

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
CANDLELIGHTERS FOR CHILDHOOD CANCER

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
8990 SPANISH RIDGE AVENUE STE 100

City or town, state or province, country, and ZIP or foreign postal code
LAS VEGAS, NV 89148

D Employer identification number
94-2579116

E Telephone number
(702) 737-1919

G Gross receipts \$ 1,790,614

F Name and address of principal officer
MATT COOK
8990 SPANISH RIDGE AVENUE STE 100
LAS VEGAS, NV 89148

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CANDLELIGHTERSNV.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1978 **M** State of legal domicile NV

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE EMOTIONAL SUPPORT, QUALITY OF LIFE PROGRAMS AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR FAMILIES AFFECTED BY CHILDHOOD CANCER

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)	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	19
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	10
6 Total number of volunteers (estimate if necessary)	700
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,505,211	1,613,275
9 Program service revenue (Part VIII, line 2g)		0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,141	34,276
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-119,419	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,418,933	1,647,551
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
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)	542,832	600,306
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 175,903		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	789,805	1,012,656
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,332,637	1,612,962
19 Revenue less expenses Subtract line 18 from line 12	86,296	34,589
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,526,048	1,455,531
21 Total liabilities (Part X, line 26)	82,505	47,175
22 Net assets or fund balances Subtract line 21 from line 20	1,443,543	1,408,356

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-10-14

KIMBERLY KINDIG CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-10-14

Check if self-employed PTIN: P00897112

Firm's name: ▶ ELLSWORTH & STOUT CPAS Firm's EIN: ▶ 26-1629859

Firm's address: ▶ 7881 W CHARLESTON BLVD STE 155 LAS VEGAS, NV 891178326 Phone no: (702) 871-2727

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE EMOTIONAL SUPPORT, QUALITY OF LIFE PROGRAMS AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR FAMILIES AFFECTED BY CHILDHOOD CANCER

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 [X] 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 [X] 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 \$ 1,352,344 including grants of \$) (Revenue \$)

