIES. IN FY22, FPS PROVIDED 7,032 DIRECT ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 415 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 15,400 PEOPLE THROUGH INDIRECT ANCILLARY SUPPORT. THESE TOUCHPOINTS INCLUDE PHONE CALLS, TEXT MESSAGES, FPS FAMILY EVENTS, 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 HTTPS://TAKEABREAKFROMCANCER.ORG/STRATEGIC-INITIATIVES/ THIS DATA IS CONTINUALLY UPDATED. WE BELIEVE THAT A CANCER DIAGNOSIS AFFECTS THE CANCER PATIENT, THE CAREGIVER AND THE FAMILY MEMBERS IN COMPLEX WAYS. OUR HOPE FOR OUR PATIENTS AND CAREGIVERS IS THAT WHILE ON RESPITE, THEY LAUGH A LITTLE LOUDER, HUG A LITTLE MORE AND RECOGNIZE THAT LOVE DEFINES THEIR LIFE STORY, NOT CANCER. OUR PROGRAM IS STRUCTURED TO EFFECTUATE MEANINGFUL CHANGE FOLLOWING A MODEL FOR FAMILY HEALTH. THIS MODEL INCLUDES FAMILY, MENTAL, PHYSICAL, PSYCHOSOCIAL, EMOTIONAL, SPIRITUAL AND FINANCIAL HEALTH. WE STRIVE TO CREATE A MEANINGFUL EXPERIENCE FOR EACH RECIPIENT AND ASK OUR PATIENTS AND NOMINATORS TO COMPLETE PRE AND POST RESPITE OUTCOME MEASURES. 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. 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 52% INCREASE IN THE PATIENT'S COPY ABILITY, A 44% INCREASE IN THE CAREGIVER'S COPING ABILITY, AND A 48% INCREASE IN THE CHILDREN'S COPY ABILITY. AS PART OF THE FPS COMMITMENT TO TRANSPARENCY, FPS POSTS ITS PATIENT AND NOMINATOR OUTCOME MEASURES ON ITS WEBSITE UNDER THE IMPACT SECTION. RESPITE MAKES A DIFFERENCE. OUR RESPITE DATA AND OUTCOMES HAVE BEEN RECOGNIZED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) AND PUBLISHED IN AN APRIL 2020 FPS ABSTRACT, TITLED INDIVIDUAL AND COMMUNITY RESPITE AS SUPPORTIVE CARE FOR ADULT CANCER PATIENTS, THEIR CAREGIVERS AND THEIR FAMILIES. FPS HAS PRESENTED TWICE AT THE AMERICAN PSYCHOSOCIAL ONCOLOGY SOCIETY (APOS) NATIONAL CONFERENCE ON THE THERAPEUTIC IMPACT OF RESPITE ON PATIENTS, CAREGIVERS AND THEIR FAMILIES RELATIVE TO STRENGTHENED COMMUNICATION, RELATIONSHIPS, RESILIENCE, QUALITY OF LIFE AND COPING WITH CANCER. THE PRESENTATION IS TITLED CANCER FAMILIES' INTENTIONAL RESPITE EXPERIENCE, FAMILY DYNAMICS AND POSITIVE OUTLOOKS. FPS ALSO BEGAN A RESEARCH STUDY TO CORRELATE THE SIGNIFICANCE OF RESPITE WITH IMPROVED OUTCOMES RELATED TO OVERALL FAMILY HEALTH INCLUDING 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. CAPITAL CAMPAIGN: FPS IS IN THE FIRST YEAR OF A 17 MILLION RESPITE TRANSFORMED CAMPAIGN THAT WILL ADD 5 MILLION TO THE CURRENT ENDOWMENT AND RAISE 12 MILLION TO CONSTRUCT THE NATION'S FIRST RESPITE CENTER FOR FAMILIES FACING CANCER. EXPECTING TO LAST THREE TO FIVE YEARS, THIS CAMPAIGN ALIGNS WITH FPS' 2030 STRATEGIC VISION AND STRONG OUTCOME MEASURES FROM WOODLOCH RESPITES. EVERY SPACE LENDS FOR TRANSFORMATIVE EXPERIENCES THAT WILL CHANGE THE CONTINUUM OF CARE FOR CANCER PATIENTS. DEDICATED SPACES, INCLUDING AN ART STUDIO, POOL, PLAY AREAS, CHAPEL AND NATURE TRAILS, PROVIDE BACKDROP FOR ENHANCED BENEFITS THAT IMPROVE FAMILY HEALTH. LOUNGES, DINING ROOM AND CAMPFIRE RINGS PROVIDE SETTINGS FOR COLLABORATIVE CONVERSATION BOTH WITHIN THE FAMILY UNIT AND WITH OTHER FAMILIES SO THAT ENHANCED COMMUNICATION AND DEEPER CONNECTIONS ARE MAINSTAYS IN ONGOING SUPPORT DURING THE CANCER JOURNEY. READ MORE AT WWW.RESPITETRANSFORMED.ORG.

