

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

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

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

D Employer identification number: 23-3013896. E Telephone number: (267) 708-0510. G Gross receipts \$ 5,189,851

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

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

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

J Website: WWW.TAKEABREAKFROMCANCER.ORG

K Form of organization: Corporation

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FPS ENABLES CANCER PATIENTS AND THEIR LOVED ONES THE OPPORTUNITY TO STRENGTHEN, DEEPEN AND UNIFY THEIR RELATIONSHIPS BY CREATING UNFORGETTABLE AND LASTING RESPITE EXPERIENCES. IN FY23, FPS RESPONDED TO 479 INQUIRIES FROM ACROSS THE COUNTRY AND PROVIDED RESPITE SERVICES TO 126 PATIENTS AND THEIR FAMILIES, RESULTING IN 108 TRAVEL RESPITE EXPERIENCES WITH 377 TRAVELERS AND 18 STAYCATION RESPITES EXPERIENCES WITH 66 FAMILY MEMBERS. ADDITIONALLY, 183 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 626 PEOPLE THROUGH ITS DIRECT RESPITE TRAVEL AND STAYCATION PROGRAMS THIS YEAR. IN ADDITION, FPS CONTINUED ITS SUPPORT OF PRIOR RESPITE RECIPIENTS THROUGH ITS ANCILLARY SUPPORT PROGRAM WITH OVER 26,778 TOUCHPOINTS MADE TO OVER 2800 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 OCC

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (16), 4 Number of independent voting members (15), 5 Total number of individuals employed (17), 6 Total number of volunteers (500), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (4,080,529 / 4,326,760), 9 Program service revenue (0), 10 Investment income (-11,341 / 419,148), 11 Other revenue (-78,568 / -8,849), 12 Total revenue (3,990,620 / 4,737,059)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (42,595 / 55,205), 14 Benefits paid (0), 15 Salaries, other compensation, employee benefits (840,105 / 1,126,079), 16a Professional fundraising fees (0), 16b Total fundraising expenses (454,427), 17 Other expenses (972,136 / 907,286), 18 Total expenses (1,854,836 / 2,088,570), 19 Revenue less expenses (2,135,784 / 2,648,489)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (5,811,462 / 8,485,229), 21 Total liabilities (27,107 / 102,512), 22 Net assets or fund balances (5,784,355 / 8,382,717)

Part II Signature Block

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

Sign Here: Signature of officer MARCELLA B SCHANKWEILER PRESIDENT, Date 2024-02-27

Paid Preparer Use Only: Print/Type preparer's name BEE BERGVALL & CO, Preparer's signature, Date 2024-03-04, Check self-employed, PTIN P00133440, Firm's EIN 23-2749044, Firm's address WARRINGTON, PA 189760754, Phone no. (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 FY23, FPS RESPONDED TO 479 INQUIRIES FROM ACROSS THE COUNTRY AND PROVIDED RESPITE SERVICES TO 126 PATIENTS AND THEIR FAMILIES, RESULTING IN 108 TRAVEL RESPITE EXPERIENCES WITH 377 TRAVELERS AND 18 STAYCATION RESPITES EXPERIENCES WITH 66 FAMILY MEMBERS. ADDITIONALLY, 183 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 626 PEOPLE THROUGH ITS DIRECT RESPITE TRAVEL AND STAYCATION PROGRAMS THIS YEAR. IN ADDITION, FPS CONTINUED ITS SUPPORT OF PRIOR RESPITE RECIPIENTS THROUGH ITS ANCILLARY SUPPORT PROGRAM WITH OVER 26,778 TOUCHPOINTS MADE TO OVER 2800 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 OCC

