EXTENDED TO NOVEMBER 15, 2018

Form **990**

Return of Organization Exempt From Income Tax

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

except private foundations)

2017 Open to Public

OMB No. 1545-0047

Department of the Treasury

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.

A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change SOLVING KIDS CANCER, INC. Name change 20-8735688 Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ termin-ated 1 EAST 53RD STREET, 5TH FLOOR 212-588-6624 City or town, state or province, country, and ZIP or foreign postal code 2,165,092. G Gross receipts Amended return NEW YORK, NY 10022 H(a) Is this a grown return Applica-tion pending F Name and address of principal officer: SCOTT KENNEDY s? Yes X No for s' SAME AS C ABOVE H(b) Are "subordinates and ded? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or No attach a list. (see instructions) J Website: ► WWW.SOLVINGKIDSCANCER.ORG H(`rou ₃xemption number ▶ K Form of organization: X Corporation Trust Association Other > 2006 M State of legal domicile: NY L Year of forma. Part I Summary Briefly describe the organization's mission or most significant activities: SOLVING KIDS' CANCER FINDS, Governance FUNDS AND ADVOCATES FOR BREAKTHROUGH TREATMENT OPTIONS TO CURE if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a) 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 6 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** 903,826. 1,715,498. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 4,719. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,821. 259,838**.** 272,647. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 , and 11e, 11 168,485. 1,992,864. Total revenue - add lines 8 through 11 (must equal Par 'II, c umn '), line 12) 12 456,965. 1,032,334. Grants and similar amounts paid (Part IX, column (A' line. '\ 0. 0. 14 Benefits paid to or for members (Part IX, column (A), 457,770. 397,833. ımn (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, Expenses 16a Professional fundraising fees (Part IX, colum '4), line 11e' **b** Total fundraising expenses (Part IX, column (D), 25) 298,611. 334,133. 17 Other expenses (Part IX, column (A), lir ... a-11d, ... _24e) _____ 1,764,300. 1,213,346. 18 Total expenses. Add lines 13-17 (mus equal Pa. X, column (A), line 25) -44,861. 228,564. Revenue less expenses. Subtract line from lir 12 **Beginning of Current Year End of Year** 5 2,479,739. 2,712,789. 20 Total assets (Part X, line 16) 12,695. 17,181. 21 Total liabilities (Part X, line 26) 三年 467,044. 2,695,608 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SCOTT KENNEDY, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature BRIDGET HARTNETT 08/23/18 self-employed P01429163 Paid Firm's name ► SOBEL & CO., LLC CPA'S Firm's EIN ▶ 22-1430039 Preparer Firm's address > 293 EISENHOWER PARKWAY Use Only Phone no. 973-994-9494 LIVINGSTON, NJ 07039-1711 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pa	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:
	SKC IMPACTS CHILDREN IN THE SHORT-TERM THROUGH THE INITIATION OF
	CLINICAL RESEARCH TRIALS OF INVESTIGATIONAL TREATMENT STRATEGIES. OUR
	VISION IS TO CONTINUE EXPANDING THE ARMAMENTARIUM OF EFFECTIVE AND
	LESS TOXIC TREATMENT STRATEGIES FOR PEDIATRIC ONCOLOGISTS TO UTILIZE
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
3	· · · · · · · · · · · · · · · · · · ·
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services red by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the initial expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,392,025. including grants of \$1,032,334. (R nue \$)
	SKC ACTIVELY PURSUES THE UNDERSTANDING OF THE RESEARCH LANDSCAPE FOR
	NEUROBLASTOMA, HIGH-RISK BRAIN TUMORS AND SARCOMAS AND DEVELOPS
	CLINICAL RESEARCH PROGRAMS TO ADDRESS THE CURRENT UNMET NEEDS OF
	CHILDREN CURRENTLY AFFECTED BY THESE DISEASES AND CHILDREN YET TO BE
	DIAGNOSED. SURVIVAL RATES REMAIN UNSATISFACTORILY LOW FOR THE DEADLIEST
	CHILDHOOD CANCERS WHILE DECADES-OLD MODALITIES LIKE CHEMOTHERAPY AND
	RADIATION REMAIN THE STANDARDS-OF-ART. SKC PRIORITIZES THE DELIVERY OF
	TRANSFORMATIVE, NEXT-GENERATION CANCER THERAPIES TO THIS POPULATION THAT
	INCLUDES IMMUNOTHERAPY, VACCINES, CELLULAR THERAPY, NOVEL/SYNERGISTIC
	COMBINATION TREATMENTS, NEW TARGETED DRUGS, INTERVENTIONAL RADIOLOGY
	TECHNIQUES AND NOVEL THERAPY DELIVERY MECHANISMS. OUR CRITERIA FOR
	IDENTIFYING AND SUPPORTING THESE NOVEL APPROACHES AIMS TO PROVIDE MORE
41.	
4b	(Code:) (Expenses \$
	· ·
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,392,025.
	Form 990 (2017)

Form 990 (2017) SOLVING KIDS CANCER, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the ht to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability and a cucodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or ot negotion services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporaril incide wments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete and headle D varts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pr. X, line 10? If "Yes," complete Schedule D.			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities ir an end 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b		Х
С	Did the organization report an amount for investments - program related in 4 X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D,	11c		Х
d	Did the organization report an amount for other assets in Part Y line 'hat 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 ir - ort Y in e 2 7 If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financia' state. **s f ** the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions uno. 'N 48 C 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited fin. all statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent of the tax year?			
	If "Yes," and if the organization answered " Jline 12, nen completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in the organization as chool described in the organization as chools are choosed as chools as chools as chools are chooled as chools are chooled as ch	13		Х
14a	Did the organization maintain an office, et haves, reagents outside of the United States?	14a		X
b	Did the organization have aggregate revenue. Penses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		Х
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		Х
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Form **990** (2017)