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

4e Total program service expenses 1,303,682

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>28b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**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 . . . . .

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

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

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b></p>	<p>10</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.</p>	<p><b>2b</b></p>	<p>Yes</p>			
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>		<p>No</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>	<p><b>3b</b></p>				
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p><b>4a</b></p>		<p>No</p>		
<p><b>b</b> Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>		
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>		
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>				
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>		
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>				
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>					
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<p><b>7a</b></p>	<p>Yes</p>			
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>	<p>Yes</p>			
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>		
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>				
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>		
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p><b>7f</b></p>		<p>No</p>		
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>				
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>				
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	<p><b>8</b></p>				
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>					
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p><b>9a</b></p>				
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>	<p><b>9b</b></p>				
<p><b>10 Section 501(c)(7) organizations.</b> Enter:</p>					
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<p><b>10a</b></p>				
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .</p>	<p><b>10b</b></p>				
<p><b>11 Section 501(c)(12) organizations.</b> Enter:</p>					
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<p><b>11a</b></p>				
<p><b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .</p>	<p><b>11b</b></p>				
<p><b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?</p>					
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	<p><b>12b</b></p>				
<p><b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b></p>					
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.</p>	<p><b>13a</b></p>		<p>No</p>		
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<p><b>13b</b></p>				
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<p><b>13c</b></p>				
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>	<p><b>14a</b></p>		<p>No</p>		
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O . . . . .</i></p>	<p><b>14b</b></p>				
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .</p>	<p><b>15</b></p>		<p>No</p>		
<p><b>16</b> If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.</p>	<p><b>16</b></p>		<p>No</p>		
<p><b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.</p>	<p><b>17</b></p>				

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 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, or key employee listed in Part VII...

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

Table with 3 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 on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 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 assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 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 the instructions for definition of "key employee."

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

- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				122,766	0	22,747
(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) DALE MOSS DIRECTOR	1.00	X						0	0	0
(12) BRIAN HAVRILLA DIRECTOR	1.00	X						0	0	0
(13) MEG GARRETT DIRECTOR	1.00	X						0	0	0
(14) PEG BEAVERS DIRECTOR	1.00	X						0	0	0
(15) SUSAN BUEHLER DIRECTOR	1.00	X						0	0	0
(16) COLLEEN LANGE DIRECTOR	1.00	X						0	0	0
(17) MEGHAN PATTON 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
Contributions, Gifts, Grants, and Other Amt Similar Amounts					
	<b>1a</b> Federated campaigns . . . . .				
	<b>1b</b> Membership dues . . . . .				
	<b>1c</b> Fundraising events . . . . .			399,620	
	<b>1d</b> Related organizations				
	<b>1e</b> Government grants (contributions)				
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above			3,680,909	
	<b>1g</b> Noncash contributions included in lines 1a - 1f:\$			113,876	
	<b>1h Total.</b> Add lines 1a-1f . . . . .				4,080,529

Program Service Revenue		Business Code			
<b>2a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue.				
<b>9</b>	<b>Total.</b> Add lines 2a-2f. . . . .				

Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)				-225,916	
	<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>6b</b> Less: rental expenses				
		<b>6c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	297,348	320,000		
		(ii) Other				
		<b>7b</b> Less: cost or other basis and sales expenses	274,620	128,153		
		<b>7c</b> Gain or (loss)	22,728	191,847		
	<b>d</b> Net gain or (loss) . . . . .			214,575		214,575
	<b>8a</b> Gross income from fundraising events (not including \$ 399,620 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
		<b>8a</b>		186,275		
		<b>8b</b> Less: direct expenses		264,843		
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-78,568		-78,568
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .					
		<b>9a</b>				
		<b>9b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>10a</b>					
	<b>10b</b> Less: cost of goods sold					
<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</b>	<b>Total.</b> Add lines 11a-11d . . . . .					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			3,990,620	-89,909	

**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	42,595	42,595		
<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	161,004	123,213	8,108	29,683
<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	532,628	412,635	21,540	98,453
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	91,101	64,691	9,848	16,562
<b>10</b> Payroll taxes	55,372	42,636	2,769	9,967
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	8,700		8,700	
<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)	178,849	112,915	11,263	54,671
<b>12</b> Advertising and promotion	25,361	17,530	848	6,983
<b>13</b> Office expenses	85,096	40,125	952	44,019
<b>14</b> Information technology	50,004	24,890	1,252	23,862
<b>15</b> Royalties				
<b>16</b> Occupancy	37,890	34,105	757	3,028
<b>17</b> Travel	3,685	3,466	42	177
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	26,426	17,138	470	8,818
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	31,453	25,161	1,596	4,696
<b>23</b> Insurance	21,371	16,382	4,989	
<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	213,467	213,467		
<b>b</b> BAD DEBTS	164,455		164,455	
<b>c</b> PROGRAM ANCILLARY SERV.	70,771	70,771		
<b>d</b> PROGRAM SUPPORT EXPENSES	28,779	28,779		
<b>e</b> All other expenses	25,829	13,183	5,715	6,931
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,854,836	1,303,682	243,304	307,850
<b>26</b> <b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash-non-interest-bearing . . . . .	537,332	<b>1</b>	386,350
	<b>2</b> Savings and temporary cash investments	736,806	<b>2</b>	1,791,291
	<b>3</b> Pledges and grants receivable, net . . . . .	333,163	<b>3</b>	1,826,601
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<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 . . . . .	24,910	<b>9</b>	43,585
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 189,935		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 126,196	175,819	<b>10c</b> 63,739
	<b>11</b> Investments—publicly traded securities . . . . .	1,688,366	<b>11</b>	1,414,623
	<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 . . . . .	94,092	<b>14</b>	72,378
	<b>15</b> Other assets. See Part IV, line 11	218,307	<b>15</b>	212,895
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . .	3,808,795	<b>16</b>	5,811,462	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	6,177	<b>17</b>	27,107
	<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	113,412	<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	119,589	<b>26</b>	27,107
<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 . . . . .	2,356,623	<b>27</b>	2,260,324
	<b>28</b> Net assets with donor restrictions	1,332,583	<b>28</b>	3,524,031
	<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	3,689,206	<b>32</b>	5,784,355
<b>33</b> Total liabilities and net assets/fund balances	3,808,795	<b>33</b>	5,811,462	

**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>	3,990,620
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,854,836
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,135,784
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,689,206
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,412
<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>	-35,223
<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>	5,784,355

**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 on 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>b</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>c</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>b</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**