See Additional Data

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

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

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

CANDLELIGHTERS CHILDHOOD CANCER FOUNDATION OF NEVADA (CCCFN) IS A NON- PROFIT AGENCY THAT PROVIDES SUPPORT AND SERVICES FOR FAMILIES OF CHILDREN DIAGNOSED WITH CANCER CHILDREN FROM BIRTH TO 21 YEARS OF AGE WHO HAVE BEEN DIAGNOSED WITH CANCER OR WHO HAVE SURVIVED CANCER ARE ELIGIBLE FOR SERVICES IF THEY ARE LIVING OR BEING TREATED IN NEVADA CHARTERED IN 1978, CCCFN WAS FOUNDED BY TWO FAMILIES, EACH OF WHOM HAD A CHILD BEING TREATED FOR CANCER THEY BELIEVED THAT FAMILIES COULD FIND STRENGTH, KNOWLEDGE AND COMFORT BY BANDING TOGETHER DURING THEIR MOST DIFFICULT TIMES THEY WANTED TO USE THEIR EXPERIENCE TO LESSEN THE BURDEN OF THOSE THEY KNEW WOULD FOLLOW SINCE THAT TIME, OVER 2,000 CHILDREN IN NEVEADA HAVE BEEN DIAGNOSED WITH CANCER IN THE BEGINNING, CANDLELIGHTERS HANDLED THE NEEDS OF FAMILIES ENTIRELY THROUGH A DEDICATED GROUP OF VOLUNTEERS EXPERIENCED PARENTS WERE ON-CALL 24 HOURS A DAY TO COUNCEL NEWLY DIAGNOSED FAMILIES AND ASSIST THEM WITH THEIR CONCERNS TODAY, CCCFN SERVES APPROXIMATELY 100 FAMILIES MONTHLY, AND AS MANY AS 600 FAMILIES THROUGHOUT THE YEAR CANDLELIGHTERS MAINTAINS A FULL-TIME OFFICE WITH PROFESSIONAL STAFF AVAILABLE AT ALL TIMES FOR FAMILY SUPPORT THERE ARE NO MEMBERSHIP REQUIREMENTS OR FEES FOR FAMILIES A DIAGNOSIS OF CHILDHOOD CANCER IS THE ONLY REQUIREMENT TO BECOME ELIGIBLE FOR SERVICES REFERRALS CAN COME FROM ANY SOURCE AS LONG AS THE FAMILY APPROVES OUR PURPOSE OUR PURPOSE IS TO ALLEVIATE THE ISOLATION MANY FAMILIES FEEL AT THE TIME THEIR CHILD IS DIAGNOSED, TO OFFER OUR LOVE, CARE, ENCOURAGEMENT, AND UNDERSTANDING SO THAT NOBODY NEED FACE ALONE THE UNCERTAIN WORLD OF CHILDHOOD CANCER RECOGNIZING THE VARIOUS NEEDS OF INDIVIDUALS AND FAMILIES, WE OFFER OUR SUPPORT AND SERVICE TO EVERY FAMILY, WITHOUT REGARD TO ECONOMICS, RACE, RELIGION, AND CHOICE F PHYSICIAN(S) OR HEALTH CARE FACILITIES ALL PROGRAMS AND SERVICES ARE GIVEN AT NO COST TO THE FAMILIES DONORS HAVE THE SATISFACTION OF KNOWING THEIR SUPPORT AND CONTRIBUTIONS ARE DIRECTLY HELPING NEVADA FAMILIES STATISTICS CHILDHOOD CANCER FACTS - "KIDS GET CANCER TOO" EACH SCHOOL DAY, 46 CHILDREN ARE DIAGNOSED WITH CANCER ONE IN 330 CHILDREN WILL DEVELOP CANCER BY AGE 20 12,400 NEW PEDIATRIC CASES PER YEAR 2,500 ANNUAL DEATHS CANCER REMAINS THE NUMBER ONE DISEASE KILLER OF AMERICA'S CHILDREN - MORE THAN CYCSTIC FIBROSIS, MUSCULAR DYSTGROPHY, ASTHMA AND AIDS COMBINED TREATMENT OF CANCER IS ONE OF MODERN MEDICINE'S SUCCESS STORIES THIRTY YEARS AGO, FEW CHILDREN WITH CANCER SURVIVED, BUT NOW ALMOST 80% ARE CURED OF THEIR DISEASE, ACCORDING TO THE AMERICAN CANCER SOCIETY'S 2008 STATISTICS OUR POPULATION CHILDREN 21 AND UNDER WHO ARE DIAGNOSED WITH OR HAVE SURVIVED CHILDHOOD CANCER INCIDENCE RATE THERE ARE 75-80 NEW CASES OF CHILDHOOD CANCER IN SOUTHERN NEVADA ANNUALLY PREVALENCE RATE THERE ARE MORE THAN 200 ACTIVE CASES OF CHILDHOOD CANCER IN SOUTHERN NEVADA ANNUALLY CANDLELIGHTERS SERVES ALL ETHNICITIES AND INCOME LEVLES PROGRAMS & SERVICES THROUGH ITS MANY PROGRAMS, CANDLELIGHTERS PROVIDES ASSISTANCE FOR QUALITY- OF-LIFE ISSUES THAT ARE A LARGE PART OF THE CHILDHOOD CANCER EXPERIENCE, INCLUDING DISEASE-SPECIFIC EDUCATION AND EMOTIONAL SUPPORT IN CERTAIN CIRCUMSTANCES, CANDLELIGHTERS ALSO OFFERS FAMILIES MUCH-NEEDED FINANCIAL SUPPORT SOME OF THE MOST VITAL SERVICES CANDLELIGHTERS PROVIDE INCLUDE EMERGENCY ASSISTANCE PROGRAM AFTER A CHILD IS DIAGNOSED AND THE COURSE OF TREATMENT BEGINS, OFFER THE RESULT IS A LONG HOSPITAL STAY FOR THE CHILD AND MISSED WORKDAYS FOR ONE OR BOTH PARENTS LOSS OF WORK TIME, PLUS THE COSTS OF HEALTH CARE, FREQUENTLY CAUSES FAMILIES FINANCIAL DISTRESS IN THESE INSTANCES, CANDLELIGHTERS MAY BE ABLE TO HELP FAMILIES PAY FOR LIVING EXPENSES SUCH AS RENTAL, MORTGAGE, AND UTILITIES MEDICAL EXPENSE ASSISTANCE PROGRAM MEDICAL BILLS FOR OUR FAMILIES ADD UP QUICKLY AND CAN BE OVERWHELMING FOR MOST CO-PAYMENTS ALONE CAN COST A FAMILY UP TO 250 PER WEEK DEPENDING ON THE CHILD'S COURSE OF TREATMENT CANDLELIGHTERS IS ABLE TO ASSIST FAMILIES THROUGH OUR CO-PAY REIMBURSEMENT PROGRAM, BASED ON OUR INCOME GUIDELINES, TO HELP OFF-SET THE COST OF OUT OF POCKET MEDICAL EXPENSES TRAVEL FOR TREATMENT PROGRAM CHILDREN DIAGNOSED WITH CANCER ARE FORTUNATE TO BE ABLE TO RECEIVED THE BEST POSSIBLE CARE RIGHT HERE IN THEIR COMMUNITY UNDER THE DIRECTION OF OUR LOCAL PEDIATRIC ONCOLOGISTS SECOND OPINIONS, BONE MARROW OR STEM CELL TRANSPLANT, THE PHYSICIAN'S RECOMMENDED TREATMENT, OR THE PARENT'S PREFERENCES MAY NECESSITATE OUT OF STATE TREATMENT CANDLELIGHTERS WILL HELP WITH THE TRAVEL COSTS BY PROVIDING ASSISTANCE WITH AIRFARE AND/OR GAS, LODGING AND FOOD CANDLELIGHTERS CAN ALSO PROVIDE ASSISTANCE WITH LOCAL TRANSPORTATION NEEDS, VIA TAXI, FOR THOSE FAMILIES WHO DO NOT HAVE A WAY TO GET TO DOCTOR'S APPOINTMENTS OR THE HOSPITAL FAMILY COUNSELING ONE-ON-ONE COUNSELING AND CHILD LIFE SPECIALIST SERVICES A CHILDHOOD CANCER DIAGNOSIS AND ITS AFTERMATH CAN BE DEVASTATING FOR THE CHILD AND HIS/HER ENTIER FAMILY, BUT MEDICAL INSURANCE DOES NOT ALWAYS COVER THE COST OF COUNSELING CANDLELIGHTERS HELPS FAMILIES COPE WITH PSYCHOLOGICAL BURDENS BY OFFERING PROFESSIONAL COUNSELING AND CHILD LIFE SPECIALIST SERVICES BOTH AT OUR OFFICE AND AT TWO PEDIATRIC ONCOLOGISTS' OFFICES CHILD LIFE SPECIALISTS HELP CHILDREN AND FAMILIES COPE WITH THE STRESSFUL EXPERIENCES THEY ENCOUNTER DURING CANCER TREATMENT, ESPECIALLY IN HOSPITAL AND MEDICAL SETTINGS THROUGH PLAY, EDUCATION AND SELF-EXPRESSION ACTIVITIES, A CHILD LIFE SPECIALIST CAN PROVIDE AGE APPROPRIATE PREPARATION FOR MEDICAL PROCEDURES, PAIN MANAGEMENT AND COPING STRATEGIES THEY ACT AS AN INTEGRAL PART OF THE HEALTH CARE TEAM, TYPICALLY WORKING CLOSELY WITH DOCTORS, NURSES, SOCIAL WORKERS, AND TEACHERS, AND PROVIDE CRITICAL EMOTIONAL SUPPORT TO FAMILIES AS CHILDREN UNDERGO HOSPITALIZATION AND MEDICAL TREATMENT ART THERAPY USES THE CREATIVE PROCESS OF ART TO IMPROVE THE PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING OF INDIVIDUALS OF ALL AGES THROUGH CREATING ART AND REFLECTING ON THE ART MAKING PROCESS, PEOPLE CAN BETTER COPE WITH SYMPTOMS OF STRESS, AND TRAUMATIC EXPERIENCES IN ADDITION TO RESOLVING CONFLICTS AND PROBLEMS, DEVELOPING INTERPERSONAL SKILLS, AND INCREASING SELF-ESTEEM, AND SELF-AWARENESS THERAPY SESSIONS TAKE PLACE WITHIN A SAFE NON-THREATENING ENVIRONMENT IN WHICH PARTICIPANTS CREATE ART AND REFLECT ON THEIR WORK AT THE END OF THE SESSION VARIOUS TYPES OF ART MEDIUMS ARE AVAILABLE DURING ART THERAPY SESSIONS INCLUDING DRAWING, PAINTING, COLLAGE, CLAY, WRITING/ART THROUGH POETRY AND JOURNALING PLAY THERAPY ENABLES CHILDREN TO USE TOYS AS TOOLS TO EXPRESS THEIR WORLD AND THEIR EXPERIENCES THERAPY WITH CHILDREN LOOKS DIFFERENT THAN THAT OF ADULTS WHO TRADITIONALLY ENGAGE IN "TALK THERAPY " TOYS GIVE CHILDREN A MEDIUM FOR SELF-EXPRESSION THAT IS DEVELOPMENTALLY APPROPRIATE, ALLOWING THEM TO BE THEMSELVES AND EXPLORE THEIR LIFE CHALLENGES AT THEIR OWN PACE AND IN THEIR OWN UNIQUE WAY PLAY THERAPY FACILITATES THE THERAPEUTIC PROCESS WHILE ENHANCING COMMUNICATION, RESILIENCY, CATHARSIS, AND POSITIVE EMOTIONS PROJECT IMAGINE IS A KEY HEALING ARTS PROGRAM WE DELIVER AT A CHILD'S HOSPITAL BED WHILE THE CHILD IS RECEIVING TREATMENT FOR CANCER THE ARTWORK CREATED BY THE CHILD GIVES THE WHOLE FAMILY AN ILLUSTRATED EXPRESSION OF THE EXPERIENCE AS A LIFELONG MEMORY OF THEIR TREATMENT JOURNEY SUCH HEALING ARTS PROGRAMS HAVE DOCUMENTED POSITIVE IMPACT ON PHYSICAL WELL-BEING, PROMOTION OF HEALING AND SHORTENED HOSPITAL STAYS SUPPORT GROUPS ARE OFFERED ON A MONTHLY BASIS TO HELP FAMILIES IN A VARIETY OF WAYS TEEN SCENE MONTHLY SOCIALS OFFER TEENAGERS AN OPPORTUNITY TO CONNECT WITH PEERS WHO ARE EXPERIENCING CANCER TREATMENT THEMSELVES OR COPING WITH A SIBLING'S TREATMENT PARENT CONNECTION PAIRS PARENTS OF A NEWLY-DIAGNOSED CHILD WITH CANCER WITH PARENTS WHOSE CHILD OF A SIMILAR AGE IS IN TREATMENT OR HAS SURVIVED CANCER PARENTS HELPING PARENTS OFFERS BEREAVEMENT SUPPORT FOR PARENTS WHO LOSE A CHILD TO CANCER