Form 990 (2017) SOLVING KIDS CANCER, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as 5 the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and c			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the large defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a excess be effit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualiff person prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 99 or 990-F \ If "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or to any current or	230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or to any current or former officers, directors, trustees, key employees, highest compensated emp'es, or disqualified persons? If "Yes"			
	, , , , , , , , , , , , , , , , , , , ,	26		x
07	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, dire or, the sequence of the provided and the sequence of the sequence			
	contributor or employee thereof, a grant selection committee member, to a 35% conclede ntity or family member	07		х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of arties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exception			v
	A current or former officer, director, trustee, or key employee of "Y's," collete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, true, ceyee ployee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, rey ployee (or a family member thereof) was an officer,			7,7
	director, trustee, or direct or indirect owner? If "Yes," co., *e Sc. Jule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash c "butions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art storical tressures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or solve and ase operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispo of, or tr sfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			α	

Form 990 (2017) SOLVING KIDS CANCER, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions in led on first VIII, line 12 b Gross receipts, included on Form 990, Part v. 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W.2G included in line 1s. Enter 0 if not applicable in the regarization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return in the term of the responsibility of the regarization file all required federal employment tax returns? 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 b If Yes, has filed a Form 990-17 for this year? If Yis, ** to file 3b, provide an explanation in Schedule O. 5 b If Yes, a filed a Form 990-17 for this year? If Yis, ** to file 3b, provide an explanation of schedule O. 5 b If Yes, a reter the name of the foreign country, ** The schedule of the organization have an interest in, or a signature or other author** over, a financial account in a foreign country (such as a bank account, securities account, or rether financial account. FEAR). 5 b If Yes, a reter the name of the foreign country, ** See instructions of filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Account. FEAR). 5 b If Yes, a retter the name of the foreign country, ** See instructions of filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accountry of the Did any taxibility part of the production of the see of the Country of the seed of the production of the seed of the production of the see of the seed of the s						Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winning a purple of the property of the propert			1a				
gambling winnings to prize winners? 2		·					
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 filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return. Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X If "Yes," has it filed a Form 990-T for this year? If "No," to file 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other author—"over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account. FBAR]. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax yy 5a Did any taxable party notify the organization file Form 886-17 5b Us as the organization and party to a prohibited tax shelter transaction at any time during the tax yy 5a Did any taxable party notify the organization file Form 886-17 5b Us as the organization and party to a prohibited tax shelter ansaction of any time during the tax yy 5c If "Yes," to line 6a of 5b, did the organization file Form 886-17 5b Us as year and tax deductible? 6b Us granization and tax deductible as charitable contributions and year and tax deductible? 7b If "Yes," did the organization include with every solicitation an express statement that the contributions or gifts were not tax deductible? 7c Did the organization receive appment in excess of 5f made party as contribution or justify for goods and services provided to the payor? 7a X 7b If "Yes," did the organization include with every solicitation an express statement that the contract? 7c X 7d Did the organization selle, excharge, or there	С						
field for the calendar year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization file all enquired federal employment tax returns? Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e_ne (see instructions) 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3a Did the organization file at 10 and 2a is greater than 250, you may be required to e_ne (see instructions) 3a Did you will be a summary or the calendar year, did the organization have an interest in, or a signature or other author* over, a faminarial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry) 5a Will offer the calendar properties of the financial accountry (such as a bank accountry). 5a Will offer the calendar properties and the financial accountry (such as a bank account, securities and accountry). 5a Will offer the calendar properties and accountry (such as a bank account, securities and accountry). 5a Will offer the calendar properties and accountry (such as a bank accountry). 5a Will offer the calendar properties and accountry (such as a serit properties). 5a Will offer the calendar properties and accountry (such as a serit properties). 5a Will offer the calendar properties and accountry (such accountry). 5a Will offer the calendar properties and accountry (such accountry). 5a Will offer th					1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 38 Did the organization have unites 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 39 Did the organization have united business gross income of \$1,000 or more during the year? 30 Did the organization fave united business gross income of \$1,000 or more during the year? 30 Did the organization fave united business gross income of \$1,000 or more during the year? 30 A X ary time during the calendary year, did the organization have uniterest in, or a signature or other author** over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial Account (*BARF). 50 Eas instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (*BARF). 51 Was the organization a party to a prohibited tax shefter transaction at any time during the tax y. 52 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account (*BARF). 53 X Was the organization have an unit gross receipts that are normally greater than \$100,00° J. div. ganization solicit any contributions that were not tax deductible as charitable contributions? 54 Were not tax deductible? 55 Did the organization include with every solicitation an express statement that inch contributions or gifts were not tax deductible as charitable contributions under section 17°.) 55 July 18° Yes, did the organization include with every solicitation an express statement that inch contributions or gifts were not tax deductible. 56 July 18° Yes, did the organization include with every solicitation an express statement that inch contribution or gifts were not tax. 57 July 18° Yes, did the organization notify the donor of the value of the goods or July. Progradization from the properties of the properties of the pro	2 a	. ,		_			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_rise (see instructions) 3						7.7	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a Form 990-1 for this year? If "No," to line 3b, provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other author* over, a financial account in a foreign country (such as a bank account, securities account, or other financial acrount, or the financial account in a foreign country (such as a bank account, securities account, or other financial acrount, or the financial acrount in a foreign country (such as a bank account, securities account, or other financial acrount, or the financial acrount in a foreign country (such as a bank account, securities account, or other financial acrount, or the financial acrount in the security of the foreign country (such as a bank account, securities account, or other financial acrount, or other financial acrount in the security of the security of the security of the foreign country (such as a bank account, securities account, or other financial acrount, or other financial acrount in the security of the organization self (security) of the organization file Form 8886-17 6a Dees the organization self ware annual gross receipts that are normally greater than \$10,00° or dutility of the organization self ware or tax deductible as charitable contributions? 6b If "Yes," did the organization self ware or tax deductible as charitable contributions? 6c Did the organization self ware or tax deductible contributions under section 17°.) 7a If "Yes," did the organization self ware organization file form 8882? 7b If "Yes," did the organization self-ware organization file form 8889 as required? 7c If If "Yes," did the organization file forms self-ware to the section \$100 the section \$100 the section \$20 the section \$20 the section \$20 the s	b				2b	X	
b if Yes, 'has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorish over, a financial account in a foreign country (such as a bank account, securities account, or other financial acc unt). 4a X X b if 'Yes,' enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y: 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax y: 5b ID day taxable party notify the organization that it was or is a party to a prohibited tax shelter ansaction 5c If 'Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter ansaction 6c If Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter ansaction 6c If Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter ansaction 6c If Yes,' to line Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter ansaction 6c If Yes,' to line Sa or Sb, did the organization that was or tax deductibles? 7c Organizations that may receive deductible contributions under section 17'). 8d bif the organization shelt and yreceive deductible contributions under section 17'). 8d bif the organization shelt any receive a payment in excess of S'5 made party as a contribution of quotient in the party and the organization shelt any precise deductible or the value of the goods or you, rovolded? 7a X 7b X 7c X 7c X 7c X 7c X 7d If the organization exceive a payment in excess of S'5 made party as a contribution of payment and you are also party and you are also p	_						v
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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 c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	13						
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	а	•			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 17 Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b		· · · · · · · · · · · · · · · · · · ·					
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b	b	· · · · · · · · · · · · · · · · · · ·	1				
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O			13c				v
1 1 10. provide an experimental of the contraction							
	b	ir "res," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	· O			990	/2017\

