Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

▶ 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. and ending JUN 30, 2022

JUL 1, 2021

В	Check if applicable	C Name of organization AMERICAN CHILDHOOD CANCER ORGANIZATION	D Employer i	identific	ation number				
	Addre chang Name	e INLAND NORTHWEST							
Ļ	chang	Doing business as	**_**		-				
	return Final return	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 8031		E Telephone number (509) 443-4162					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts	\$	556,957.				
	Amen return	SPORANE, WA 99203	H(a) Is this a	group re	turn				
	Applic tion pendi	F Name and address of principal officer: LESLIE WOODFILL	for subor	dinates'	? Yes X No				
		same as c above	H(b) Are all subor	rdinates inc	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) ()			list. See instructions				
		te: > WWW.ACCO.ORG/INLANDNW	H(c) Group ex						
K	Form of		Year of formation: 19	198 M	State of legal domicile: WA				
Г	art I	Summary	DAMILIEG C		WINI I I I I				
Governance	1	Briefly describe the organization's mission or most significant activities: TO HELP DURING CHILDHOOD CANCER TREATMENTS AND REBUI	LD THEIR L	IVES	AFTER				
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its	net ass					
ove.	3				9				
		Number of independent voting members of the governing body (Part VI, line 1b)			8				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			4				
Activities &	6	Total number of volunteers (estimate if necessary)			125				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			<u> </u>				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11							
		Cartributions and ments (Dart VIII line 11)	Prior Year 177,3		<u>Current Year</u> 477,806.				
ne	8	Contributions and grants (Part VIII, line 1h)	79,7		0.				
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		156.	60.				
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	66,455.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.50		544,321.				
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		187.	18,834.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	,	0.	0.				
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	153,7	760.	159,595.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	,	0.	0.				
per	ь	Total fundraising expenses (Part IX, column (D), line 25) 34,247.							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	65,0	83.	145,020.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	226,3		323,449.				
		Revenue less expenses. Subtract line 18 from line 12	31,8		220,872.				
Net Assets or	9		Beginning of Curren		End of Year				
sets	ਰੂ 20	Total assets (Part X, line 16)	340,7		487,583.				
at As	21	Total liabilities (Part X, line 26)	79,4		5,426.				
_		Net assets or fund balances. Subtract line 21 from line 20 Signature Block	261,2	<u> </u>	482,157.				
	art II				lucandadas and ballat it is				
		ulties of perjury, I declare that I have examined this return, including accompanying schedules and st		-	knowledge and belief, it is				
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledg	je.					
Sig	n	Signature of officer	Date						
Sig Hei		CONNIE HILL BUNCH, TREASURER							
110		Type or print name and title							
		Print/Type preparer's name Preparer's signature		Check	PTIN				
Pai	d	KEITH P. DIMELER CPA		if self-employe	□ P01489766				
	parer	Firm's name DIMELER & ASSOCIATES	Firm's		**-***5472				
	Only	Firm's address 609 N ARGONNE RD, SUITE B							
		SPOKANE VALLEY, WA 99212	Phone	_{no.} (50	09) 340-8189				
Ma	y the II	RS discuss this return with the preparer shown above? See instructions		_ 	X Yes No				

