

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

Open to Public Inspection

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

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

Department of the Treasury

Internal Revenue Service

For the 2024 calendar year, or tax year beginning 07-01-2024, and ending 06-30-2025

- 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 \$ 7,143,044

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? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.TAKEABREAKFROMCANCER.ORG

K Form of organization: Corporation, Trust, Association, Other

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 FY25, FPS RESPONDED TO 496 INQUIRIES FROM ACROSS THE COUNTRY AND PROVIDED RESPITE SERVICES TO 135 PATIENTS AND THEIR FAMILIES, RESULTING IN 119 TRAVEL RESPITE EXPERIENCES WITH 388 TRAVELERS AND 19 STAYCATION RESPITES EXPERIENCES WITH 59 FAMILY MEMBERS. ADDITIONALLY, 59 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 447 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 36,077 TOUCHPOINTS MADE TO ALMOST 3,000 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 O

Table with 2 columns: Description, Amount. Rows 2-7a, 7b. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 15. 4 Number of independent voting members of the governing body (Part VI, line 1b) 14. 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 18. 6 Total number of volunteers (estimate if necessary) 500. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12. 8 Contributions and grants (Part VIII, line 1h) 2,599,811 / 6,722,915. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 207,917 / 217,931. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -137,821 / -171,480. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,669,907 / 6,769,366

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 64,964 / 53,628. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,334,103 / 1,355,458. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) 434,011. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,011,191 / 878,900. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,410,258 / 2,287,986. 19 Revenue less expenses. Subtract line 18 from line 12 259,649 / 4,481,380

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22. 20 Total assets (Part X, line 16) 8,946,609 / 13,857,547. 21 Total liabilities (Part X, line 26) 137,225 / 303,881. 22 Net assets or fund balances. Subtract line 21 from line 20 8,809,384 / 13,553,666

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 CEO, Type or print name and title, Date 2025-03-10

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2026-03-11, Check if self-employed, PTIN P00133440, Firm's name BEE BERGVALL & CO, Firm's EIN 23-2749044, Firm's address PO BOX 754, WARRINGTON, PA 189760754, Phone no. (215) 343-2727

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FPS ENABLES CANCER PATIENTS AND THEIR LOVED ONES THE OPPORTUNITY TO STRENGTHEN, DEEPEN AND UNIFY THEIR RELATIONSHIPS BY CREATING UNFORGETTABLE AND LASTING RESPITE EXPERIENCES. IN FY25, FPS RESPONDED TO 496 INQUIRIES FROM ACROSS THE COUNTRY AND PROVIDED RESPITE SERVICES TO 135 PATIENTS AND THEIR FAMILIES, RESULTING IN 119 TRAVEL RESPITE EXPERIENCES WITH 388 TRAVELERS AND 19 STAYCATION RESPITES EXPERIENCES WITH 59 FAMILY MEMBERS. ADDITIONALLY, 59 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 447 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 36,077 TOUCHPOINTS MADE TO ALMOST 3,000 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 O

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 \$ 1,792,736 including grants of \$ 53,628) (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 FY25 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 FY25, FPS RECEIVED 1,124,046 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 CONSTITUENT DOLLARS.

(Code:) (Expenses \$ including grants of \$) (Revenue \$)
FPS ALSO PROVIDES EMOTIONAL SUPPORT TO OUR FPS FAMILIES. IN FY25, FPS PROVIDED 36,077 DIECT ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 496 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 12,750 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 THIRD 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 1,792,736

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)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, response boxes (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No/blank response cells.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records...

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, 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 CEO	40.00	X		X			137,375	0	16,649	
(2) MEGHAN PATTON CHAIRMAN	1.00	X		X			0	0	0	
(3) BRAD MINOR FORMER CHAIR	1.00	X					0	0	0	
(4) JOSEPH MANION VICE CHAIRMA	1.00	X		X			0	0	0	
(5) PAUL MULLEN TREASURER	1.00	X		X			0	0	0	
(6) COLLEEN LANGE SECRETARY	1.00	X		X			0	0	0	
(7) CHRISTOPHER SELGRATH DO DIRECTOR	1.00	X					0	0	0	
(8) SUSAN BUEHLER DIRECTOR	1.00	X					0	0	0	
(9) CHRISTOPHER CONDON DIRECTOR	1.00	X					0	0	0	
(10) VANESSA MAPSON DIRECTOR	1.00	X					0	0	0	
(11) MIKE MINGHENELLI DIRECTOR	1.00	X					0	0	0	
(12) BILL MATTHEWS ESQ DIRECTOR	1.00	X					0	0	0	
(13) CHUCK GREENBERG DIRECTOR	1.00	X					0	0	0	
(14) BOB KIESENDAHL DIRECTOR	1.00	X					0	0	0	
(15) KRISTIN BELLO WILLIAMSON DIRECTOR	1.00	X					0	0	0	
(16) DANIELLE COYNE CFO (UNTIL M	40.00			X			5,998	0	0	
(17) EDWIN HARRY PARRY CFO (APRIL-D	40.00			X			57,756	0	1,201	