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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management									
000	tion A. Governing body and Management		Yes	No						
10	Enter the number of voting members of the governing body at the end of the tay year.		res	INO						
ıa	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 in Schedule O.									
h	Enter the number of voting members included in line 1a, above, who are independent 1b									
ν υ	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
2		2	х							
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct super \ on									
3		2		Х						
	of officers, directors, or trustees, or key employees to a management company or other person?	<u>3</u> 4		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
5	Did the organization become aware during the year of a significant diversion of the organization's asset?	6		X						
6	Did the organization have members or stockholders?	ь								
/a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint or or									
	more members of the governing body?	7a		<u>X</u>						
O	b Are any governance decisions of the organization reserved to (or subject to approval by) mem rs, stock, ders, or									
0	persons other than the governing body?	7b		<u> </u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken g the , , the following:	0	v							
a	The governing body?	8a	X							
d	Each committee with authority to act on behalf of the governing body?	8b	^							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who conceaned at the			v						
800	organization's mailing address? If "Yes," provide the names and addresses in pedule O	9	l	<u> </u>						
Sec	tion B. Policies (This Section B requests information about policies not r ired by the Internal Revenue Code.)		, ,							
40-	Did the constitution have been been been been been as still star 0.	40-	Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
D	If "Yes," did the organization have written policies and procedures govern. The activities of such chapters, affiliates,	10b								
and branches to ensure their operations are consistent with the or mpt purposes?										
Has the organization provided a complete copy of this Form 99° to a symbers of its governing body before filing the form?										
b 10-	Describe in Schedule O the process, if any, used by the organization to remove this Form 990.	40-	х							
12a	Did the organization have a written conflict of interest poliv If " o," g 'o line 13	12a	X							
D	Were officers, directors, or trustees, and key employees required to up the accordance of the conditions and the conditions are the conditions and the conditions are	12b	^							
С	Did the organization regularly and consistently monitor a. "forc." ompliance with the policy? If "Yes," describe	40-	x							
40	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblow alicy?	13	X							
14	Did the organization have a written document retention and struction policy?	14	^							
15	Did the process for determining compense' of the forming persons include a review and approval by independent									
_	persons, comparability data, and conteme raneous bstantiation of the deliberation and decision?	45-	х							
a	The organization's CEO, Executive Directory top magement official	15a	X							
a	Other officers or key employees of the organia	15b	Δ							
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		X						
J .	taxable entity during the year?	16a								
D	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	401								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17 10	List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an exempiration to make its Forms 1003 (or 1004 if applicable) 900, and 900 T (Section F01/c)(2) apply on	- اعامانه								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) av	aliable								
	for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website X Upon request Other (explain in Schedule O)		_1							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	inanci	aı							
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	THE ORGANIZATION - 212-588-6624 1 EAST 53RD STREET, 5TH FLOOR, NEW YORK, NY 10022									
	1 EAST 53RD STREET, 5TH FLOOR, NEW YORK, NY 10022									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 tru. e of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer	rec. or trustee.	
(A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more	າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compens	npensation	amount of
	week	_			10010	1711 03	100)	frc	from related	other
	(list any hours for	directo				L		th organize	organizations (W-2/1099-MISC)	compensation from the
	related	e or 0	stee			satec		(V99-MISU)	(***2/1099*****180)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(* 1300 111100)		and related
	below	idual	ution	la e	Key employee	est co	er.			organizations
	line)	Indiv	Instit	Officer	Key (High	Former			
(1) JOHN LONDON	2.00									
CHAIRMAN, CO-FOUNDER		Х		X			K_	0.	0.	0.
(2) SCOTT KENNEDY	40.00									
EXECUTIVE DIRECTOR, CO-FOU		Х		X		1_		148,398.	0.	15,189.
(3) KHALIL BARRAGE	2.00									
DIRECTOR		Х	L					0.	0.	0.
(4) CATHERINE LONDON	2.00								_	_
CO-FOUNDER, DIRECTOR		X	\angle	ے				0.	0.	0.
(5) CHANNING STAVE	2.00	K	1							
SECRETARY		X	+	ĺΧ	_			0.	0.	0.
(6) MARK SAVOYE	2.00				1					
TREASURER		X		_				0.	0.	0.
(7) MICHAEL NIEDZIELSKI	2.00									
DIRECTOR		↓x,	\leftarrow			<u> </u>		0.	0.	0.
		-	_			┝				
		-								
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		1								
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		1								
		-				_		1	1	