	AMERICAN CHILDHOOD CANCER ORGANIZATION
	990 (2021) INLAND NORTHWEST **-***0353 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO HELP FAMILIES COPE WITH LIFE DURING CHILDHOOD CANCER TREATMENTS AND
	REBUILD THEIR LIVES AFTER CANCER FROM THE EXPERIENCED PERSPECTIVE OF
	THOSE WHO HAVE BEEN THERE BEFORE. ALL DONATIONS ENHANCE THE LIVES OF
	CHILDREN WITH CANCER AND THEIR FAMILIES BY PROVIDING EMOTIONAL AND
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 167,461. including grants of \$ 18,834.) (Revenue \$
	PATIENT SERVICES:
	A CHILDHOOD CANCER DIAGNOSIS IS A FRIGHTENING, STRESSFUL, AND CONFUSING
	TIME. EVEN THE STRONGEST FAMILY FOUNDATIONS ARE CHALLENGED. LESS SECURE
	FOUNDATIONS CAN SOMETIMES BE SHATTERED. ACCOIN ADDRESSES THE SOCIAL,
	PSYCHOLOGICAL, AND FINANCIAL NEEDS OF CHILDREN WITH CANCER AND THEIR
	FAMILIES BY PROVIDING VIRTUAL AND HANDS-ON SUPPORT THROUGH EDUCATIONAL
	MATERIALS, SUPPORT GROUPS, STRESS REDUCING ACTIVITIES, PRACTICAL
	SUPPLIES TO ASSIST WITH HOSPITAL LIFE, AND FINANCIAL ASSISTANCE. IN OUR
	ACCOIN DATABASE FOR THE 2021/2022 FISCAL YEAR, WE HAD 650 FAMILIES WE
	SERVE WITH 554 CHILDHOOD CANCER SURVIVORS AND 101 CHILDREN WHO HAVE
	PASSED AWAY. THERE ARE 2,533 INDIVIDUAL MEMBERS THAT INCLUDE THE
	PARENTS AND SIBLINGS. OUR OFFICE LOCATED AT SACRED HEART CHILDREN'S
4b	(Code:) (Expenses \$8,064. including grants of \$) (Revenue \$)
	PARTIES AND SPECIAL EVENTS:
	WITH COVID BEING A MAJOR FACTOR IN THE HEALTH AND SAFETY OF OUR KIDS AND FAMILIES, ACCOIN UTILIZED VIRTUAL OPTIONS TO BRING FAMILIES
	(IN-TREATMENT, POST-TREATMENT, AND BEREAVED) TOGETHER. IN THIS SAFE SETTING, THEY CAN SHARE, LEARN AND SUPPORT EACH OTHER. ACCOIN OFFERS
	THE ASSURANCE WITH REAL-LIFE EXAMPLES THAT FAMILIES CAN PROGRESS AND
	EVEN BECOME STRONGER THROUGH CHILDHOOD CANCER TREATMENTS AND BEYOND.
	SPECIAL VIRTUAL EVENTS WERE ORGANIZED TO PROVIDE A MUCH-NEEDED SOCIAL
	NETWORK FOR FAMILIES. THEY BENEFIT SOCIALLY, PSYCHOLOGICALLY, AND
	EMOTIONALLY BY GATHERING INFORMALLY WITH OTHER CHILDREN AND FAMILIES
	WHO UNIQUELY UNDERSTAND THE CHALLENGES AND LONG-TERM EFFECTS OF A
	CHILDHOOD CANCER DIAGNOSIS. APPROXIMATELY 2/3 OF CHILDREN WILL FACE
40	(Code:) (Expenses \$
70	PROGRAMS:
	SPECIAL PROGRAMS HELD VIRTUALLY ENHANCED THE LIVES OF CANCER PATIENTS
	AND THEIR FAMILIES THROUGH VARIOUS AVENUES. OUR PROGRAMS ADDRESS THE
	NEEDS OF A DIVERSE SET OF OUR POPULATION THAT INCLUDES TEENS, SIBLINGS,
	BEREAVED FAMILIES, AND VOLUNTEERS FROM ALL ETHNIC AND SOCIO-ECONOMIC
	BACKGROUNDS. FAMILIES BECOME EMPOWERED THROUGH CHILDHOOD CANCER
	AWARENESS EFFORTS. ADDITIONALLY, TEENAGERS WITH CANCER BENEFIT FROM
	EVENTS AND MEETINGS TO HELP REDUCE ISOLATION AS WELL AS ADDRESS THE
	ISSUES UNIQUE TO THAT AGE GROUP. SIBLING SUPPORT IS PROVIDED TO LET
	SIBLINGS KNOW THEY ARE NOT FORGOTTEN AMIDST MEDICAL TREATMENT, DOCTOR
	VISITS, AND ILLNESS.
4d	Other program services (Describe on Schedule O.)

See Schedule O for Continuation(s)

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including grants of \$ 266,635.

Form **990** (2021)

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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		
8	, ,			x
_	Schedule D, Part III	8		
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		
J	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
12	1.11	13		X
13	B111	14a		X
14a		148		
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			₩.
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> X</u>
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		<u> X</u>
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	Х	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		Х

	AMERICAN CHILDHOOD CANCER ORGANIZATION rm 990 (2021) INLAND NORTHWEST **-***03! art IV Checklist of Required Schedules (continued)		P	_{age} 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete			

٠	bid the organization maintain are essent account other than a relativity of our terms and the year to delease
	any tax-exempt bonds?
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete
	Schedule L, Part I
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

- Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III
- Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):
- a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If* "Yes," *complete Schedule L, Part IV*
 b A family member of any individual described in line 28a? *If* "Yes," *complete Schedule L, Part IV*
- c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
- Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
- **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

 If "Yes," complete Schedule R, Part V, line 2
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

 Note: All Form 990 filers are required to complete Schedule O

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Part	V	State	emer	ıts Re	gardi	ng O	ther	IRS	Filings	aı	nd Tax	Compli	ance

	Check if Schedule O contains a response of hote to any line in this Part v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c		1

132004 12-09-21

Х

24b

24c 24d

25a

25b

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			uge
			Yes	No
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		X
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).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Cross respires included on Form 200 Part VIII line 12 for public use of club facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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 None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records DIMELER & ASSOCIATES, PLLC -5093408189 609 N ARGONNE RD STE B, SPOKANE VALLEY. 99212