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

4e Total program service expenses 1,352,344

Part IV Checklist of Required Schedules

	Yes	No	
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, 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, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

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 of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 8990 SPANISH RIDGE AVENEUE LAS VEGAS, NV 89148 (702) 737-1919

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MATT COOK CHAIRPERSON	4 00	X		X				0	0	0
(2) LIZ LAMONICA VICE CHAIR	4 00	X		X				0	0	0
(3) ANGELA FRY TREASURER	4 00	X		X				0	0	0
(4) ANNELISA POLK SECRETARY	4 00	X		X				0	0	0
(5) LISA SANTWER CHAIRPERSON	1 00	X						0	0	0
(6) ROBERT TORRES IMMEDIATE PA	1 00	X						0	0	0
(7) ANNA CATLETT BOARD MEMBER	1 00	X						0	0	0
(8) ANTHONY GOLDEN BOARD MEMBER	1 00	X						0	0	0
(9) AVI DAN-GOOR BOARD MEMBER	1 00	X						0	0	0
(10) BECKY MACDONALD BOARD MEMBER	1 00	X						0	0	0
(11) CARRIE BRADLEY BOARD MEMBER	1 00	X						0	0	0
(12) ELIZABETH M SOROKAC BOARD MEMBER	1 00	X						0	0	0
(13) JUSTIN LEE BROWN BOARD MEMBER	1 00	X						0	0	0
(14) KATHY MADDUX BOARD MEMBER	1 00	X						0	0	0
(15) MICHELLE ORLANDO BOARD MEMBER	1 00	X						0	0	0
(16) PUNEET GARG BOARD MEMBER	1 00	X						0	0	0
(17) SCOTT GRAGSON BOARD MEMBER	1 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TODD RADWANSKI BOARD MEMBER	1 00	X						0	0	0
(19) VINCE SCHEITLER BOARD MEMBER	1 00	X						0	0	0
(20) MELISSA CIPRIANO FORMER E D	40 00			X				100,340	0	0

1b Sub-Total	▶		
c Total from continuation sheets to Part VII, Section A	▶		
d Total (add lines 1b and 1c)	▶	100,340	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

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	395,527		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,217,748		
	g Noncash contributions included in lines 1a - 1f \$ _____		116,091		
	h Total. Add lines 1a-1f		1,613,275		

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

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			34,276	34,276		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 395,527 of contributions reported on line 1c) See Part IV, line 18	a	143,063				
	b Less direct expenses	b	143,063				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
11a Miscellaneous Revenue	Business Code						
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			1,647,551	34,276			

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,340	80,167	10,567	9,606
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	499,966	399,448	52,652	47,866
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
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)	42,578	35,759	3,572	3,247
12 Advertising and promotion	112,288	112,288		
13 Office expenses	21,247	17,541	1,355	2,351
14 Information technology				
15 Royalties				
16 Occupancy	86,100	68,675	9,127	8,298
17 Travel	11,260	9,891	50	1,319
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,792	10,106	1,407	1,279
23 Insurance	19,204	15,171	2,113	1,920
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 DIRECT COSTS OF PROGRAMS	562,751	562,751		
b FUNDRAISING	89,132			89,132
c BANK AND CREDIT CARD FEES	18,677	15,247	1,621	1,809
d PRINTING AND PUBLICATIONS	13,897	7,226	171	6,500
e All other expenses	22,730	18,074	2,080	2,576
25 Total functional expenses. Add lines 1 through 24e	1,612,962	1,352,344	84,715	175,903
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	571,083	1	541,809
	2 Savings and temporary cash investments	865,436	2	812,845
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	48,443	9	68,153
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	60,724		
	b Less accumulated depreciation	32,220		
		37,086	10c	28,504
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	4,000	15	4,220	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,526,048	16	1,455,531	
Liabilities	17 Accounts payable and accrued expenses	62,389	17	33,247
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	20,116	25	13,928
	26 Total liabilities. Add lines 17 through 25	82,505	26	47,175
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	891,373	27	996,543
	28 Temporarily restricted net assets	552,170	28	411,813
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,443,543	33	1,408,356	
34 Total liabilities and net assets/fund balances	1,526,048	34	1,455,531	

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	1,647,551
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,612,962
3	Revenue less expenses Subtract line 2 from line 1	3	34,589
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,443,543
5	Net unrealized gains (losses) on investments	5	-69,776
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 33, column (B))	10	1,408,356

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 94-2579116

Name: CANDLELIGHTERS FOR CHILDHOOD CANCER

Form 990 (2018)

Form 990, Part III, Line 4a:

CANDLELIGHTERS IS THE FIRST AND OLDEST NON-PROFIT ORGANIZATION IN NEVADA SERVING FAMILIES COPING WITH CHILDHOOD CANCER TWO FAMILIES, EACH WITH A CHILD IN CANCER TREATMENT, FOUNDED CANDLELIGHTERS IN 1978, BELIEVING THAT FAMILIES COULD FIND STRENGTH, KNOWLEDGE, AND COMFORT BY BANDING TOGETHER FOR FORTY YEARS, OUR MISSION HAS BEEN TO PROVIDE EMOTIONAL SUPPORT, QUALITY OF LIFE PROGRAMS, AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR FAMILIES AFFECTED BY CHILDHOOD CANCER OUR SERVICES ARE A CRITICAL LIFELINE FOR FAMILIES FACING A CANCER DIAGNOSIS ON A DAILY BASIS, WE HELP FAMILIES COPE WITH THE EMOTIONAL TRAUMA AND FINANCIAL HARDSHIP EVOKED BY A CHILDHOOD CANCER DIAGNOSIS ALL TOO OFTEN, FAMILIES FALL APART FROM THE STRESS OF THE CHILD'S DIAGNOSIS, TREATMENT, POTENTIAL RELAPSE, AND, SOMETIMES, DEATH, LEAVING PARENTS AND SIBLINGS FEELING ISOLATED, DEPRESSED, AND VULNERABLE OUR PURPOSE IS TO ALLEVIATE THE ISOLATION MANY FAMILIES FEEL AT THE TIME THEIR CHILD IS DIAGNOSED WITH CANCER AND PROVIDE ACCESS TO FINANCIAL RESOURCES, MENTAL HEALTH SERVICES, AND FAMILY SUPPORT TO ENSURE THEIR ABILITY TO FOCUS ON THE MOST CRITICAL ELEMENT OF CANCER TREATMENT-THEIR CHILD'S SURVIVAL OUR PROGRAMS FALL INTO FOUR KEY AREAS FINANCIAL ASSISTANCE MANY PEOPLE DO NOT REALIZE THE SIGNIFICANT FINANCIAL STRESS AND HARDSHIP A CHILDHOOD CANCER DIAGNOSIS CREATES FOR A FAMILY WHILE DEALING WITH THE EMOTIONAL IMPACT OF A CANCER DIAGNOSIS AND THE IMMEDIATE NEED TO BEGIN TREATMENT, PARENTS ALSO FACE THE UNEXPECTED AND UNPLANNED INCREASE IN FINANCIAL OBLIGATIONS, COMMONLY ASSOCIATED WITH A CANCER DIAGNOSIS OUT OF POCKET EXPENSES DUE TO MEDICAL CO-PAYMENTS, PRESCRIPTION COSTS, AND OTHER ADDITIONAL COSTS ASSOCIATED WITH CANCER TREATMENT COUPLED WITH UNPAID TIME OFF TO CARE FOR THE DIAGNOSED CHILD CREATES FINANCIAL INSTABILITY WITHIN THE HOME CANDLELIGHTERS ALLOCATES UP TO 3,000 PER CALENDAR YEAR PER FAMILY FOR FINANCIAL ASSISTANCE QUALIFYING EXPENSES INCLUDE RENT OR MORTGAGE, UTILITIES, GAS, AND LOCAL TRANSPORTATION NEEDS CANDLELIGHTERS ALSO PROVIDES A MEDICAL AND PRESCRIPTION CO-PAYMENT REIMBURSEMENT PROGRAM THE REIMBURSEMENT IS BASED ON A SLIDING SCALE THAT FACTORS IN HOUSEHOLD INCOME AND NUMBER OF INDIVIDUALS WITHIN THE HOUSEHOLD TRAVEL FOR TREATMENT WHILE CHILDREN TYPICALLY RECEIVE TREATMENT IN SOUTHERN NEVADA, IT IS NOT UNUSUAL FOR FAMILIES AND THEIR CHILDREN TO TRAVEL TO OTHER STATES FOR SPECIALIZED TREATMENTS, SUCH AS BONE MARROW TRANSPLANTS AND BRAIN TUMOR TREATMENT SHOULD A FAMILY FACE THE NEED TO TRAVEL FOR CARE, CANDLELIGHTERS ASSISTS WITH AIRFARE, LODGING, CAR RENTAL, FOOD REIMBURSEMENT, AND GAS CARDS TO HELP OFFSET THE FINANCIAL BURDEN OF TRAVEL BEREAVEMENT SUPPORT CANDLELIGHTERS PROVIDES FUNERAL ASSISTANCE TO FAMILIES WHOSE CHILDREN LOST THEIR BATTLE WITH CANCER CANDLELIGHTERS ASSISTS THE FAMILY WITH A 5,000 PAYMENT TOWARDS THE FUNERAL COSTS FUNERALS THAT FALL BELOW THE ALLOCATED AMOUNT ARE PAID IN FULL BY CANDLELIGHTERS EMOTIONAL SUPPORT FAMILY COUNSELING A CHILDHOOD CANCER DIAGNOSIS AND ITS AFTERMATH CAN HAVE EMOTIONAL AND PSYCHOLOGICAL IMPACTS ON THE ENTIRE FAMILY TO HELP FAMILIES COPE, CANDLELIGHTERS MAKES AVAILABLE PROFESSIONAL COUNSELING SERVICES WITH LICENSED THERAPISTS THESE PRIVATE SESSIONS ARE FREE OF CHARGE TO THE FAMILIES SUPPORT GROUPS CANDLELIGHTERS ALSO PROVIDES REGULARLY OCCURRING SUPPORT GROUPS FOR PARENTS, DIAGNOSED CHILDREN/TEENS AND THEIR SIBLINGS QUALITY OF LIFE PROGRAMS TO HELP ALLEVIATE THE ISOLATION MANY FAMILIES FEEL, CANDLELIGHTERS PROVIDES FAMILY-FOCUSED OPPORTUNITIES FOR PARENTS, THE DIAGNOSED CHILD, AND SIBLINGS TO CONNECT WITH OTHER FAMILIES WHO UNDERSTAND THEIR JOURNEY THESE PROGRAMS ARE OFFERED IN A FUN, COMMUNITY SETTING GIVING THE FAMILIES A SENSE OF NORMALCY DURING AND AFTER TREATMENT WHILE CREATING MEANINGFUL AND LASTING MEMORIES A FEW OF THESE ACTIVITIES INCLUDE MOVIE NIGHTS, HALLOWEEN BASH, HOLIDAY PARTIES AND A HOLIDAY ADOPT-A-FAMILY CAMP INDEPENDENT FIREFLY CANDLELIGHTERS OFFERS A MEDICALLY SUPERVISED CAMP EACH SUMMER A FIVE DAY FOUR NIGHT CAMP IS OPEN TO ANY CANDLELIGHTERS CHILD DIAGNOSED WITH CANCER AND THEIR SIBLINGS, AGES 7-17 STAFF LEAD A ROBUST COMMITTEE OF DEDICATED VOLUNTEERS TO PLAN AND COORDINATE CAMP ACTIVITIES AND LOGISTICS EACH YEAR, CANDLELIGHTERS PROVIDES 150 CAMP OPENINGS FREE OF CHARGE TO FAMILIES ARTS/EDUCATION PROGRAM CANDLELIGHTERS RECOGNIZES THE SCIENTIFICALLY PROVEN IMPACT OF THE ARTS ON REDUCING STRESS LEVELS OF THE CHILD AND FAMILY AND PROMOTING THEIR HEALING PROCESS DURING TREATMENT CANDLELIGHTERS OFFERS ART EDUCATION THROUGH A CREATIVE EXPRESSIONS ART PROGRAM PROVEN POSITIVE OUTCOMES INCLUDE (A) LOWERED STRESS AND ANXIETY LEVELS, (B) PROCEDURES AND TREATMENT CONDUCTED WITH MORE EASE SHORTENING TREATMENT TIME, (C) SHORTENS HOSPITAL STAYS, (D) IMPROVES HEALING PROCESS SURVIVOR SCHOLARSHIPS ONE OF THE GREATEST JOYS CANDLELIGHTERS' PARENTS CAN EXPERIENCE IS SEEING THEIR CHILD SURVIVE CANCER AND GO ON TO PURSUE OPPORTUNITIES IN HIGHER EDUCATION CANDLELIGHTERS IS PROUD TO BE ABLE TO FUND SCHOLARSHIPS TO SURVIVING CHILDREN FOR COLLEGE, TRADE AND TECHNICAL SCHOOLS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CANDLELIGHTERS FOR CHILDHOOD CANCER