Form 990 (2017)

20-8735688

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)	(C) Position					(D)	(E)			(F)		
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		l	timate	
	week					is bot or/trus		compensation from	compensation from related		l an	nount (other)t
	(list any	director						the	organization		com	pensa	tion
	hours for	or dire	a.			rted		organization	(W-2/1099-MIS	SC)	l	om the	
	related organizations	ustee (truste		ىيە	beusa		(W-2/1099-MISC)			,	anizati	
	below	Individual trustee or	Institutional trustee		nploye	st con					l	d relate anizatio	
	line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former				0.9.		
										<u> </u>			
						†							
						1	Ļ	140 200			1	F 10	20
1b Sub-total							•	148,398.		0.		5,18	<u> </u>
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)					H			148,398.		0.	1	5,18	
2 Total number of individuals (including but n					000	7	no re	•	000 of reportable			J, I	<i>,</i> , ,
compensation from the organization					_^								1
												Yes	No
3 Did the organization list any former officer,		~	ə, ke	5 J	nplo	yee	, or l	highest compensated er	mployee on				v
line 1a? If "Yes," complete Schedule J for s								or companyation from t	ha arganization		3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or													
		V									5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest conthe organization. Report compensation for	•	-						nat received more than \$ the organization's tax v	•	oensat	tion fro	om	
(A)								(B)			(0		
Name and business	address	N	ONI	3				Description of s	services	C	compe	nsatior	1
										<u> </u>			
2 Total number of independent contractors (ii	acluding but a	ot lir	nitor	1 to 1	thor	منا م	ted	ahove) who received m	ore than				
\$100,000 of compensation from the organization		JE III	ı ııı e c)	, eu	above, willo received file	ore urari				

	rt VII		nue	0111(0111)	-1,01		20 0700	1 490 -
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ts, Grants Amounts	b	Membership dues	1b					
s, G Am	С	Fundraising events	1c	325,055.				
Gifts, ilar Ar	d	Related organizations	1d					
JS, (Government grants (contribut						
tio S	f	All other contributions, gifts, gran						
έŧ		similar amounts not included abo	ve 1f	,390,443.				
Contributions, Giff and Other Similar	g	Noncash contributions included in lines Total. Add lines 1a-1f	1a-1f: \$		1 715 400		ı	
<u>ට අ</u>	h	Total. Add lines 1a-1f			1,/15,490.		'	
ø	0.0			Business Code				
vice	2 a b							
Ser	C							
E E	d							
Program Service Revenue	e							
Pro	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		▶	4,719.			4,719.
	4	Income from investment of tax	x-exempt bond	proceeds >				
	5	Royalties	1	>	/			
			(i) Real	(ii) Personal				
		Gross rents						
				_				
	C			 				
			(i) Securities					
	/ a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) C er				
	h	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraisin	g events (not					
Other Revenue		including \$325,0)55.					
eve		contributions reported on line						
F F		Part IV, line 18		444,875.				
푥		Less: direct expenses		172,228.	000 640			000 640
		Net income or (loss) from fund	-		272,647.			272,647.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses Net income or (loss) from gam		°L——				
		Gross sales of inventory, less	-					
	10 a	and allowances		.				
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d							
		Total. Add lines 11a-11d		>	1 000 004		_	000 000
	12	Total revenue. See instructions.		▶ [<u>ı,992,86</u> 4.	0.	0.	277,366.