INLAND NORTHWEST

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<u> Page</u> **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organize		orga	niza			npen	sate			
(A)	(B)) Dec	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week					1	,	from the	from related	other
	(list any hours for	direct				_		organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	эш ш		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	est co	ıer			organizations
	line)	Indiv	Instii	Officer	Key	Highest compensated employee	Former			
(1) LESLIE WOODFILL	40.00									
EXECUTIVE DIRECTOR		Х						56,974.	0.	0.
(2) CONNIE HILL BUNCH	8.00									
TREASURER		Х		Х				0.	0.	0.
(3) DR. ROSS GOSHORN	1.00									
DIRECTOR		Х						0.	0.	0.
(4) EDDIE WOOD	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) GREG MCGUIRE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN NELSON	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) KEN PHILLIPS	0.00	1								
DIRECTOR		Х						0.	0.	0.
(8) KIM DEMPSEY	4.00	1								
PRESIDENT		Х		Х				0.	0.	0.
(9) MAGGIE RANDALL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MAILE ADEN	1.00	1								_
DIRECTOR		Х						0.	0.	0.
(11) MARGARET KOBYLUS	4.00	1								_
PRESIDENT		Х		Х				0.	0.	0.
(12) RACHEL DRUFFEL	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		<u> </u>								
		1								
		<u> </u>								
		1								
		<u> </u>								
		1								
										5 000 (2221)

Form 990 (2021)

Form 990 (2021)
Part VII Section

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Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	l Hig	ghes	it C	ompensated Employee	s (continued)			
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average hours per		not cl		more	than o		Reportable	Reportable		Estima	
	week					s both r/trus		compensation from	compensation from related		amour	
	(list any	ctor						the	organizations	C	ompen	
	hours for	or dire	au l			ted		organization	(W-2/1099-MISC	/	from	the
	related organizations	istee (truste		a)	bensa		(W-2/1099-MISC/	1099-NEC)	I	organiz	
	below	lual tru	Institutional trustee		ploye	st com	_	1099-NEC)			and rel Irganiza	
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former				n gai iizt	20110
										+		
										+		
										+		
							Ļ	F.C. 07.4		+		
1b Subtotal								56,974.).		0.
c Total from continuation sheets to Part VII								56,974.).		0.
d Total (add lines 1b and 1c)							O re			<u>, • </u>		<u> </u>
compensation from the organization	or infinited to the	030	iioto	u ac	,0 v C	,, vvii	010	convocamore triair wroo,	ood of reportable			0
, , , , , , , , , , , , , , , , , , ,											Ye	s No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for so	ıch individual									. 3	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,		,							4	l l	X
5 Did any person listed on line 1a receive or a												37
rendered to the organization? If "Yes," com Section B. Independent Contractors	olete Schedule	e J fo	or su	ıch r	oers	on .				5)	X
Complete this table for your five highest cor	nnensated ind	lenei	nder	nt cc	ntr	actor	re th	nat received more than \$	100 000 of compe	nsation	from	
the organization. Report compensation for t	-	-							· · · · · · · · · · · · · · · · · · ·	isation	110111	
(A)	,			<u> </u>				(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Com	pensat	ion
							_					
							-					
							\dashv					
							\dashv					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation >				()						
										For	m 9 <mark>90</mark>	(2021)

16000512 160849 2021-KPD123

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
10 10	4.	Fodovated compaigns					
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
Sra Jou	b	Membership dues 1b	147 700				
S, (С		L47,789.				
a ë	d	Related organizations 1d					
s, (е	Government grants (contributions)					
ioi	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	330,017.				
ĒÖ	c	Noncash contributions included in lines 1a-1f	L02,225.				
Sign	h	Total. Add lines 1a-1f		477,806.			
<u> </u>			Business Code	,			
	0.0	<u>†</u>					
ice	2 a						
er ne	b						
n S	С						
rar Sev	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	>	60.			60.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	-				
	_	(i) Real	(ii) Personal				
	6 -		()				
	_						
	b	' '''					
	C	· /					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b					
ther Revenue	c	Gain or (loss) 7c					
Re		Net gain or (loss)					
e	8 a	Gross income from fundraising events (not					
₽		including \$ 147,789. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	4,126.				
	h	Less: direct expenses 8b	12,636.				
		Net income or (loss) from fundraising events		-8,510.			-8,510.
			·····	0,510.			0,510.
	э а	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold10b					
	c	Net income or (loss) from sales of inventory	>				
			Business Code				
snc	11 a	PPP LOAN FORGIVENESS	624110	74,965.			74,965.
ne Jue	b			•			
Miscellaneous Revenue	C						
Sce	٠	All other revenue					
Ξ	-	-	b	74,965.			
	е	Total Add lines 11a-11d	·····	544,321.	0.	0.	66,515.
	12	Total revenue. See instructions		J44,J41.	U •	<u> </u>	00,515.