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c	572,622	
d Related organizations		1d		
e Government grants (contributions)		1e		
f All other contributions, gifts, grants, and similar amounts not included above		1f	6,150,293	
g Noncash contributions included in lines 1a - 1f:\$		1g	3,266,040	
h Total. Add lines 1a-1f				6,722,915

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

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		217,931		217,931	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	6a			
		(ii) Personal				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a			
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 572,622 of contributions reported on line 1c). See Part IV, line 18		8a	185,930			
	b Less: direct expenses	8b	368,151			
c Net income or (loss) from fundraising events			-182,221		-182,221	
9a Gross income from gaming activities. See Part IV, line 19		9a	16,268			
	b Less: direct expenses	9b	5,527			
c Net income or (loss) from gaming activities			10,741		10,741	
10a Gross sales of inventory, less returns and allowances		10a				
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Other Revenue Misc Amt	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			6,769,366		46,451	

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	53,628	53,628		
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	235,963	169,044	7,150	59,769
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	942,259	675,013	28,590	238,656
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,137	14,426	610	5,101
9 Other employee benefits	62,926	45,080	1,907	15,939
10 Payroll taxes	94,173	67,805	2,825	23,543
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,050	35,050		
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)	91,653	53,221	3,608	34,824
12 Advertising and promotion	20,022	19,771	251	
13 Office expenses	70,349	55,077	3,397	11,875
14 Information technology	124,970	100,426	6,095	18,449
15 Royalties				
16 Occupancy	47,644	33,736	2,382	11,526
17 Travel	3,723	3,146	144	433
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,411	6,140	370	4,901
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,881	22,330	388	1,163
23 Insurance	23,416	21,651	441	1,324
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	307,126	307,126		
b PROGRAM SUPPORT	48,529	48,379		150
c PROGRAM ANCILLARY SERVICE	31,056	31,056		
d SUPPLIES	11,212	10,085	681	446
e All other expenses	28,858	20,546	2,400	5,912
25 Total functional expenses. Add lines 1 through 24e	2,287,986	1,792,736	61,239	434,011
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)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,097,399	1	517,030
	2 Savings and temporary cash investments	3,209,856	2	3,825,269
	3 Pledges and grants receivable, net	2,193,645	3	2,162,069
	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	31,266	9	29,272
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,068,154		
	b Less: accumulated depreciation	10b 14,424	457,340	10c 2,053,730
	11 Investments—publicly traded securities	1,771,188	11	5,097,428
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	28,950	14	7,236
	15 Other assets. See Part IV, line 11	156,965	15	165,513
16 Total assets: Add lines 1 through 15 (must equal line 33)	8,946,609	16	13,857,547	
Liabilities	17 Accounts payable and accrued expenses	137,225	17	303,881
	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	137,225	26	303,881
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	2,637,859	27	5,338,940
	28 Net assets with donor restrictions	6,171,525	28	8,214,726
	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	8,809,384	32	13,553,666
33 Total liabilities and net assets/fund balances	8,946,609	33	13,857,547	

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	6,769,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,287,986
3	Revenue less expenses. Subtract line 2 from line 1	3	4,481,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,809,384
5	Net unrealized gains (losses) on investments	5	262,902
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	13,553,666

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 type="checkbox"/> Separate basis <input checked="" 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,394,202	4,080,529	4,326,760	2,599,811	6,722,915	19,124,217
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	1,394,202	4,080,529	4,326,760	2,599,811	6,722,915	19,124,217
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) . . .						3,668,099
6 Public support. Subtract line 5 from line 4.						15,456,118

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	1,394,202	4,080,529	4,326,760	2,599,811	6,722,915	19,124,217
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293,629	-225,916	240,112	207,917	217,931	733,673
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.)	34,560	186,275	334,342	241,516	185,930	982,623
11 Total support. Add lines 7 through 10						20,840,513

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 2024 (line 6, column (f) divided by line 11, column (f))	14	74.160 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	82.420 %

16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 2024; Row 16: Public support percentage from 2023 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 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; 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
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? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
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? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|---|----------|--|--|
| 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 982,623

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ 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
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
 FOR PETE'S SAKE CANCER RESPITE
 FOUNDATION

Employer identification number
 23-3013896

Part I

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

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

Name of organization
 FOR PETE'S SAKE CANCER RESPITE
 FOUNDATION

Employer identification number
 23-3013896

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

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

Name of organization FOR PETE'S SAKE CANCER RESPITE FOUNDATION	Employer identification number 23-3013896
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

Additional Data

Return to Form

Software ID:

Software Version:

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) 2021	(b) 2022	(c) 2023	(d) 2024	(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		36,000
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			36,000
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:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