**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.

**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).)
- 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:

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- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,323,393	2,328,167	1,649,647	1,394,202	4,080,529	10,775,938
<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	1,323,393	2,328,167	1,649,647	1,394,202	4,080,529	10,775,938
<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) . . .						1,877,290
<b>6 Public support.</b> Subtract line 5 from line 4.						8,898,648

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4. . . . .	1,323,393	2,328,167	1,649,647	1,394,202	4,080,529	10,775,938
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	51,676	75,506	80,713	293,629	-225,916	275,608
<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.) . . . . .	463,706	410,189	162,594	34,560	186,275	1,257,324
<b>11 Total support.</b> Add lines 7 through 10						12,308,870

**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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	72.290 %
<b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	65.310 %

**16a 33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their status, control, and reporting requirements.

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

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

		Yes	No
<b>1</b>	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?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**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.**

		Yes	No
<b>a</b>	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? <i>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.</i>		
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		

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

<b>a</b>	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? <i>If "Yes" or "No", provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

**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 ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <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 2021 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-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			

**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 1,257,324

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

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

**Supplemental Financial Statements**

OMB No. 1545-0047

**2021**

**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
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		
<b>5</b> 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		
<b>6</b> 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.

<b>1</b> Purpose(s) of conservation 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	
<b>2</b> 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>
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>
<b>3</b> Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
<b>4</b> Number of states where property subject to conservation easement is located ▶ _____	
<b>5</b> 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	
<b>6</b> Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
<b>7</b> Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
<b>8</b> 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	
<b>9</b> 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.

<b>1a</b> 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>b</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: <b>(i)</b> Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ <b>(ii)</b> Assets included in Form 990, Part X . . . . . ▶ \$ _____	
<b>2</b> 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: <b>a</b> Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ _____ <b>b</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 . . . . .	2,468,172	2,136,396	1,809,919	1,130,320	1,102,332
<b>b</b> Contributions . . . . .	27,500		250,000	652,000	
<b>c</b> Net investment earnings, gains, and losses	-201,067	352,026	87,477	53,599	64,963
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	-150,000	-20,000	-11,000	-26,000	-36,975
<b>f</b> Administrative expenses . . . . .		-250			
<b>g</b> End of year balance . . . . .	2,144,605	2,468,172	2,136,396	1,809,919	1,130,320

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 53.960 %
  - b** Permanent endowment ▶ 46.040 %
  - 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 . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 . . . . .		129,622	96,219	33,403
<b>c</b> Leasehold improvements		17,900	9,588	8,312
<b>d</b> Equipment . . . . .		28,011	20,389	7,622
<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).) . . . ▶				63,739

**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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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>	4,006,609
<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>	-5,412	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	195,709	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-199,678	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-9,381	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,015,990	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<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>	-25,370	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-25,370	
<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>	3,990,620	

**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>	1,911,460
<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>	195,709	
<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>	25,370	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	221,079	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,690,381	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<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>	164,455	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	164,455	
<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>	1,854,836	

**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 -35,223 BAD DEBT EXPENSE -164,455
SCHEDULE D, PAGE 4, PART XI, LINE 4B	SPECIAL EVENT EXPENSES -25,370
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 25,370
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT EXPENSE 164,455

**Additional Data**

[Return to Form](#)

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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.

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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **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>GALA</b> (event type)	<b>WALK</b> (event type)	<b>5</b> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	233,511	153,993	198,391	585,895
	<b>2</b> Less: Contributions . . . . .	139,996	139,937	119,687	399,620
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	93,515	14,056	78,704	186,275
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	53,782		10,167	63,949
	<b>6</b> Rent/facility costs . . . . .		16,380	30,900	47,280
	<b>7</b> Food and beverages . . . . .	60,322	5,577	20,403	86,302
	<b>8</b> Entertainment . . . . .	13,215	8,751	4,605	26,571
	<b>9</b> Other direct expenses . . . . .	4,147	6,548	30,046	40,741
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				264,843
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-78,568	