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 \$ 1,526,425 including grants of \$ 55,205) (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 THROUGH ITS RESPITE REINFORCED PROGRAM. 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 FY23 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 140 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. 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. CURRENTLY, FPS HOLDS 100% CHARITY SCORE WHICH PROVIDES CONFIDENCE TO THOSE WHO CHOOSE TO GIVE TO FPS. ALSO, FPS MAINTAINS OUR PLATINUM-LEVEL STATUS WITH GUIDESTAR WHICH DEMONSTRATES OUR COMMITMENT OT 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. IN FY23, FPS RECEIVED 400,783 OF IN-KIND SUPPORT FOR THE PROGRAM IN THE FORM OF COMPLIMENTARY OFFICE SPACE, PATIENT ACCOMODATIONS, 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 CONSTITUTION DOLLARS.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)
FPS ALSO PROVIDES EMOTIONAL SUPPORT TO OUR FPS FAMILIES. IN FY23, FPS PROVIDED 14,359 DIRECT ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 479 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 12,400 PEOPLE THROUGH INDIRECT ANCILLARY SUPPORT. THESE TOUCHPOINTS INCLUDE PHONE CALLS, TEXT MESSAGES, FPS FAMILY EVENTS, FACEBOOK, PATIENT SELF-CARE NEWSLETTER, AND CANCER CARE BOOKS AND GRIEF RELATED RESOURCES AS FORMALIZED IN OUR RESPITE REINFORCED PROGRAM. 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 49% INCREASE IN THE PATIENT'S COPING ABILITY, A 44% INCREASE IN THE CAREGIVER'S COPING ABILITY, AND A 52% INCREASE IN THE CHILDREN'S COPING ABILITY. AS PART OF THE FPS COMMITMENT TO TRANSPARENCY, FPS POSTS ITS PATIENT AND NOMINATOR OUTCOME MEASURES ON ITS WEBSITE UNDER THE IMPACT SECTION. 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 SECOND YEAR OF A 25 MILLION RESPITE TRANSFORMED CAMPAIGN THAT WILL ADD 5 MILLION TO THE CURRENT ENDOWMENT AND RAISE 20 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 1,526,425

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	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
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	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
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	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
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		No
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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>		
36	Section 501(c)(3) organizations. 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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Main form area containing questions 2a through 17, including sections on employee reporting, foreign accounts, prohibited transactions, and various organizational requirements.

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 included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA, MD, NJ, NY, PA, VA, FL, DE, IL 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DANIELLE COYNE 620 W GERMANTOWN PIKE SUITE 250 PLYMOUTH MEETING, PA 19462 (267) 708-0510

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, box 6 of 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			140,933	0	24,288	
(2) BRAD MINOR CHAIRMAN	1.00	X		X			0	0	0	
(3) CHRISTOPHER SELGRATH DO DIRECTOR	1.00	X					0	0	0	
(4) CHARLES GREENBERG DIRECTOR	1.00	X					0	0	0	
(5) JOSEPH MANION TREASURER	1.00	X		X			0	0	0	
(6) CATHERINE SHIELDS DIRECTOR	1.00	X					0	0	0	
(7) DEB RINALDI DIRECTOR	1.00	X					0	0	0	
(8) CHRISTOPHER SOLECKI DIRECTOR	1.00	X					0	0	0	
(9) SUSAN SCHULTZ DIRECTOR	1.00	X					0	0	0	
(10) DALE MOSS DIRECTOR	1.00	X					0	0	0	
(11) BRIAN HAVRILLA SECRETARY	1.00	X		X			0	0	0	
(12) PEG BEAVERS DIRECTOR	1.00	X					0	0	0	
(13) SUSAN BUEHLER DIRECTOR	1.00	X					0	0	0	
(14) COLLEEN LANGE DIRECTOR	1.00	X					0	0	0	
(15) MEGHAN PATTON VICE CHAIRMA	1.00	X		X			0	0	0	
(16) AMY BEILMAN DIRECTOR	1.00	X					0	0	0	
(17) DANIELLE COYNE CFO	40.00					X	105,074	0	3,804	

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and a Total line for lines 1a-1f.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include lines 2a through 2f and a Total line for lines 2a-2f.

Table for Other Revenue with multiple columns for revenue types and amounts. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from securities, Net income or loss from fundraising events, Net income or loss from gaming activities, and Net income or loss from sales of inventory.