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Form 990 (2021) INLAND NORTHW
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	7.5.3		(C)	L
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	40.004	10.001		
	individuals. See Part IV, line 22	18,834.	18,834.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	62 201	22 705	11 051	17 620
_	trustees, and key employees	63,284.	33,705.	11,951.	17,628
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	59,173.	58,501.	243.	429
7	Other salaries and wages	J3,113.	30,301.	243.	42
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	26,022.	10 510	2,604.	3 800
9	Other employee benefits	11,116.	19,519. 8,303.	1,187.	3,899 1,620
0	Payroll taxes	11,110.	0,303.	1,107.	1,02
1	Fees for services (nonemployees):				
	Management				
	Legal	5,340.	2,670.	1,068.	1,60
	Accounting	3,340.	2,070.	1,000	1,00
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion				
3	Office expenses	4,567.	1,858.	2,144.	56!
4	Information technology	4,567. 4,539.	1,632.	268.	56! 2,63!
5	Royalties	,	,		,
6	Occupancy	21,140.	16,944.	2,217.	1,97
7	Travel	,	,	,	•
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	3,800.	1,900.	760.	1,14
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMS	91,110.	91,110.		
b	EVENTS	8,064.	8,064.		
С	AWARENESS	3,627.	3,001.	0.	62
d	MERCHANT FEES	2,135.	0.	105.	2,03
е	All other expenses	698.	594.	20.	8
5	Total functional expenses. Add lines 1 through 24e	323,449.	266,635.	22,567.	34,24
:6	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	63,358.	1	217,579		
	2	Savings and temporary cash investments			268,257.	2	258,260
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ns		5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe		6			
,	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		8,763.			
	b	Less: accumulated depreciation		8,763.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	9,114.	15	11,744		
	16	Total assets. Add lines 1 through 15 (must eq	340,729.	16	487,583		
	17	Accounts payable and accrued expenses	79,444.	17	1,469		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ا م	22	Loans and other payables to any current or for					
E		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
֡֞֞֜֞֞֡֞֞֡֞֞֞֡֡֞֡֡	23	Secured mortgages and notes payable to unre	lated this	Г		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D			0.	25	3,957
	26	Total liabilities. Add lines 17 through 25			79,444.	26	5,426
		Organizations that follow FASB ASC 958, ch	eck her	· \			
se		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions				27	
Ба	28	Net assets with donor restrictions				28	
<u> </u>		Organizations that do not follow FASB ASC					
ב		and complete lines 29 through 33.					
, P	29	Capital stock or trust principal, or current fund	s		0.	29	0
Sets	30	Paid-in or capital surplus, or land, building, or			0.	30	0
As	31	Retained earnings, endowment, accumulated i			0.	31	482,157
Net Assets or Fund Balances	32	Total net assets or fund balances			261,285.	32	482,157
-	33	Total liabilities and net assets/fund balances			340,729.	33	487,583

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,4			
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>72.</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	263	1,2	<u>85.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	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?		2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	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?		2c				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?	_	За		х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021Open to Public

Inspection

Name of the organization AMERICAN CHILDHOOD CANCER ORGANIZATION Employer identification number in LAND NORTHWEST **-***0353

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)				
1		A church, convention of ch	•	•	•	•	ινανί)			
2	H	A school described in sect				11 17 0(15)(יאריאיזי			
	H			•		/L\/d\/A\/:	::\			
3	H	A hospital or a cooperative								
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in conju	inction with a land-grant	college		
		or university or a non-land-g				-	-	-		
		university:	y g · - · g. · -			···-,	,			
10			Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from		
		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.								
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.		
44		See section 509(a)(2). (Col		valv to toot for public on	fatu Caa	aaatian E(20(=)(4)			
11	Н	An organization organized a								
12		An organization organized a	•	•	-		•			
		more publicly supported or	-					Sneck the box on		
		lines 12a through 12d that					, ,			
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting		
	_	organization. You must o	complete Part IV, Se	ections A and B.						
b)		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing		
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.			
c	ı 🗀	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness		
		requirement (see instructi	ions). You must con	nplete Part IV. Sections	A and D.	and Part	V .			
e	, [Check this box if the orga	•	= '						
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
f	Ente	er the number of supported of	• •	nan, musgratsa sappera						
		vide the following information		d organization(s)						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						
	-1							 		