**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>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: \_\_\_\_\_

---

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

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

---

**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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** 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
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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

2021

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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 (book, FMV, appraisal, other), (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) PATIENT STIPEND	105	42,595		FMV	
(1)					
(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	ENSURING A FAMILY'S OVERALL HEALTH IS STRONG DURING THE CANCER JOURNEY IS CRITICAL TO COPING WITH THIS DISEASE IN THE BEST WAY POSSIBLE. RESPITE HAS THERAPEUTIC BENEFITS THAT SPAN FROM EMOTIONAL TO PHYSICAL TO PSYCHOSOCIAL, WITH LOTS IN BETWEEN AND THESE BENEFITS ARE NOT JUST FOR THE PATIENT, BUT ALSO THE CAREGIVER AND CHILDREN OF THE PATIENT. THE FPS RESPITE MODEL OUTLINES THE IMPACT OF RESPITE ON FAMILY HEALTH AND, MOREOVER, NO FAMILY HAS A FINANCIAL BURDEN TO EXPERIENCE RESPITE. WHILE ON TRAVEL RESPITE AT WOODLOCH, FAMILIES PARTICIPATE IN CAREFULLY SOURCED ACTIVITIES THAT ADDRESS THE BENEFITS, INCLUDING MEDITATION AND CHAIR YOGA, CUPCAKE WARS, ART THERAPY, NATURE WALKS AND TEAM BUILDING ACTIVITIES. OUR PROGRAM COORDINATORS WORK CLOSELY WITH EACH FAMILY TO ENSURE A MEANINGFUL EXPERIENCE WITH OUR TRAVEL PARTNER, WOODLOCH RESORT, AND NOMINATED FAMILIES EXPERIENCE A SIX-DAY RESPITE AT THIS SAFE, TOP-RATED FAMILY DESTINATION. WOODLOCH IS REGARDED TIME AND TIME AGAIN AS ONE OF AMERICA'S "BEST INCLUSIVE FAMILY RESORTS". SINCE THE RESPITE IS ALL INCLUSIVE, THE PATIENT STIPEND, THAT SUPPLEMENTS ANY COST OF TRAVEL, IS GIVEN TO EACH FPS FAMILY. THE AVERAGE STIPEND PER FAMILY IS 250.00 PLUS THE COST OF GAS BASED ON MILEAGE.

**Additional Data**

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

# Noncash Contributions

## 2021

**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	143	6,315	FAIR MARKET VALUE
26 Other ( EVENT SUPPLIES )	X	100	86,898	FAIR MARKET VALUE
27 Other ( FOOD )	X	4	20,663	FAIR MARKET VALUE
28 Other ( _____ )				

**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
<b>30a</b> 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?			No
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			No
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> 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**

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**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)****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.