Form 990 (2017) SOLVING KIDS CANCER, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
-	and domestic governments. See Part IV, line 21	1,032,334.	1,032,334.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	163,587.	163,587.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	151 004	22.025	45 240	00 505
7	Other salaries and wages	171,884.	33,835.	47,312.	90,737.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20 602	0 710	2 204	10 401
9	Other employee benefits	30,603.	9,718.	3,394.	17,491. 8,916.
10	Payroll taxes	31,759.	12,547.	10,296.	8,916.
11	Fees for services (non-employees):				
a	Management				
b	3	30,811.		30,811.	
С.	<u> </u>	30,011.		30,611.	
d	, 0				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	152,704.	111,216.	41 488	
12	Advertising and promotion	10,315.	111/2101	41,488. 5,538.	4,777.
13	Office expenses	8,428.	,	8,428.	
14	Information technology			0,1201	
15	Royalties				
16	Occupancy	48,364.		48,364.	
17	Travel	10,855.	9,860.	836.	159.
18	Payments of travel or entertainment expen				
	for any federal, state, or local public offici				
19	Conferences, conventions, and meetings	3,212.	3,117.	95.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,324.		33,324.	
23	Insurance	5,133.		5,133.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 - 2 - 2	1 - 2 - 2		
а	DONATIONS	15,000.	15,000.		
b	MISCELLANEOUS	6,961.		6,359.	602.
С	DUES AND SUBSCRIPTIONS	2,909.		2,909.	0 564
d	PRINTING AND SHIPPING	2,764.	011	2.452	2,764.
е	· ————	3,353.	811.	2,453.	89.
25	Total functional expenses. Add lines 1 through 24e	1,764,300.	1,392,025.	246,740.	125,535.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any lin	e in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			226,474.	1	405,761
2	Savings and temporary cash investments			2,181,077.	2	2,234,550
3	Pledges and grants receivable, net			10,720.	3	36,720
4	Accounts receivable, net			4		
5	Loans and other receivables from current and f					
	trustees, key employees, and highest compens	ated employ	vees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section		l			
	employers and sponsoring organizations of sec					
	employees' beneficiary organizations (see instr)		· ·		6	
Assets 6 7 9	Notes and loans receivable, net				7	
ASS 8	Inventories for sale or use				8	
9	B			24,064.	9	26,777
	Land, buildings, and equipment: cost or other				9	20,777
104	basis. Complete Part VI of Schedule D	100	226,252.			
			220,856.	33,819.	10c	5,396
b				33,013.	11	
12	Investments - publicly traded securities				12	
13					13	
	Investments - program-related. See Part IV, line	·				
14	Intangible assets			3,585.	14 15	3,585
15	Other assets. See Part IV, line 11			2,479,739.	16	2,712,789
16	Total assets. Add lines 1 through 15 (must equ			12,695.	17	17,181
17	Accounts payable and accrued expenses			12,095.	18	
18	Grants payable					
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and forme					
[key employees, highest compensated employe					
	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to un				24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not inclur	s , 4). Co	emplete Part X of			
	Schedule D			10 605	25	17 101
26	Total liabilities. Add lines 17 throu 25	<u></u>		12,695.	26	17,181
	Organizations that follow SFAS 117 \.		ere 🕨 🔼 and			
g	complete lines 27 through 29, and lines 33 and lines 34 a			1 600 127	0=	1 500 075
27	Unrestricted net assets			1,680,427. 786,617.	27	1,599,877
28	Temporarily restricted net assets			700,017.	28	1,095,751
29					29	
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117 (A					
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
g 31	Paid-in or capital surplus, or land, building, or e				31	
32	Retained earnings, endowment, accumulated in			0.465.044	32	0 605 606
Z 33	Total net assets or fund balances			2,467,044.	33	2,695,608
34	Total liabilities and net assets/fund balances			2,479,739.	34	2,712,789

Form **990** (2017)

<u> FOIII</u>	1990 (2017) SOLVING KIDD CANCER, INC.	20	07330	00	Pag	e '2
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			, 86	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,30	
3	Revenue less expenses. Subtract line 2 from line 1	3			, 56	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	467	,04	14.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)					0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	2,	<u>695</u>	,60)8.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex in in Sch. ule					
2a	Were the organization's financial statements compiled or reviewed by an independent account.			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year wer inpile viewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and parate b is					
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 ear were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both considering date and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that a times responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an indep 'ant accountant?			2c	Х	
	If the organization changed either its oversight process or selection the tax year, explain in Sche					
За	As a result of a federal award, was the organization required to onder an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or "dits" if the "rganization did not undergo the required	ed aud	lit			
	or audits, explain why in Schedule O and describe any steps to dergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

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

2017

Open to Public Inspection

Employer identification number Name of the organization SOLVING KIDS CANCER, 20-8735688 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) inter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit desc. d in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or in 'he general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in connection in a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the n city, 10 An organization that normally receives: (1) more than 33 1/3% of its support from intribution, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no ... 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from Jusinesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public afe. >e section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform to perform to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1, section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised or co. Iled by its supported organization(s), typically by giving the supported organization(s) the power to regularly a soint or election majority of the directors or trustees of the supporting organization. You must complete Part IV, Section ar 3. Type II. A supporting organization supervised or nontre in innection with its supported organization(s), by having control or management of the supporting organize vesion the same persons that control or manage the supported organization(s). You must complete Part IV, Section. and C. Type III functionally integrated. A supp ing organization operated in connection with, and functionally integrated with, its supported organization(s) (see instruction You ust complete Part IV, Sections A, D, and E. Type III non-functionally integrate support organization operated in connection with its supported organization(s) that is not functionally integrated. e organ. ion generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You just cor lete Part IV, Sections A and D, and Part V. Check this box if the organization recu written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	309,184.	1381381.	761,768.	1198351.	1715498.	5366182.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					A	
	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	309,184.	1381381.	761,768.	119835 <u>1.</u>	1715498.	5366182.
5	The portion of total contributions						
	by each person (other than a					(
	governmental unit or publicly					l	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						222,250.
	Public support. Subtract line 5 from line 4.				<u> </u>		5143932.
	ction B. Total Support					,	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	309,184.	1381381.	761,768.	1198351.	1715498.	5366182.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,027.	5,638.	5,202.	4,821.	4,719.	27,407.
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						5393589.
12	Gross receipts from related activities,		าร)			12	
13	First five years. If the Form 990 is for		s., second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
800	organization, check this box and stop ction C. Computation of Publi						>
	<u> </u>			. (6)			95.37 %
	Public support percentage for 2017 (li		•			14	
15	Public support percentage from 2016					15	
168	33 1/3% support test - 2017. If the c						
L	stop here. The organization qualifies 33 1/3% support test - 2016. If the o						
L.							
170	and stop here. The organization qualing 10% -facts-and-circumstances test						
17 a	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"				•	-	
h	10% -facts-and-circumstances test						
L.	more, and if the organization meets th	ū				•	
	organization meets the "facts-and-circ		•		• •		.
18	Private foundation. If the organization			•	,		······································

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	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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-					Α	
	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			Ц			
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) ^014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		V				
	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2017 (I			olumn (f))		15	<u>%</u>
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2017. If the						7 is not
	more than 33 1/3%, check this box ar						
k	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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," answ (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (ano satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section, (2)(b, purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure success.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")?