Employer identification number
94-2579116

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,291,505	1,315,942	1,582,263	1,385,792	1,613,275	7,188,777
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	1,291,505	1,315,942	1,582,263	1,385,792	1,613,275	7,188,777
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)						153,216
6	Public support. Subtract line 5 from line 4						7,035,561

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	1,291,505	1,315,942	1,582,263	1,385,792	1,613,275	7,188,777
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,546	28,526	28,388	33,141	34,276	149,877
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.)		528				528
11	Total support. Add lines 7 through 10						7,339,182
12	Gross receipts from related activities, etc. (see instructions)					12	177,339

13 First five 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 2018 (line 6, column (f) divided by line 11, column (f))	14	95.860 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	95.200 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the 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 (2), 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 (a) and (b) below.	Yes	No
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 in (a) 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 (a) and (b) 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>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

- 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 (explain in detail in Part VI)		
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 1-1/2% 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 .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	<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART II, LINE 10	528

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ 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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CANDLELIGHTERS FOR CHILDHOOD CANCER

Employer identification number
94-2579116

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of 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 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| 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				
b Buildings				
c Leasehold improvements				
d Equipment		60,724	32,220	28,504
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				28,504

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	
CAPITAL LEASE OBLIGATION	8,552
DEFERRED LEASE INCENTIVE	5,376
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	13,928

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	1,694,993
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-69,776	
b	Donated services and use of facilities	2b	117,218	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	47,442
3	Subtract line 2e from line 1		3	1,647,551
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		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,647,551

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	1,730,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	117,218	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	117,218
3	Subtract line 2e from line 1		3	1,612,962
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		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,612,962

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-2579116

Name: CANDLELIGHTERS FOR CHILDHOOD CANCER

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, NO INCOME TAX IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS THE FOUNDATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS A FOUNDATION THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OF THE CODE MANAGEMENT HAS EVALUATED THE TAX POSITIONS TAKEN WITHIN THEIR TAX RETURNS AND DOES NOT BELIEVE THERE ARE ANY SIGNIFICANT UNCERTAIN POSITIONS TAKEN ON THE RETURNS

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization CANDLELIGHTERS FOR CHILDHOOD CANCER

Employer identification number 94-2579116

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SPECIAL EVENTS (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	538,590			538,590
	2 Less Contributions	395,527			395,527
	3 Gross income (line 1 minus line 2)	143,063			143,063
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	143,063			143,063
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				143,063
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

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.

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

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

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	%
b	An outside facility	%

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

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CANDLELIGHTERS FOR CHILDHOOD CANCER

Employer identification number

94-2579116

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	1	116,091	
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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not 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 O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