**2021****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName 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 FY22, FPS PROVIDED RESPITE SERVICES TO 105 PATIENTS AND THEIR FAMILIES, RESULTING IN 90 TRAVEL RESPITE EXPERIENCES WITH 341 TRAVELERS AND 15 STAYCATION RESPITES EXPERIENCES WITH 45 FAMILY MEMBERS. ADDITIONALLY, 100 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 486 PEOPLE THROUGH ITS DIRECT RESPITE PROGRAM THIS YEAR. IN ADDITION, FPS CONTINUED ITS SUPPORT OF PRIOR RESPITE RECIPIENTS THROUGH ITS ANCILLARY SUPPORT PROGRAM WITH OVER 22,473 TOUCHPOINTS MADE TO FAMILIES. DUE TO COVID-19, TWO MAIN CHANGES TO OUR RESPITE PROGRAM INCLUDE OUR FOCUSED APPROACH TO COMMUNITY RESPITES WITH OUR TRAVEL PARTNER WOODLOCH RESORT AND THE FORMALIZATION OF OUR STAYCATION RESPITE PROGRAM. WHEN THE PANDEMIC OCCURRED, OUR SWIFT REACTION AND RELATIONSHIP WITH OUR TRAVEL PARTNER WOODLOCH RESORT ALLOWED US TO FULFILL OUR MISSION BY SENDING PATIENTS, CAREGIVERS AND LOVED ONES TO THE WOODLOCH DESTINATION EXCLUSIVELY. WE ALSO PILOTED A DIRECT ENTRY STAYCATION PROGRAM WHICH HAS PROVEN SUCCESSFUL WITH OUR OUTCOMES.
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 NOMINATING MEDICAL INSTITUTIONS IN FY22 INCLUDE JEFFERSON HEALTH, ALLEGHENY HEALTH NETWORK, LEHIGH VALLEY, UNIVERSITY OF PENNSYLVANIA ABRAMSON CANCER CENTER, MD ANDERSON CANCER CENTER, TEMPLE HEALTH AND MONTEFIORE HEALTH ALONG WITH 25 ADDITIONAL MEDICAL INSTITUTIONS.
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 175 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, WHICH MEANS THAT FPS HAS TAKEN THE STEPS TO BE ACCOUNTABLE, TRANSPARENT AND FINANCIALLY HEALTHY. ALSO, FPS MAINTAINS OUR PLATINUM-LEVEL STATUS WITH GUIDESTAR WHICH DEMONSTRATES OUR COMMITMENT OF TRANSPARENCY AND EFFICIENT, EFFECTIVE MANAGEMENT AND STEWARDSHIP. 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 FPS FAMILIES. IN FY22, FPS PROVIDED 7,032 DIRECT ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 415 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 15,400 PEOPLE THROUGH INDIRECT ANCILLARY SUPPORT. THESE TOUCHPOINTS INCLUDE PHONE CALLS, TEXT MESSAGES, FPS FAMILY EVENTS, 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. WE BELIEVE THAT A CANCER DIAGNOSIS AFFECTS THE CANCER PATIENT, THE CAREGIVER AND THE FAMILY MEMBERS IN COMPLEX WAYS. OUR HOPE FOR OUR PATIENTS AND CAREGIVERS IS THAT WHILE ON RESPITE, THEY LAUGH A LITTLE LOUDER, HUG A LITTLE MORE AND RECOGNIZE THAT LOVE DEFINES THEIR LIFE STORY, NOT CANCER. OUR PROGRAM IS STRUCTURED TO EFFECTUATE MEANINGFUL CHANGE FOLLOWING A MODEL FOR FAMILY HEALTH. THIS MODEL INCLUDES FAMILY, MENTAL, PHYSICAL, PSYCHOSOCIAL, EMOTIONAL, SPIRITUAL AND FINANCIAL HEALTH. WE STRIVE TO CREATE A MEANINGFUL EXPERIENCE FOR EACH RECIPIENT AND ASK OUR PATIENTS AND NOMINATORS TO COMPLETE PRE AND POST RESPITE OUTCOME MEASURES. 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. 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 52% INCREASE IN THE PATIENT'S COPY ABILITY, A 44% INCREASE IN THE CAREGIVER'S COPING ABILITY, AND A 48% INCREASE IN THE CHILDREN'S COPY ABILITY. AS PART OF THE FPS COMMITMENT TO TRANSPARENCY, FPS POSTS ITS PATIENT AND NOMINATOR OUTCOME MEASURES ON ITS WEBSITE UNDER THE IMPACT SECTION. RESPITE MAKES A DIFFERENCE. OUR RESPITE DATA AND OUTCOMES HAVE BEEN RECOGNIZED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY (ASCO) AND PUBLISHED IN AN APRIL 2020 FPS ABSTRACT, TITLED INDIVIDUAL AND COMMUNITY RESPITE AS SUPPORTIVE CARE FOR ADULT CANCER PATIENTS, THEIR