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	334,236.	515,639.	263,389.	257,051.	330,017.	1700332.		
2	Tax revenues levied for the organ-								
	ization'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	334,236.	515,639.	263,389.	257,051.	330,017.	1700332.		
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)								
6	Public support. Subtract line 5 from line 4.						1700332.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	334,236.	515,639.	263,389.	257,051.	330,017.	1700332.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	418.	1,616.	2,953.	1,156.	60.	6,203.		
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.)								
11	Total support. Add lines 7 through 10						1706535.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop						>		
	ction C. Computation of Publi					Г			
14	Public support percentage for 2021 (li					14	99.64 %		
15	Public support percentage from 2020					15	99.64 %		
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2020. If the o								
	and stop here. The organization quali		• •						
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the facts		•	-	•	VI how the organiz	ation		
	meets the facts-and-circumstances te	-	•	• • •	-				
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets th								
	organization meets the facts-and-circu								
<u>18</u>	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u></u> ▶∟		

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
Зс		
4a		
4b		
40		
4c		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
100		
10a		
10b		
lule A (Forn	n 990)	2021

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either acces or together with personal described on lines 11b and 11c blow, if you governing body or authorised controlled on line 11a above? b A family member of a porson described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a to or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in the 11a or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided in 11b or 11b above? If yes' (a line 11a, 11b, or 11c, provide described provided	Pai	T IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization? b A Amily member of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? c A 35% controlled writty of a person described on line 11a above? 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization have the power to regularly appoint or elect at least a majority of the organization of organization or the supported organization orga				Yes	No
11a blow, the governing body of a supported organization? b A family member of a person described on line 11a on 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide a 1b Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to require yaporit or elect at least a majority of the organizations for one or more supported organizations have the power to require yaporit or elect at least a majority of the organizations of effectively operated, supervised, or controlled the organization as activities. If the organization had more than one supported supported organization of the transfer organization of the transfer organization of the transfer organization organization and the supported organization organiz	11	Has the organization accepted a gift or contribution from any of the following persons?			l
b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b A Astive controlled entity of a person described on line 11a above? If "Yes" to line 11a, 11b, or 11c, provide deal in Pert VI. Section B. Type I Supporting Organizations Did the growing body, members of the governing body, officers acting in their official capacity, or membership of one or not supported organization three than the expense of the governing body and the complete organization of the provision of the proposes of the supported organization? If "Yes," explain in Part VI have providing such benefit carred out the proposes of the supported organization of the provision of the provision of the proposes of the supported organization of the provision		11c below, the governing body of a supported organization?	11a		i
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the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the 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 does not have the organization's supported organization(s) would have been engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organization's novelvement. 3 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial deg		organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	b	·			
			3b		

Schedule A (Form 990) 2021

INLAND NORTHWEST

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations							
1										
	All other Type III non-functionally integrated supporting organizations mu		·							
Sect	ion 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								
Sect	ion 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):									
a	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	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 0.015 of line 3 (for greater amount,									
	see instructions).	4								
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
_6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see						
	instructions).	- -		·						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continued})
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s ;	3
4	Amounts paid to acquire exempt-use assets		4	4
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.		-	7
8	Distributions to attentive supported organizations to which the	:		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount	1	10	0
Secti	on E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>_i</u>	Carryover from 2016 not applied (see instructions)			
_ <u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2017			
<u>b</u>	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			

Schedule A (Form 990) 2021

e Excess from 2021

AMERICAN CHILDHOOD CANCER ORGANIZATION

-*035<u>3 Page 8</u> INLAND NORTHWEST Schedule A (Form 990) 2021 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, Part VI 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.)

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 instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST

Employer identification number **-***0353

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ominiai Funus (oi Accoun	Lo. Complete if t	ine
		(a) Donor advis	sed funds	(b) Fun	ds and other acco	unts
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 w	riting that the assets h	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's ex	xclusive legal control?	,		Yes	No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that g	jrant funds can be ι	used only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	any other purpose o	conferring		
	impermissible private benefit?					☐ No
Pa	rt II Conservation Easements. Complete if the organic	anization answered "Y	es" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)).			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	a historically	important land are	ea
	Protection of natural habitat		Preservation of	a certified his	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contri	bution in the form of	of a conservat	tion easement on t	the last
	day of the tax year.				Held at the End of t	he Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic struc					
d	Number of conservation easements included in (c) acquired aff					
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release				during the tax	
	year ▶					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it h	nolds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, has	andling of violations, a	and enforcing cons	ervation ease	ments during the	year
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and e	nforcing conservat	ion easement	s during the year	
	> \$					
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	enue and expense :	statement and	d	
	balance sheet, and include, if applicable, the text of the footno	te to the organization	's financial stateme	nts that desc	ribes the	
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tr	easures, or Otl	her Similaı	r Assets.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its re	venue statement ar	nd balance sh	neet works	
	of art, historical treasures, or other similar assets held for publi	ic exhibition, educatio	n, or research in fur	rtherance of p	oublic	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items	S.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its reveni	ue statement and b	alance sheet	works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education,	or research in furth	erance of pub	olic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		***************************************	> :	\$	
				_	\$	
2	If the organization received or held works of art, historical treas					
	the following amounts required to be reported under FASB AS			- *•		
а	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X				\$	
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Forn	n 990) 2021