CANDLELIGHTERS FOR CHILDHOOD CANCER

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

94-2579116

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>CANDLELIGHTERS IS THE FIRST AND OLDEST NON-PROFIT ORGANIZATION IN NEVADA SERVING FAMILIES COPING WITH CHILDHOOD CANCER TWO FAMILIES, EACH WITH A CHILD IN CANCER TREATMENT, FOUNDED CANDLELIGHTERS IN 1978, BELIEVING THAT FAMILIES COULD FIND STRENGTH, KNOWLEDGE, AND COMFORT BY BANDING TOGETHER FOR FORTY YEARS, OUR MISSION HAS BEEN TO PROVIDE EMOTIONAL SUPPORT, QUALITY OF LIFE PROGRAMS, AND FINANCIAL ASSISTANCE FOR CHILDREN AND THEIR FAMILIES AFFECTED BY CHILDHOOD CANCER OUR SERVICES ARE A CRITICAL LIFELINE FOR FAMILIES FACING A CANCER DIAGNOSIS ON A DAILY BASIS, WE HELP FAMILIES COPE WITH THE EMOTIONAL TRAUMA AND FINANCIAL HARDSHIP EVOKED BY A CHILDHOOD CANCER DIAGNOSIS ALL TOO OFTEN, FAMILIES FALL APART FROM THE STRESS OF THE CHILD'S DIAGNOSIS, TREATMENT, POTENTIAL RELAPSE, AND, SOMETIMES, DEATH, LEAVING PARENTS AND SIBLINGS FEELING ISOLATED, DEPRESSED, AND VULNERABLE OUR PURPOSE IS TO ALLEVIATE THE ISOLATION MANY FAMILIES FEEL AT THE TIME THEIR CHILD IS DIAGNOSED WITH CANCER AND PROVIDE ACCESS TO FINANCIAL RESOURCES, MENTAL HEALTH SERVICES, AND FAMILY SUPPORT TO ENSURE THEIR ABILITY TO FOCUS ON THE MOST CRITICAL ELEMENT OF CANCER TREATMENT- THEIR CHILD'S SURVIVAL OUR PROGRAMS FALL INTO FOUR KEY AREAS FINANCIAL ASSISTANCE MANY PEOPLE DO NOT REALIZE THE SIGNIFICANT FINANCIAL STRESS AND HARDSHIP A CHILDHOOD CANCER DIAGNOSIS CREATES FOR A FAMILY WHILE DEALING WITH THE EMOTIONAL IMPACT OF A CANCER DIAGNOSIS AND THE IMMEDIATE NEED TO BEGIN TREATMENT, PARENTS ALSO FACE THE UNEXPECTED AND UNPLANNED INCREASE IN FINANCIAL OBLIGATIONS, COMMONLY ASSOCIATED WITH A CANCER DIAGNOSIS OUT OF POCKET EXPENSES DUE TO MEDICAL CO-PAYMENTS, PRESCRIPTION COSTS, AND OTHER ADDITIONAL COSTS ASSOCIATED WITH CANCER TREATMENT COUPLED WITH UNPAID TIME OFF TO CARE FOR THE DIAGNOSED CHILD CREATES FINANCIAL INSTABILITY WITHIN THE HOME CANDLELIGHTERS ALLOCATES UP TO 3,000 PER CALENDAR YEAR PER FAMILY FOR FINANCIAL ASSISTANCE QUALIFYING EXPENSES INCLUDE RENT OR MORTGAGE, UTILITIES, GAS, AND LOCAL TRANSPORTATION NEEDS CANDLELIGHTERS ALSO PROVIDES A MEDICAL AND PRESCRIPTION CO-PAYMENT REIMBURSEMENT PROGRAM THE REIMBURSEMENT IS BASED ON A SLIDING SCALE THAT FACTORS IN HOUSEHOLD INCOME AND NUMBER OF INDIVIDUALS WITHIN THE HOUSEHOLD TRAVEL FOR TREATMENT WHILE CHILDREN TYPICALLY RECEIVE TREATMENT IN SOUTHERN NEVADA, IT IS NOT UNUSUAL FOR FAMILIES AND THEIR CHILDREN TO TRAVEL TO OTHER STATES FOR SPECIALIZED TREATMENTS, SUCH AS BONE MARROW TRANSPLANTS AND BRAIN TUMOR TREATMENT SHOULD A FAMILY FACE THE NEED TO TRAVEL FOR CARE, CANDLELIGHTERS ASSISTS WITH AIRFARE, LODGING, CAR RENTAL, FOOD REIMBURSEMENT, AND GAS CARDS TO HELP OFFSET THE FINANCIAL BURDEN OF TRAVEL BEREAVEMENT SUPPORT CANDLELIGHTERS PROVIDES FUNERAL ASSISTANCE TO FAMILIES WHOSE CHILDREN LOST THEIR BATTLE WITH CANCER CANDLELIGHTERS ASSISTS THE FAMILY WITH A 5,000 PAYMENT TOWARDS THE FUNERAL COSTS FUNERALS THAT FALL BELOW THE ALLOCATED AMOUNT ARE PAID IN FULL BY CANDLELIGHTERS EMOTIONAL SUPPORT FAMILY COUNSELING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>G A CHILDHOOD CANCER DIAGNOSIS AND ITS AFTERMATH CAN HAVE EMOTIONAL AND PSYCHOLOGICAL IMPACTS ON THE ENTIRE FAMILY TO HELP FAMILIES COPE, CANDLELIGHTERS MAKES AVAILABLE PROFESSIONAL COUNSELING SERVICES WITH LICENSED THERAPISTS THESE PRIVATE SESSIONS ARE FREE OF CHARGE TO THE FAMILIES SUPPORT GROUPS CANDLELIGHTERS ALSO PROVIDES REGULARLY OCCURRING SUPPORT GROUPS FOR PARENTS, DIAGNOSED CHILDREN/TEENS AND THEIR SIBLINGS QUALITY OF LIFE PROGRAMS TO HELP ALLEVIATE THE ISOLATION MANY FAMILIES FEEL, CANDLELIGHTERS PROVIDES FAMILY-FOCUSED OPPORTUNITIES FOR PARENTS, THE DIAGNOSED CHILD, AND SIBLINGS TO CONNECT WITH OTHER FAMILIES WHO UNDERSTAND THEIR JOURNEY THESE PROGRAMS ARE OFFERED IN A FUN, COMMUNITY SETTING GIVING THE FAMILIES A SENSE OF NORMALCY DURING AND AFTER TREATMENT WHILE CREATING MEANINGFUL AND LASTING MEMORIES A FEW OF THESE ACTIVITIES INCLUDE MOVIE NIGHTS, HALLOWEEN BASH, HOLIDAY PARTIES AND A HOLIDAY ADOPT-A-FAMILY CAMP INDEPENDENT FIREFLY CANDLELIGHTERS OFFERS A MEDICALLY SUPERVISED CAMP EACH SUMMER A FIVE DAY FOUR NIGHT CAMP IS OPEN TO ANY CANDLELIGHTERS CHILD DIAGNOSED WITH CANCER AND THEIR SIBLINGS, AGES 7-17 STAFF LEAD A ROBUST COMMITTEE OF DEDICATED VOLUNTEERS TO PLAN AND COORDINATE CAMP ACTIVITIES AND LOGISTICS EACH YEAR, CANDLELIGHTERS PROVIDES 150 CAMP OPENINGS FREE OF CHARGE TO FAMILIES ARTS/EDUCATION PROGRAM CANDLELIGHTERS RECOGNIZES THE SCIENTIFICALLY PROVEN IMPACT OF THE ARTS ON REDUCING STRESS LEVELS OF THE CHILD AND FAMILY AND PROMOTING THEIR HEALING PROCESS DURING TREATMENT CANDLELIGHTERS OFFERS ART EDUCATION THROUGH A CREATIVE EXPRESSIONS ART PROGRAM PROVEN POSITIVE OUTCOMES INCLUDE (A) LOWERED STRESS AND ANXIETY LEVELS, (B) PROCEDURES AND TREATMENT CONDUCTED WITH MORE EASE SHORTENING TREATMENT TIME, (C) SHORTENS HOSPITAL STAYS, (D) IMPROVES HEALING PROCESS SURVIVOR SCHOLARSHIPS ONE OF THE GREATEST JOYS CANDLELIGHTERS' PARENTS CAN EXPERIENCE IS SEEING THEIR CHILD SURVIVE CANCER AND GO ON TO PURSUE OPPORTUNITIES IN HIGHER EDUCATION CANDLELIGHTERS IS PROUD TO BE ABLE TO FUND SCHOLARSHIPS TO SURVIVING CHILDREN FOR COLLEGE, TRADE AND TECHNICAL SCHOOLS</p>