 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to ' foreign supported organization? If "Yes," describe in **Part VI** how the organization had such correction despite being controlled or supervised by or in connection with its supported organization.
- c Did the organization support any foreign supported organization that does not ave an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI when national supports to ensure that all support to the foreign supported organization was used cluster for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizatio. 'uring the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part the names and EIN numbers of the supported organizations added, substituted, or move (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing the action; and (iv) how the action was accomplished (such as by amendment to the organizing 'occ', ent)
- b Type I or Type II only. Was any added or substituted supportuning action part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an eve. ___yond the organization's control?
- 6 Did the organization provide support (whether in a form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii, "ivid" is that are part of the charitable class benefited by one or more of its supported organizations, (iii) other supporting organizations that also support or benefit one or more of the filin organization. It "Yes," provide detail in Part VI.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
_		
3c		
4a		
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4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
3		
9b		
9c		
10a		
10b		
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Has the organization accepted a gift or contribution from any of the following persons? a A person who directly to indirectly controls, either allower or organization? b A family member of a person described in (g) above? c A 39% controlled entry of a person described in (g) or (g) above? b A family member of a person described in (g) or (g) above? c A 39% controlled entry of a person described in (g) or (g) above? c A 39% controlled entry of a person described in (g) or (g) above? J Yes No Section B. Type I Supporting Organizations 1 Did the directors, fursitees, or membership of one or more supported organization have the power to regularly appoint or elect at least a majority of the organization on supported organization have the power to regularly appoint or elect at least a majority of the organization on a supported organization on supported organization on supported organization, or controlled the organization or restrictions, and up, applied to such horse the power to require the proposition of the proposition of the controlled the proposition of the proposition of the comparization or restrictions, and up, applied to such horse the power to gapority and/or remove directors or fursitions were allocated among the support organizations and what conditions or instructions, are popeled for such horse the power to gapority and/or remove directors or fursitions were allocated among the support organization or restrictions, are popeled organization with the supported organization (the thin the supported organization) and the proposition of the supported organization (the supported organization) or the supported organization (the supporting organization) and the purposes of the supported organization (the supporting organization) and the purposes of the supported organization (the supporting organization) are vested in the supported organization (the supported organization) are vested to the date of ordanization (the supported organization) are vested to the supported organization (the supported organi	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A amily member of a person described in (a) above? c A 35% controlled withy of a person described in (a) above? c A 35% controlled withy of a person described in (a) to (b) above? 1 Did the directors, fusitees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or interested at all times outing the tax year? (**In**) resorbed in Part VI how the supported organizations (proctively operated, supervised, or controlled the organization's activities, if the organization of directors or interests at all times outing the tax year. 2 Did the organization operated in the organization and more than one supported organization, describe how the powers to appoint and/or enverse directors or trustees at during the tax year. 2 Did the organization operated for the benefit of any appelled to such powers during the tax year. 2 Did the organization operated in the benefit of any appelled to such powers during the tax year. 3 Did the organization operated in the benefit of any appelled to such powers during the tax year. 4 Did the organization operated organization operated organization? If "Yes," explain in Part VI how the supporting Organizations. 5 Section C. Type II Supporting Organizations. Section C. Type II Supporting Organizations or trustees during the tax year also a minute of the supporting organization was vested in the same persons that continuous and the supporting organization is apported organizations or trustees of each of the supporting Organizations or trustees of each of the supporting Organization was vested in the same persons that continuous and of supporting Organizations or supported organizations ore				Yes	No
below, the governing body of a supported organization? b A family member of a pesson described in (a) below? c A 55% controlled entity of a pesson described in (a) or (b) above? b A family member of a pesson described in (a) or (b) above? b A family member of a pesson described in (a) or (b) above? b A family member of a pesson described in (a) or (b) above? b A family member of a pesson described in (a) or (b) above? b Did the directors, fustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organization of a pesson describe how the powers to appoint and/or memore directors or trustees were allocated among the support organization, describe how the powers to appoint and/or memore directors or trustees were allocated among the support organization, describe how the powers to appoint and/or memore directors or trustees were allocated among the support organization organization or memore and what conditions or restrictions. If any, applied to such powers during the tax year: 1 Were a majority of the organization is directors or trustees during the tax year also a multiply of the directors or trustees of each of the organization is directors or trustees during the tax year also a multiply of the companization or provide to each or its supported organizations. 1 Were a majority of the organization is directors or trustees during the tax year also a multiply of the companization is directors or trustees during the tax year also a multiply of the form of the supporting organization was verted in the same persons that contin. 1 Were a majority of the organization is directors or trustees during the tax year also a multiply of the form of the companization is directors or trustees during the tax year also a multiply organization was respected organization and the supported organization and the supported organizatio	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A Amily member of a person discribed in (a) above? A ASIA conclided entity of a person described in (a) or (b) above? Bestion B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to impulsive popularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If the organization's activities, if the organizations directors or trustees at all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organizations have the power to organization's activities. If the organization directors or trustees at all times during the tax year. 2 Did the organization's activities. If the organization have then one supported organization, describe how the powers to appoint and/or nervoir directors or trustees were allocated among the support organization operated and conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization? If 'Yes,' explain in Part VI how the powers to appoint acroid restrictions of the supported organization? If 'Yes,' explain in Part VI how the powers to appoint acroid enter the supported organization? If 'Yes,' explain in Part VI how the organization start or across the supported organization? If 'Yes,' explain in Part VI how the organization start organization was vested in the same persons that confu. 1 Were a majority of the organization start organization was vested in the same persons that confu. 2 Were any of the organization provide to each of its supported organizations, by ' least day,' leafth month of the organization start year. (i) a viriety notice described in (2), did not explained to provide the power organization was supported organizations have a significant voice in the organization of the earth of the day of the day of the earth of the organization is accidenced in (2), did not explain in the supported or	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe In Part VI now the supported organization's directors or trustees at all times during the tax year? If "No," describe In Part VI now the supported organization's directors or trustees at all times during the tax year? If "No," describe In Part VI now the supported organization or describe or organization and what conditions or restrictions is a flav, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization and what conditions or restrictions is all years are provided the supported organization in Part VI now providing such benefit carned out the purposes of the supported organization by the purposes. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also an marry of the directors or trustees of each of the organization's directors or trustees during the tax year also an marry of the organization's directors or trustees during the tax year also an marry of the organization or an an appeared organization or a management of the supporting Organizations. 1 Were a majority of the organization's directors or trustees during the tax year also an marry of the organization organization and the supported organization's tax year, (i) a written notice describing the type and amount, unport provided during the prior tax year, (ii) a copy of the Form 990 that was most orecently filed as of calculations of the organization or the organization or the organization's officers, directors, or trustees are "approved organization's provided organization's officers, directors, or trustees are "approved organization's view and the restriction organization's officers, dire		below, the governing body of a supported organization?	11a		
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If *No,* describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If *No,* describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If *No,* describe how the powers to appoint and/or remove directors or trustees were allocated among the support organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the support organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2	b	A family member of a person described in (a) above?	11b		
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees were allocated among the support organizations and what conditions or enterticins, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization? If "Yes," expinir in Part VI now providing such benefit carried out the purposes of the supported organization's the "year, supported organization's that operated, supporting organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the organization organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the organization organization organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the organization organization organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the organization's supported organization's with "No," describe. "Part VI in control or or management of the supporting Organization and the same persons that control." Ananged The supported organization's appropriation organization and the same persons that control. The organization organization organization is governed potentiation. 2 Did the organization provide to each of its supported organizations, by " last day. In a fifth month of the organization is governed potentiation." Analysis of the organization is governed potentiation is described in the type organization is governed potentiation. Support of organization is governed potentiation is supported organization in			11c		
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Section E. Type III Functionally Integr		income or assets at all times during the tax year 's "Yes," describe in Part VI the role the organization's			
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trustees of each of the supported organizations? 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	а		32		
	h		Ja		
			3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on N	Nov. 20, 1970 (explain in P	art VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must com	plete Sec	ctions A through E.	
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) Pric	(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1 1		
d	Total (add lines 1a, 1b, and 1c)	1		
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 1-1/2% of line 3 (for greater a runt,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Co. A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section in the Prior Jolumn 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 frc line 4, v ass subject to			
	emergency temporary reduction (see instruct	6		
7	Check here if the current year is the organization's first as a non-functionally	integrate	d Type III supporting orga	nization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Par	^{↑t V} Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.	3		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underd ibut is	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а	, , ,			
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,	T — —		
	line 7: \$			
а	Applied to underdistributions of prior years	· — —		
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2 '7, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	than zero, explain in Part VI. See instructio			
6	Remaining underdistributions for 2017. S tract line 3h			
	and 4b from line 1. For result greater than o, explain			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2017