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Par	t III Organi	zations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other S	Similar	Assets	(continu	ied)
3	Using the organ	ization's acquisition, accession	on, and other record	s, check	any of the t	ollowing that	make sigr	nificant us	se of its		
	collection items	(check all that apply):									
а	Public ext	nibition	c	i 🗌	Loan or exc	hange progra	am				
b	Scholarly	research	e	, .	Other						
С	Preservati	ion for future generations									
4	Provide a descri	iption of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exemp	t purpose	e in Part	XIII.	
5	During the year,	did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to rais	se funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrov	v and Custodial Arranç	gements. Comple	ete if the	organizatio	n answered '	'Yes" on F	orm 990,	Part IV, I	ine 9, or	
		an amount on Form 990, Par									
1a	Is the organizati	on an agent, trustee, custodia	an or other intermed	liary for o	contribution	s or other ass	sets not inc	cluded			
	on Form 990, Pa	art X?								Yes	☐ No
b		the arrangement in Part XIII a									
										Amount	
С	c Beginning balance										
d		g the year						1d			
е		ring the year						1e			
f								1f			
2a		ation include an amount on Fo						?		Yes	No
	•	the arrangement in Part XIII.					•				
Par		ment Funds. Complete it									
	•	·	(a) Current year		rior year	(c) Two yea			ars back	(e) Four y	ears back
1a	Beginning of ve	ar balance									
b											
С		earnings, gains, and losses									
d		arships									
е	Other expenditu										
f		expenses									
а	End of year bala										
2	•	mated percentage of the curre	ent vear end balance	e (line 1d	ı. column (a) held as:					-
а		ed or quasi-endowment		%	,, (-,	,,					
b		owment >									
	Term endowme		<u></u> , .								
_		s on lines 2a, 2b, and 2c shou	uld equal 100%.								
За		vment funds not in the posses	•	ation that	t are held ar	nd administer	ed for the	organizat	ion		
	by:	i	3					3		\[\frac{1}{2}\]	es No
		rganizations								3a(i)	
		anizations								3a(ii)	
b		3a(ii), are the related organiza								3b	
4		XIII the intended uses of the									
Par		Buildings, and Equipm									
	Complete	e if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X, Iir	ne 10.			
	Descri	iption of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulated	ı l	(d) Book	value
			basis (investr	nent)	basis	(other)	depr	eciation			
1a	Land										
b											
С		ovements									
d						8,763.		8,76	3.		0.
е											
		rough 1e. (Column (d) must ed	•	X. colum	n (B). line 1	0c.)					0.

Part VII Investments		n Form 990 Part IV line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or ca		(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
1) Financial derivatives		(-)	(0,111011111111111111111111111111111111	
2) Closely held equity interes				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form Part VIII Investments	990, Part X, col. (B) line 12.) ► - Program Related.			
			e 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)	000 D 174 1 (D) II 10)			
Fotal. (Col. (b) must equal Form Part IX Other Assets				
		n Form 990 Part IV line	e 11d. See Form 990, Part X, line 15.	
Complete ii are v	-	Description	7 174. 200 1 3111 300, 1 411 7, 1110 10.	(b) Book value
(1)	(γ -			(-)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
「otal. (Column (b) must equal	Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabili				
		n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	
•	Description of liability			(b) Book value
(1) Federal income taxes				2 255
(2) TAX LIABILI	TY			3,957
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				▶ 3,957
'-4-1 /O / " ·		a = 1		2 01.7

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Schedule D (Form 990) 2021

AMERICAN CHILDHOOD CANCER ORGANIZATION

Schedule D (Form 990) 2021

INLAND NORTHWEST

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Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statement	ts	. 1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)	. 5
Pa	rt XII Reconciliation of Expenses per Audited Financia		Return.
	Complete if the organization answered "Yes" on Form 990, Part	: IV, line 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	
a	Donated services and use of facilities		_
b	Prior year adjustments	I	_
С.	Other losses		_
d	Other (Describe in Part XIII.)	<u></u>	
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	<u></u>	
c	Add lines 4a and 4b		
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.)	. 5
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Port IV lines 1b and 2b: Port V line	A: Bort V. line 2: Bort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov		54, Fait A, iiile 2, Fait Ai,
111163	20 and 4b, and Fart All, lines 20 and 4b. Also complete this part to prov	nde arry additional information.	