Table for Other Revenue Misc Amt with columns for Business Code and revenue amounts. Rows include lines 11a through 11d and a Total line for lines 11a-11d, followed by line 12 Total revenue.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	55,205	55,205		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	162,444	116,440	6,563	39,441
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	780,383	563,300	29,434	187,649
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,496	7,524	424	2,548
9 Other employee benefits	95,664	64,645	5,976	25,043
10 Payroll taxes	77,092	55,506	3,084	18,502
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,000		9,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	164,222	59,497	1,205	103,520
12 Advertising and promotion	28,557	22,888	1,420	4,249
13 Office expenses	72,537	32,887	1,574	38,076
14 Information technology	83,896	66,432	1,643	15,821
15 Royalties				
16 Occupancy	20,189	16,316	775	3,098
17 Travel	8,941	6,085	42	2,814
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,538	4,365	221	952
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,527	16,129	3,360	4,038
23 Insurance	21,521	19,521	2,000	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ACCOMMODATIONS	247,843	247,843		
b PROGRAM ANCILLARY SERV.	107,337	107,337		
c PROGRAM SUPPORT EXPENSES	43,003	43,003		
d BAD DEBTS	34,949		34,949	
e All other expenses	36,226	21,502	6,048	8,676
25 Total functional expenses. Add lines 1 through 24e	2,088,570	1,526,425	107,718	454,427
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	386,350	1	368,473
	2 Savings and temporary cash investments	1,791,291	2	3,233,104
	3 Pledges and grants receivable, net	1,826,601	3	2,754,747
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,585	9	38,161
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	311,212		
	b Less: accumulated depreciation	19,504	63,739	291,708
	11 Investments—publicly traded securities	1,414,623	11	1,575,668
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	72,378	14	50,664
	15 Other assets. See Part IV, line 11	212,895	15	172,704
16 Total assets: Add lines 1 through 15 (must equal line 33)	5,811,462	16	8,485,229	
Liabilities	17 Accounts payable and accrued expenses	27,107	17	102,512
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	27,107	26	102,512
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,260,324	27	2,496,382
	28 Net assets with donor restrictions	3,524,031	28	5,886,335
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,784,355	32	8,382,717
33 Total liabilities and net assets/fund balances	5,811,462	33	8,485,229	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,737,059
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,088,570
3	Revenue less expenses. Subtract line 2 from line 1	3	2,648,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,784,355
5	Net unrealized gains (losses) on investments	5	-40,191
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,936
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	8,382,717

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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	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	
c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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 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:

- 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,328,167	1,649,647	1,394,202	4,080,529	4,326,760	13,779,305
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	2,328,167	1,649,647	1,394,202	4,080,529	4,326,760	13,779,305
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						1,607,515
6 Public support. Subtract line 5 from line 4.						12,171,790

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	2,328,167	1,649,647	1,394,202	4,080,529	4,326,760	13,779,305
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,506	80,713	293,629	-225,916	240,112	464,044
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	410,189	162,594	34,560	186,275	334,342	1,127,960
11 Total support. Add lines 7 through 10						15,371,309

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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	79.190 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	72.290 %

16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests-2022. Row 19b: 33 1/3% support tests-2021. Row 20: Private foundation.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

- | | Yes | No |
|----------|-----|----|
| | | |
| 1 | | |
| | | |
| 2 | | |
- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 |
|-----------|-----|----|
| | | |
| 2a | | |
| | | |
| 2b | | |
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

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

- | | Yes | No |
|-----------|-----|----|
| | | |
| 3a | | |
| | | |
| 3b | | |
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

- 7** Check here if the current year is the organization's first as a non-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
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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 1,127,960

Additional Data

Return to Form

Software ID:

Software Version:

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."		
2	Political campaign activity expenditures. See instructions	▶	\$ _____
3	Volunteer hours for political campaign activities. See instructions		_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955		\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities		\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶	\$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....		\$ _____
4	Did the filing organization file Form 1120-POL for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		25,000
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			25,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	AMOUNTS PAID TO A LOBBYING CONSULTANT IN SUPPORT OF THE REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM GRANT ISSUED BY THE COMMONWEALTH OF PENNSYLVANIA.

Additional Data

Return to Form

Software ID:

Software Version:

Supplemental Financial Statements

2022

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 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, acreage, and other details.

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.

Table with 2 columns: Description, Amount. Rows include questions about reporting art, historical treasures, or other similar assets.

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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	2,144,605	2,468,172	2,136,396	1,809,919	1,130,320
b Contributions	85,000	27,500		250,000	652,000
c Net investment earnings, gains, and losses	184,806	-201,067	352,026	87,477	53,599
d Grants or scholarships					
e Other expenditures for facilities and programs	-4,000	-150,000	-20,000	-11,000	-26,000
f Administrative expenses			-250		
g End of year balance	2,410,411	2,144,605	2,468,172	2,136,396	1,809,919

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 55.650 %
 - b** Permanent endowment ▶ 44.350 %
 - 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 |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | No |
| (ii) Related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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
1a Land				
b Buildings		282,656		282,656
c Leasehold improvements				
d Equipment		28,556	19,504	9,052
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				291,708

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements		1	4,879,198
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-40,191	
b	Donated services and use of facilities	2b	203,540	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-44,885	
e	Add lines 2a through 2d	2e	118,464	
3	Subtract line 2e from line 1	3	4,760,734	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-23,675	
c	Add lines 4a and 4b	4c	-23,675	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,737,059	

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.