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

Employer identification number

23-3013896

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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	2,515,322	2,410,411	2,144,605	2,468,172	2,136,396
b Contributions	2,000,000		85,000	27,500	
c Net investment earnings, gains, and losses	141,751	197,411	184,806	-201,067	352,026
d Grants or scholarships					
e Other expenditures for facilities and programs		-92,500	-4,000	-150,000	-20,000
f Administrative expenses					-250
g End of year balance	4,657,073	2,515,322	2,410,411	2,144,605	2,468,172

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 36.050 %
 - b** Permanent endowment ▶ 63.950 %
 - 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 | | No |
| (ii) Related organizations | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,320,879		1,320,879
b Buildings		727,283		727,283
c Leasehold improvements				
d Equipment		19,992	14,424	5,568
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,053,730

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	
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	7,995,190
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	262,902	
b	Donated services and use of facilities	2b	929,085	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,300	
e	Add lines 2a through 2d			2e 1,190,687
3	Subtract line 2e from line 1			3 6,804,503
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	-35,137	
c	Add lines 4a and 4b			4c -35,137
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 6,769,366

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	2,740,790
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	418,967	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	35,137	
e	Add lines 2a through 2d			2e 454,104
3	Subtract line 2e from line 1			3 2,286,686
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	1,300	
c	Add lines 4a and 4b			4c 1,300
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 2,287,986

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 -1,300
SCHEDULE D, PAGE 4, PART XI, LINE 4B	SPECIAL EVENTS EXPENSE -35,137
SCHEDULE D, PAGE 4, PART XII, LINE 2D	SPECIAL EVENT EXPENSES 35,137
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BAD DEBT EXPENSE 1,300

Additional Data

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
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
		WALK (event type)	GALA (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	266,579	216,173	274,862	757,614
	2 Less: Contributions	229,274	136,303	206,107	571,684
	3 Gross income (line 1 minus line 2)	37,305	79,870	68,755	185,930
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,742	29,053	16,471	49,266
	6 Rent/facility costs	12,665		16,154	28,819
	7 Food and beverages	44,897	79,258	48,787	172,942
	8 Entertainment	18,235	20,448	20,671	59,354
	9 Other direct expenses	35,901	6,127	11,115	53,143
	10 Direct expense summary. Add lines 4 through 9 in column (d)				363,524
	11 Net income summary. Subtract line 10 from line 3, column (d)				-177,594

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			16,268
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			5,527	5,527
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				5,527	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				10,741	

9 Enter the state(s) in which the organization conducts gaming activities:
 PA

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	100.000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ BOBBY DELLA POLLA

Address ▶ 620 W GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462

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 ▶ BOBBY DELLA POLLA

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ RECORDED KEEPING

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

Schedule I (Form 990)

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

OMB No. 1545-0047

(Rev. January 2025)

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 instructions and the latest information.

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 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	114	53,628		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

[Return to Form](#)

Software ID:
Software Version:

Compensation Information

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.**

OMB No. 1545-0047

Open to Public Inspection

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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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"/> Independent compensation consultant
<input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input type="checkbox"/> Compensation survey or study
<input 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
1a		
1b		
2		
3		
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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Additional Data

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Software ID:

Software Version:

Schedule L

(Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number

23-3013896

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BOB KIESENDAHL	BOARD MEMBER	1,320,879	LAND PURCHASE		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

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Software ID:

Software Version:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**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	X	2	3,104,644	FMV
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				
Other (AUCTION ▶ ITEMS)	X	200	161,396	FMV
25				
26 Other ▶ ()				
27 Other ▶ ()				
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? b If "Yes," describe the arrangement in Part II.		No
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.		No
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

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Software ID:

Software Version:

SCHEDULE O
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number

23-3013896

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FPS ENABLES CANCER PATIENTS AND THEIR LOVED ONES THE OPPORTUNITY TO STRENGTHEN, DEEPEN AND UNIFY THEIR RELATIONSHIPS BY CREATING UNFORGETTABLE AND LASTING RESPITE EXPERIENCES. IN FY25, FPS RESPONDED TO 496 INQUIRIES FROM ACROSS THE COUNTRY AND PROVIDED RESPITE SERVICES TO 135 PATIENTS AND THEIR FAMILIES, RESULTING IN 119 TRAVEL RESPITE EXPERIENCES WITH 388 TRAVELERS AND 19 STAYCATION RESPITES EXPERIENCES WITH 59 FAMILY MEMBERS. ADDITIONALLY, 59 PEOPLE WERE SERVED THROUGH DIRECT ANCILLARY SERVICES. THUS, FPS SERVED A TOTAL OF 447 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 36,077 TOUCHPOINTS MADE TO ALMOST 3,000 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 FY25 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 FY25, FPS PROVIDED 36,077 DIECT ANCILLARY SUPPORT CONTACTS AND RESPONDED TO 496 PROGRAM INQUIRIES. FURTHERMORE, SOCIAL MEDIA AND THE INTERNET HAS ALLOWED FPS TO REACH OVER 12,750 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

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	<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 THIRD 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.</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>

Additional Data

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