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization AMERICAN CHILDHOOD CANCER ORGANIZATION
INLAND NORTHWEST

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. For

Employer identification number **-***0353

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g X Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-ga gover dising a ding of donal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<u> </u>
(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) fundraiser organiz				
		Yes	No			
Total 3 List all states in which the organization	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration
or licensing.						

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Schedule G (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

h	edul		N CHILDHOOD O	CANCER ORGANI		***0353 Page 2
	rt I	Fundraising Events. Complete if th	e organization answered		IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gro	(a) Event #1	EZ, lines 1 and 6b. List e (b) Event #2 FUNDRAISING	vents with gross receipt (c) Other events	(d) Total events
				DINNER (event type)	(total number)	(add col. (a) through col. (c))
enellae	1	Gross receipts	10,373.	129,123.	12,419.	151,915.
1	2	Less: Contributions	10,373.	124,997.	12,419.	147,789.
	3	Gross income (line 1 minus line 2)		4,126.		4,126.
	4	Cash prizes				
22	5	Noncash prizes				
ixpelist	6	Rent/facility costs				
	7	Food and beverages				
	8 9	Entertainment Other direct expenses	475.	10,125.	2,036.	12,636.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				12,636. -8,510.
a	rt I			n 990, Part IV, line 19, or r		0,510.
_		\$15,000 on Form 990-EZ, line 6a.	T	(L) Dull tabe (instant		(4) Total manning (and
el la			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
נַ ב	1	Gross revenue				
ses	2	Cash prizes				
Experi	3	Noncash prizes				
	4	Rent/facility costs				
4	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	

Schedule G (Form 990) 2021 132082 10-21-21

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "No," explain: _

b If "Yes," explain: _

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

AMERICAN CHILDHOOD CANCER ORGANIZATION

Sch	nedule G (Form 990) 2021 INLAND NORTHWEST	**_*	**0	353	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	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	ļ	13a		%
			13b		// %
	b An outside facility		เงม		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name				
	Address ▶				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amou	nt			
	of gaming revenue retained by the third party \$\bigs\\$				
	c If "Yes," enter name and address of the third party:				
	on the mane and address of the time party.				
	Name				
	Address				
16					
10	daning 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 to be distributed to other exempt organizations or spent in	tho			
	·	II IC			
D۵	organization's own exempt activities during the tax year \(\) \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Dort	III lim	aa 0 ()h 10h
		nu Pari	III, III	es 9, s	D, TUD,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					

AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST

Schedule G	i (Form 990)	INLAND NORTHWEST	**-***0353	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		
	- app.omontai iiiloi	(continuea)		
		· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

AMERICAN CHILDHOOD CANCER ORGANIZATION

2021

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

INLAND NO	RTHWEST						**-***0353
Part I General Information on Grants a	nd Assistance					•	
Does the organization maintain records to	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	/, line 21, for any
recipient that received more than S	T	1	onal space is need		(s) Mathadas		
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government orç	ganizations listed in th	e line 1 table				>
3 Enter total number of other organizations	s listed in the line 1	1 table				<u></u>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST

Schedule I (Form 990) 2021

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Page 2

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AVISTA HEATING ASSISTANCE	47	18,834.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
Part I, Line 2:					
FAMILIES WHO HAVE A CHILD IN TREAT	MENT FOR	CANCER COM	IPLETE AN A	PPLICATION	
FOR ASSISTANCE AND INCLUDE A COPY (OF THE BI	LL THAT TH	IEY NEED HE	LP WITH.	
FUNDS ARE DISBURSED DIRECTLY TO THE	E VENDOR.				

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

AMERICAN CHILDHOOD CANCER ORGANIZATION

INLAND NORTHWEST

Employer identification number **-**0353

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LESLIE WOODFILL	(i)	56,974.	0.	0.	0.	0.	56,974.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)						<u> </u>	

	AMERICAN	CHILDHOOD	CANCER	ORGANIZATION
Schedule J (Form 990) 2021	INLAND NO	DRTHWEST		

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**_*

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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 instructions and the latest information.