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOHN AND CATHERINE LONDON	110,000.	2,128.
BTIG, LLC	237,000.	129,128.
TY LOUIS CAMPBELL FOUNDATION	122,500.	14,628.
THE PIERCE PHILLIPS CHARITY	150,000.	42,128.
BAND OF PARENTS	125,000.	17,128.
SOLVING KIDS' CANCER UK	_124,982.	17,110.
Total Excess Contributions to Schedule A, Part II, Line 5		222,250.

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** SOLVING KIDS CANCER, INC. 20-8735688 Organization type (check one):

Filers of:	Section:
Form 990 or 990-E	Z X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	nization is covered by the General Rule or a Special Rule. on 501(c)(7), (8), or (10) organization can check boxes for both the eneral Rule and a Special Rule. See instructions.
General Rule	
-	ganization filing Form 990, 990-EZ, or 990-PF that received, out of the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. Se
Special Rules	
sections 5 any one c	ganization described in section 501(c)(3) filir a Foi. and contributor, during the year, total contributions on a reater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; in 990-EZ, line 1. Complete Parts I are 11.
year, total	ganization described in section (a)(7), (b), (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than (a)000 exc vively for religious, charitable, scientific, literary, or educational purposes, or for notion of cruelty to children or imals. Complete Parts I, II, and III.
year, cont is checker purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box d, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively charitable, etc., contributions totaling \$5,000 or more during the year
-	ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), '"No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

SOLVING KIDS CANCER, INC.