1	Total expenses and losses per audited financial statements		1	2,280,836
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	203,540	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	23,675	
e	Add lines 2a through 2d	2e	227,215	
3	Subtract line 2e from line 1	3	2,053,621	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	34,949	
c	Add lines 4a and 4b	4c	34,949	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,088,570	

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	BAD DEBT EXPENSE -34,949 PRESENT VALUE ADJUSTMENT -9,936
SCHEDULE D, PAGE 4, PART XI, LINE 4B	SPECIAL EVENT EXPENSES -23,675
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 23,675
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT EXPENSE 34,949

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 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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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
		GALA (event type)	WALK (event type)	5 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	193,673	160,172	348,867	702,712
	2 Less: Contributions	91,563	116,702	160,105	368,370
	3 Gross income (line 1 minus line 2)	102,110	43,470	188,762	334,342
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	32,569		50,275	82,844
	6 Rent/facility costs		9,000	30,080	39,080
	7 Food and beverages	59,297	1,404	59,408	120,109
	8 Entertainment	15,753	1,658	6,793	24,204
	9 Other direct expenses	3,876	19,251	53,827	76,954
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				343,191
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-8,849

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 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:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

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

2022

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	139	55,205		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, BOAT BUILDING, 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 100 TRAVEL ALLOTMENT.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2022

Open to Public Inspection

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 Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Software ID:

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**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 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 (EVENT ▶ SUPPLIES)	X	85	27,857	FAIR MARKET VALUE
26 Other (AUCTION ▶ ITEMS)	X	190	92,993	FAIR MARKET VALUE
27 Other ▶ (FOOD)	X	3	23,190	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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990)**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 for the latest information.

2022**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 FY23, FPS RESPONDED TO 479 INQUIRIES FROM ACROSS THE COUNTRY AND PROVIDED RESPITE SERVICES TO 126 PATIENTS AND THEIR FAMILIES, RESULTING IN 108 TRAVEL RESPITE EXPERIENCES WITH 377 TRAVELERS AND 18 STAYCATION RESPITES EXPERIENCES WITH 66 FAMILY MEMBERS. ADDITIONALLY, 183 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 626 PEOPLE THROUGH ITS DIRECT RESPITE TRAVEL AND STAYCATION PROGRAMS THIS YEAR. IN ADDITION, FPS CONTINUED ITS SUPPORT OF PRIOR RESPITE RECIPIENTS THROUGH ITS ANCILLARY SUPPORT PROGRAM WITH OVER 26,778 TOUCHPOINTS MADE TO OVER 2800 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 THROUGH ITS RESPITE REINFORCED PROGRAM. 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 FY23 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 140 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. 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. CURRENTLY, FPS HOLDS 100% CHARITY SCORE WHICH PROVIDES CONFIDENCE TO THOSE WHO CHOOSE TO GIVE TO FPS. ALSO, FPS MAINTAINS OUR PLATINUM-LEVEL STATUS WITH GUIDESTAR WHICH DEMONSTRATES OUR COMMITMENT OT 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 FY23, FPS PROVIDED 14,359 DIRECT ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 479 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 12,400 PEOPLE THROUGH INDIRECT ANCILLARY SUPPORT. THESE TOUCHPOINTS INCLUDE PHONE CALLS, TEXT MESSAGES, FPS FAMILY EVENTS, FACEBOOK, PATIENT SELF-CARE NEWSLETTER, AND CANCER CARE BOOKS AND GRIEF RELATED RESOURCES AS FORMALIZED IN OUR RESPITE REINFORCED PROGRAM. 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 49% INCREASE IN THE PATIENT'S COPING ABILITY, A 44% INCREASE IN THE CAREGIVER'S COPING ABILITY, AND A 52% INCREASE IN THE CHILDREN'S COPING ABILITY. AS PART OF THE FPS COMMITMENT TO TRANSPARENCY, FPS POSTS ITS PATIENT AND NOMINATOR OUTCOME MEASURES ON ITS

Return Reference	Explanation
	<p>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 SECOND YEAR OF A 25 MILLION RESPITE TRANSFORMED CAMPAIGN THAT WILL ADD 5 MILLION TO THE CURRENT ENDOWMENT AND RAISE 20 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.</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. AS A SIGN OF APPRECIATION, THE BOARD APPROVED BONUSES FOR THE END OF 2022 TO ALL EMPLOYEES WHO WERE PART OF FPS' WORKFORCE DURING THE COVID YEARS.</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 WWW.TAKEABREAKFROMCANCER.ORG AND CONTINUALLY EDUCATES ITS STAKEHOLDERS ABOUT ITS STRATEGIC INITIATIVE VIA THE WEBSITE.</p>
FORM 990, PART XI, LINE 9	PRESENT VALUE ADJUSTMENT -9,936

Additional Data

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