Return Reference	Explanation
	<p>CAREGIVERS AND THEIR FAMILIES. FPS HAS PRESENTED TWICE AT THE AMERICAN PSYCHOSOCIAL ONCOLOGY SOCIETY (APOS) NATIONAL CONFERENCE ON THE THERAPEUTIC IMPACT OF RESPITE ON PATIENTS, CAREGIVERS AND THEIR FAMILIES RELATIVE TO STRENGTHENED COMMUNICATION, RELATIONSHIPS, RESILIENCE, QUALITY OF LIFE AND COPING WITH CANCER. THE PRESENTATION IS TITLED CANCER FAMILIES' INTENTIONAL RESPITE EXPERIENCE, FAMILY DYNAMICS AND POSITIVE OUTLOOKS. FPS ALSO BEGAN A RESEARCH STUDY TO CORRELATE THE SIGNIFICANCE OF RESPITE WITH IMPROVED OUTCOMES RELATED TO OVERALL FAMILY HEALTH INCLUDING 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. CAPITAL CAMPAIGN: FPS IS IN THE FIRST YEAR OF A 17 MILLION RESPITE TRANSFORMED CAMPAIGN THAT WILL ADD 5 MILLION TO THE CURRENT ENDOWMENT AND RAISE 12 MILLION TO CONSTRUCT THE NATION'S FIRST RESPITE CENTER FOR FAMILIES FACING CANCER. EXPECTING TO LAST THREE TO FIVE YEARS, THIS CAMPAIGN ALIGNS WITH FPS' 2030 STRATEGIC VISION AND STRONG OUTCOME MEASURES FROM WOODLOCH RESPITES. EVERY SPACE LENDS FOR TRANSFORMATIVE EXPERIENCES THAT WILL CHANGE THE CONTINUUM OF CARE FOR CANCER PATIENTS. DEDICATED SPACES, INCLUDING AN ART STUDIO, POOL, PLAY AREAS, CHAPEL AND NATURE TRAILS, PROVIDE BACKDROP FOR ENHANCED BENEFITS THAT IMPROVE FAMILY HEALTH. LOUNGES, DINING ROOM AND CAMPFIRE RINGS PROVIDE SETTINGS FOR COLLABORATIVE CONVERSATION BOTH WITHIN THE FAMILY UNIT AND WITH OTHER FAMILIES SO THAT ENHANCED COMMUNICATION AND DEEPER CONNECTIONS ARE MAINSTAYS IN ONGOING SUPPORT DURING THE CANCER JOURNEY. READ MORE AT <a href="http://WWW.RESPITETRANSFORMED.ORG">WWW.RESPITETRANSFORMED.ORG</a>.</p>
FORM 990, PAGE 6, PART VI, LINE 11B	<p>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.</p>
FORM 990, PAGE 6, PART VI, LINE 12C	<p>AS PART OF ITS STANDARDS FOR EXCELLENCE ACCREDITATION, FPS HAS DEVELOPED STRATEGIES FOR MONITORING 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.</p>
FORM 990, PAGE 6, PART VI, LINE 15A	<p>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. DURING FISCAL YEAR ENDING 2022 A 10% BONUS WAS APPROVED BY THE BOD FOR ALL EMPLOYEES WHICH RESULTED IN AN ADDITIONAL 57,000 OF SALARIES AND OTHER COMPENSATION.</p>
FORM 990, PAGE 6, PART VI, LINE 19	<p>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 INITIATIVE VIA THE WEBSITE.</p>
FORM 990, PART VIII	<p>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.</p>
FORM 990, PART XI, LINE 9	<p>PRESENT VALUE ADJUSTMENT -35,223 BAD DEBT EXPENSE -164,455 SPECIAL EVENT EXPENSES 25,370 SPECIAL EVENT EXPENSES -25,370 BAD DEBT EXPENSE 164,455 TOTAL -35,223</p>

## **Additional Data**

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