990 Schedule O, Optional Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>CANDLELIGHTERS CHILDHOOD CANCER FOUNDATION OF NEVADA (CCCFN) IS A NON- PROFIT AGENCY THAT PROVIDES SUPPORT AND SERVICES FOR FAMILIES OF CHILDREN DIAGNOSED WITH CANCER CHILDREN FRO M BIRTH TO 21 YEARS OF AGE WHO HAVE BEEN DIAGNOSED WITH CANCER OR WHO HAVE SURVIVED CANCER ARE ELIGIBLE FOR SERVICES IF THEY ARE LIVING OR BEING TREATED IN NEVADA CHARTERED IN 197 8, CCCFN WAS FOUNDED BY TWO FAMILIES, EACH OF WHOM HAD A CHILD BEING TREATED FOR CANCER T HEY BELIEVED THAT FAMILIES COULD FIND STRENGTH, KNOWLEDGE AND COMFORT BY BANDING TOGETHER DURING THEIR MOST DIFFICULT TIMES THEY WANTED TO USE THEIR EXPERIENCE TO LESSEN THE BURDE N OF THOSE THEY KNEW WOULD FOLLOW SINCE THAT TIME, OVER 2,000 CHILDREN IN NEVEADA HAVE BE EN DIAGNOSED WITH CANCER IN THE BEGINNING, CANDLELIGHTERS HANDLED THE NEEDS OF FAMILIES E NTIRELY THROUGH A DEDICATED GROUP OF VOLUNTEERS EXPERIENCED PARENTS WERE ON-CALL 24 HOURS A DAY TO COUNCEL NEWLY DIAGNOSED FAMILIES AND ASSIST THEM WITH THEIR CONCERNS TODAY, CCC FN SERVES APPROXIMATELY 100 FAMILIES MONTHLY, AND AS MANY AS 600 FAMILIES THROUGHOUT THE Y EAR CANDLELIGHTERS MAINTAINS A FULL-TIME OFFICE WITH PROFESSIONAL STAFF AVAILABLE AT ALL TIMES FOR FAMILY SUPPORT THERE ARE NO MEMBERSHIP REQUIREMENTS OR FEES FOR FAMILIES A DIA GNOSIS OF CHILDHOOD CANCER IS THE ONLY REQUIREMENT TO BECOME ELIGIBLE FOR SERVICES REFERR ALS CAN COME FROM ANY SOURCE AS LONG AS THE FAMILY APPROVES OUR PURPOSE OUR PURPOSE IS TO ALLEVIATE THE ISOLATION MANY FAMILIES FEEL AT THE TIME THEIR CHILD IS DIAGNOSED, TO OFFER OUR LOVE, CARE, ENCOURAGEMENT, AND UNDERSTANDING SO THAT NOBODY NEED FACE ALONE THE UNCE R TAIN WORLD OF CHILDHOOD CANCER RECOGNIZING THE VARIOUS NEEDS OF INDIVIDUALS AND FAMILIES, WE OFFER OUR SUPPORT AND SERVICE TO EVERY FAMILY, WITHOUT REGARD TO ECONOMICS, RACE, RELI GION, AND CHOICE F PHYSICIAN(S) OR HEALTH CARE FACILITIES ALL PROGRAMS AND SERVICES ARE G IVEN AT NO COST TO THE FAMILIES DONORS HAVE THE SATISFACTION OF KNOWING THEIR SUPPORT AND CONTRIBUTIONS ARE DIRECTLY HELPING NEVADA FAMILIES STATISTICS CHILDHOOD CANCER FACTS - " KIDS GET CANCER TOO" EACH SCHOOL DAY, 46 CHILDREN ARE DIAGNOSED WITH CANCER ONE IN 330 CH ILDREN WILL DEVELOP CANCER BY AGE 20 12,400 NEW PEDIATRIC CASES PER YEAR 2,500 ANNUAL DEA THS CANCER REMAINS THE NUMBER ONE DISEASE KILLER OF AMERICA'S CHILDREN - MORE THAN CYCSTIC FIBROSIS, MUSCULAR DYSTGROPHY, ASTHMA AND AIDS COMBINED TREATMENT OF CANCER IS ONE OF MO DERN MEDICINE'S SUCCESS STORIES THIRTY YEARS AGO, FEW CHILDREN WITH CANCER SURVIVED, BUT NOW ALMOST 80% ARE CURED OF THEIR DISEASE, ACCORDING TO THE AMERICAN CANCER SOCIETY'S 2008 STATISTICS OUR POPULATION CHILDREN 21 AND UNDER WHO ARE DIAGNOSED WITH OR HAVE SURVIVED CHILDHOOD CANCER INCIDENCE RATE THERE ARE 75-80 NEW CASES OF CHILDHOOD CANCER IN SOUTHER N NEVADA ANNUALLY PREVALENCE RATE THERE ARE MORE THAN 200 ACTIVE CASES OF CHILDHOOD CANC ER IN SOUTHERN NEVADA ANNUALLY CANDLELIGHTERS SERVES ALL ETHNICITIES AND INCOME LEVLES P ROGRAMS & SERVICES THROUGH IT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4D</p>	<p>S MANY PROGRAMS, CANDLELIGHTERS PROVIDES ASSISTANCE FOR QUALITY- OF-LIFE ISSUES THAT ARE A LARGE PART OF THE CHILDHOOD CANCER EXPERIENCE, INCLUDING DISEASE-SPECIFIC EDUCATION AND E MOTIONAL SUPPORT IN CERTAIN CIRCUMSTANCES. CANDLELIGHTERS ALSO OFFERS FAMILIES MUCH-NEEDE D FINANCIAL SUPPORT SOME OF THE MOST VITAL SERVICES CANDLELIGHTERS PROVIDE INCLUDE EMERG ENCY ASSISTANCE PROGRAM AFTER A CHILD IS DIAGNOSED AND THE COURSE OF TREATMENT BEGINS, OFT ER THE RESULT IS A LONG HOSPITAL STAY FOR THE CHILD AND MISSED WORKDAYS FOR ONE OR BOTH PA RENTS LOSS OF WORK TIME, PLUS THE COSTS OF HEALTH CARE, FREQUENTLY CAUSES FAMILIES FINANC IAL DISTRESS IN THESE INSTANCES, CANDLELIGHTERS MAY BE ABLE TO HELP FAMILIES PAY FOR LIVI NG EXPENSES SUCH AS RENTAL, MORTGAGE, AND UTILITIES MEDICAL EXPENSE ASSISTANCE PROGRAM ME DICAL BILLS FOR OUR FAMILIES ADD UP QUICKLY AND CAN BE OVERWHELMING FOR MOST CO-PAYMENTS ALONE CAN COST A FAMILY UP TO 250 PER WEEK DEPENDING ON THE CHILD'S COURSE OF TREATMENT C ANDLELIGHTERS IS ABLE TO ASSIST FAMILIES THROUGH OUR CO-PAY REIMBURSEMENT PROGRAM, BASED O N OUR INCOME GUIDELINES, TO HELP OFF-SET THE COST OF OUT OF POCKET MEDICAL EXPENSES TRAVE L FOR TREATMENT PROGRAM CHILDREN DIAGNOSED WITH CANCER ARE FORTUNATE TO BE ABLE TO RECEIVE D THE BEST POSSIBLE CARE RIGHT HERE IN THEIR COMMUNITY UNDER THE DIRECTION OF OUR LOCAL PE DIATRIC ONCOLOGISTS SECOND OPINIONS, BONE MARROW OR STEM CELL TRANSPLANT, THE PHYSICIAN'S RECOMMENDED TREATMENT, OR THE PARENT'S PREFERENCES MAY NECESSITATE OUT OF STATE TREATMENT CANDLELIGHTERS WILL HELP WITH THE TRAVEL COSTS BY PROVIDING ASSISTANCE WITH AIRFARE AND/ OR GAS, LODGING AND FOOD CANDLELIGHTERS CAN ALSO PROVIDE ASSISTANCE WITH LOCAL TRANSPORTA TION NEEDS, VIA TAXI, FOR THOSE FAMILIES WHO DO NOT HAVE A WAY TO GET TO DOCTOR'S APPOINTM ENTS OR THE HOSPITAL FAMILY COUNSELING ONE-ON-ONE COUNSELING AND CHILD LIFE SPECIALIST SE RVICES A CHILDHOOD CANCER DIAGNOSIS AND ITS AFTERMATH CAN BE DEVASTATING FOR THE CHILD AN D HIS/HER ENTIER FAMILY, BUT MEDICAL INSURANCE DOES NOT ALWAYS COVER THE COST OF COUNSELIN G CANDLELIGHTERS HELPS FAMILIES COPE WITH PSYCHOLOGICAL BURDENS BY OFFERING PROFESSIONAL COUNSELING AND CHILD LIFE SPECIALIST SERVICES BOTH AT OUR OFFICE AND AT TWO PEDIATRIC ONCO LOGISTS' OFFICES CHILD LIFE SPECIALISTS HELP CHILDREN AND FAMILIES COPE WITH THE STRESSFU L EXPERIENCES THEY ENCOUNTER DURING CANCER TREATMENT, ESPECIALLY IN HOSPITAL AND MEDICAL S ETTINGS THROUGH PLAY, EDUCATION AND SELF-EXPRESSION ACTIVITIES, A CHILD LIFE SPECIALIST C AN PROVIDE AGE APPROPRIATE PREPERATION FOR MEDICAL PROCEDURES, PAIN MANAGEMENT AND COPING STRATEGIES THEY ACT AS AN INTEGRAL PART OF THE HEALTH CARE TEAM, TYPICALLY WORKING CLOSELY WITH DOCTORS, NURSES, SOCIAL WORKERS, AND TEACHERS, AND PROVIDE CRITICAL EMOTIONAL SUPPO RT TO FAMILIES AS CHILDREN UNDERGO HOSPITALIZATION AND MEDICAL TREATMENT ART THERAPY USES THE CREATIVE PROCESS OF ART TO IMPROVE THE PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING OF I NDIVIDUALS OF ALL AGES THROUG</p>