INLAND NORTHWEST

AMERICAN CHILDHOOD CANCER ORGANIZATION

Employer identification number **-***0353

Pai	π I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of det	erminir	าต	
		applicable	contributions or litems contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribut		•	S
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			56 560				
25	Other (TOYS AND OTHE)	<u> </u>	0		FAIR MARKET			
26	Other (ADOPT A FAMIL)	X	0		FAIR MARKET			
27	Other (RENT)	X	0	•	FAIR MARKET			
28	Other (HOSPITAL SUPP)	X	0		FAIR MARKET	VAL	UE	
29	Number of Forms 8283 received by the organization during the tax year for contributions							
	for which the organization completed Form 8283, Part V, Donee Acknowledgement							
20-	Division the constitution and the committee and the constitution of the constitution o			antari in Dant I. limaa 4 Manaya			Yes	No
зua	Oa During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							
	•		,	·		20-		Х
L	exempt purposes for the entire holding period?					30a		lacksquare
	b If "Yes," describe the arrangement in Part II.					24		Х
31						31		
s∠a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							х
b	If "Yes," describe in Part II.					32a		
33	If the organization didn't report an amount in co	olumn (c) for	r a type of property	for which column (a) is che	cked			
00	describe in Part II.	Janin (C) 101	a type of property	To writer coluinit (a) is the	JACU,			
	300000 III I WILLIII							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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.
Part I, Other Types of Property:
OTHER SERVICES
(a) Check if applicable = X
(b) Number of Contributions = 0
(c) Revenue Reported on Form 990, Part VIII \$ 406.
(d) Method of determining revenue: FAIR MARKET VALUE
PROMOTION
(a) Check if applicable = X
(b) Number of Contributions = 0
(c) Revenue Reported on Form 990, Part VIII \$ 83.
(d) Method of determining revenue: FAIR MARKET VALUE

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST

Employer identification number **-***0353

Form 990, Part I, Line 1, Description of Organization Mission:

CANCER FROM THE EXPERIENCED PERSPECTIVE OF THOSE WHO HAVE BEEN THERE

BEFORE. ALL DONATIONS ENHANCE THE LIVES OF CHILDREN WITH CANCER AND

THEIR FAMILIES BY PROVIDING EMOTIONAL AND PRACTICAL SUPPORT, EDUCATION,

PATIENT ADVOCACY, AND THE ASSURANCE THAT NO CHILD OR FAMILY WILL HAVE

TO FIGHT CANCER ALONE.

Form 990, Part III, Line 1, Description of Organization Mission:

PRACTICAL SUPPORT, EDUCATION, PATIENT ADVOCACY, AND THE ASSURANCE THAT

NO CHILD OR FAMILY WILL HAVE TO FIGHT CANCER ALONE.

Form 990, Part III, Line 4a, Program Service Accomplishments:

HOSPITAL IN SPOKANE WAS REQUESTED TO REMAIN OPEN FROM THE BEGINNING OF

THE PANDEMIC AND CONTINUES TO SERVE A VALUABLE ROLE AS WE PARTNER WITH

THE HOSPITAL STAFF TO BRING RESOURCES TO OUR VERY SPECIAL CONSTITUENTS.

Form 990, Part III, Line 4b, Program Service Accomplishments:

SOME DEGREE OF LATENT EFFECTS FROM THE TREATMENTS THEY RECEIVE.

Form 990, Part VI, Section A, line 6:

THE VOTING MEMBERS ARE THE FAMILIES THAT ARE SERVED BY ACCOIN.

Form 990, Part VI, Section A, line 7a:

SUCCESSOR DIRECTORS SHALL BE ELECTED EVERY OTHER YEAR BY THE VOTING MEMBERS
AND CURRENT DIRECTORS WITH THE EXCEPTION OF THE EXECUTIVE DIRECTOR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization AMERICAN CHILDHOOD CANCER ORGANIZATION INLAND NORTHWEST	Employer identification number **-***0353
Form 990, Part VI, Section B, line 11b:	
PRIOR TO FILING THE ANNUAL FORM 990 THE TREASURER SHALL DI	STRIBUTE THE
FINAL DRAFT OF THE FORM INCLUDING SIGNIFICANT SCHEDULES, T	O ALL BOARD
MEMBERS FOR THEIR REVIEW AND COMMENT. COMMENTS OR CHANGES	SUGGESTED BY SUCH
BOARD MEMBERS SHALL BE FORWARDED TO THE TREASURER WITHIN (5) BUSINESS DAYS
OF RECEIPT OF THE FORM. THE TREASURER SHALL REVIEW THE FOR	M IF NECESSARY
AND THEREAFTER SUBMIT IT TO THE INTERNAL REVENUE SERVICE F	OR FILING.
Form 990, Part VI, Section C, Line 18:	
THE AMERICAN CHILDHOOD CANCER ORGANIZATION FURNISHES INFOR	MATION ON ITS
GOVERNING BODY AND FINANCIAL STATEMENTS ON ITS WEBSITE AND	ON GUIDESTAR.
Form 990, Part VI, Section C, Line 19:	
THE AMERICAN CHILDHOOD CANCER ORGANIZATION FURNISHES INFOR	MATION ON ITS
GOVERNING BODY AND FINANCIAL STATEMENTS ON ITS WEBSITE AND	ON GUIDESTAR.