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>H CREATING ART AND REFLECTING ON THE ART MAKING PROCESS, PEOPLE CAN BETTER COPE WITH SYMPTOMS OF STRESS, AND TRAUMATIC EXPERIENCES IN ADDITION TO RESOLVING CONFLICTS AND PROBLEMS, DEVELOPING INTERPERSONAL SKILLS, AND INCREASING SELF-ESTEEM, AND SELF-AWARENESS THERAPY SESSIONS TAKE PLACE WITHIN A SAFE NON-THREATENING ENVIRONMENT IN WHICH PARTICIPANTS CREATE ART AND REFLECT ON THEIR WORK AT THE END OF THE SESSION VARIOUS TYPES OF ART MEDIUMS ARE AVAILABLE DURING ART THERAPY SESSIONS INCLUDING DRAWING, PAINTING, COLLAGE, CLAY, WRITING /ART THROUGH POETRY AND JOURNALING PLAY THERAPY ENABLES CHILDREN TO USE TOYS AS TOOLS TO EXPRESS THEIR WORLD AND THEIR EXPERIENCES THERAPY WITH CHILDREN LOOKS DIFFERENT THAN THAT OF ADULTS WHO TRADITIONALLY ENGAGE IN "TALK THERAPY " TOYS GIVE CHILDREN A MEDIUM FOR SELF-EXPRESSION THAT IS DEVELOPMENTALLY APPROPRIATE, ALLOWING THEM TO BE THEMSELVES AND EXPLORE THEIR LIFE CHALLENGES AT THEIR OWN PACE AND IN THEIR OWN UNIQUE WAY PLAY THERAPY FACILITATES THE THERAPEUTIC PROCESS WHILE ENHANCING COMMUNICATION, RESILIENCY, CATHARSIS, AND POSITIVE EMOTIONS PROJECT IMAGINE IS A KEY HEALING ARTS PROGRAM WE DELIVER AT A CHILD'S HOSPITAL BED WHILE THE CHILD IS RECEIVING TREATMENT FOR CANCER THE ARTWORK CREATED BY THE CHILD GIVES THE WHOLE FAMILY AN ILLUSTRATED EXPRESSION OF THE EXPERIENCE AS A LIFELONG MEMORY OF THEIR TREATMENT JOURNEY SUCH HEALING ARTS PROGRAMS HAVE DOCUMENTED POSITIVE IMPACT ON PHYSICAL WELL-BEING, PROMOTION OF HEALING AND SHORTENED HOSPITAL STAYS SUPPORT GROUPS ARE OFFERED ON A MONTHLY BASIS TO HELP FAMILIES IN A VARIETY OF WAYS TEEN SCENE MONTHLY SOCIALS OFFER TEENAGERS AN OPPORTUNITY TO CONNECT WITH PEERS WHO ARE EXPERIENCING CANCER TREATMENT THEMSELVES OR COPING WITH A SIBLING'S TREATMENT PARENT CONNECTION PAIRS PARENTS OF A NEWLY-DIAGNOSED CHILD WITH CANCER WITH PARENTS WHOSE CHILD OF A SIMILAR AGE IS IN TREATMENT OR HAS SURVIVED CANCER PARENTS HELPING PARENTS OFFERS BEREAVEMENT SUPPORT FOR PARENTS WHO LOSE A CHILD TO CANCER</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS EMAILED TO THE TREASURER AND EXECUTIVE DIRECTOR FOR REVIEW BEFORE IT IS SIGNED AND FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	DISCUSSIONS ARE HELD AT BOARD MEETINGS TO REVIEW THE POLICY ANNUALLY AND ANY CONFLICTS IN QUESTION ACTION IS TAKEN AS NECESSARY BASED ON THE POLICY

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	DISCUSSIONS ARE HELD AT THE EXECUTIVE LEVEL WITH INDIVIDUALS WHO HAVE KNOWLEDGE OF THE PAY STRUCTURE OF OTHER NOT-FOR PROFIT ORGANIZATIONS

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	DISCUSSIONS ARE HELD AT THE EXECUTIVE LEVEL WITH INDIVIDUALS WHO HAVE KNOWLEDGE OF THE PAY STRUCTURE OF OTHER NOT-FOR PROFIT ORGANIZATIONS

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE WEBSITE DIRECTS INDIVIDUALS TO CONTACT THE EXECUTIVE DIRECTOR FOR REVIEW OF PUBLIC FILE DOCUMENTS