20-8735688

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	THE PIERCE PHILLIPS CHARITY	150 000	Person X Payroll	
	3120 EAST 103RD ST. TULSA, OK 74137	\$ 150,000.	Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total cor utic	(d) Type of contribution	
2	BAND OF PARENTS		Person X	
	PO BOX 335	\$\$	Payroll Noncash	
	DEWITTVILLE, NY 14728		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	SOLVING KIDS' CANCER UK		Person X	
	49-51 EAST ROAD	\$124,982.	Payroll Noncash	
	LONDON , UNITED KINGDOM		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP - 4	(c) Total contributions	(d) Type of contribution	
4	FISHIN FOR THE CURE		Person X	
	37406 N. 7TH AVENUE	\$50,000.	Payroll Noncash	
	PHOENIX, AZ 85086		(Complete Part II for noncash contributions.)	
(a) No.	الــــــــــــــــــــــــــــــــــــ	(c) Total contributions	(d) Type of contribution	
5	UNITED THERAPEUTICS CORPORATION		Person X	
	1040 SPRING STREET	\$\$	Payroll Noncash	
	SILVER SPRING, MD 20910		(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	BTIG, LLC		Person X	
	345 PARK AVENUE	\$ 68,000.	Payroll Noncash	
	NEW YORK, NY 10154	0	(Complete Part II for noncash contributions.)	

SOLVING KIDS CANCER, INC.

20-8735688

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or e. (See in fractio.	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash proper ven	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	90 990-F7 or 990-PF) (2017)

ame or organ	ization		Employer Identification number				
OLVING	KIDS CANCER, INC.	ributions to organizations described in sec	20-8735688 etion 501(c)(7), (8), or (10) that total more than \$1,000 for				
Part III	the year from any one contributor. Complete	columns (a) through (e) and the following	line entry. For organizations				
	completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition		r the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
- -							
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship tra feror to transferee				
- - -							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	escription of how gift is held				
-							
_	(e) Transf of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-							
-							
(a) No. from Part I	(b) Purpose of gift	, Usr i gift	(d) Description of how gift is held				
-			-				
	Transferee's name, ao _ \ss, a	(e) Transfer of gift	Relationship of transferor to transferee				
-	Transieree's flame, au ss, a	JF + 4	netationship of transfer of to transfer ee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-			-				
_							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
-		_					

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 Open to Public Inspection

Name of the organization

SOLVING KIDS CANCER, INC.

Employer identification number 20-8735688

Pai	rt I Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV,	, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	in writing that the assets held in donor advised f	ur
	are the organization's property, subject to the organization	n's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and dono	or advisors in writing that grant funds can be	d o.
	for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpose	fer' g
Pai	rt II Conservation Easements. Complete if the	organization answered "Yes" on Form	V, e7.
1	Purpose(s) of conservation easements held by the organiz	`	
	Preservation of land for public use (e.g., recreation of		/ -
	Protection of natural habitat	Preser of a let	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	ualified conservation contribution in the time of a	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С			2c
d	()		
_	listed in the National Register		
3	Number of conservation easements modified, transferred,	release or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		Yes No
6	violations, and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, inspect		
6	Starr and volunteer flours devoted to morntoning, inspect.	dand. Of violations, and emorcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, insr +ing, ha	andling of violations, and enforcing conservation	easements during the year
•	► \$	and by or violations, and emorcing conservation	easements during the year
8	Does each conservation easement reporterne 2(d)	ve satisfy the requirements of section 170(h)(4))(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization ports or perv		
	include, if applicable, the text of the footnote		
	conservation easements.		y y
Pai	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that des	scribes these items.	
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	, education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		and the second s
2	If the organization received or held works of art, historical	treasures, or other similar assets for financial gal	
	the following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
			> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

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

Par	rt III Organizations Maintaini	ng Collections of Art, Hist	orical Treasures, o	r Other Similar Asse	ets (continued)
3	Using the organization's acquisition, ac	cession, and other records, check	any of the following that	t are a significant use of it	s collection items
	(check all that apply):				
а	Public exhibition	d 🗌	Loan or exchange progra	ams	
b	Scholarly research	е 🗌	Other		
С	Preservation for future generation	าร			
4	Provide a description of the organization	on's collections and explain how th	ey further the organization	on's exempt purpose in Pa	art XIII.
5	During the year, did the organization so	olicit or receive donations of art, his	storical treasures, or othe	er similar assets	
	to be sold to raise funds rather than to				Yes No
Par		rrangements. Complete if the	e organization answered	"Yes" on Form 990, Part I	V, line 9, or
	reported an amount on Form 99	0, Part X, line 21.			
1a	Is the organization an agent, trustee, cu	ustodian or other intermediary for o	contributions or other ass	sets not included	
	on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Par	rt XIII and complete the following t	able:		
					Amount
	Additions during the year				
е	Distributions during the year				
f	Ending balance				
	Did the organization include an amount	· · · · ·		unt liab y?	Yes No
	If "Yes," explain the arrangement in Par				
Par	rt V Endowment Funds. Com	plete if the organization answered			
			Prior year 1 Two yes	back (d) Three years ba	ck (e) Four years back
	Beginning of year balance				
	Contributions				
	Net investment earnings, gains, and los		-		
	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses		<u> </u>		
g	End of year balance				
2	Provide the estimated percentage of the		Jumn (a)) held as:		
а	· .				
b		%			
С	Temporarily restricted endowment	%			
	The percentages on lines 2a, 2b, and 2	·			
За	Are there endowment funds not in the p	possessic of the organization that	t are held and administer	red for the organization	[]
	by:				Yes No
	(i) unrelated organizations	,			
					3a(ii)
	If "Yes" on line 3a(ii), are the related org				3b
4 Dar	rt VI Land, Buildings, and Equ		unds.		
Гаі		•	/ line 11 - Cae Farms 000	Doub V. line 40	
		swered "Yes" on Form 990, Part IV			(-I) D I I
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
4 -	Land	, ,	Dasis (Utilet)	чергеоганоп	
	Land				
	Buildings				
	Leasehold improvements	I	5,160.	5,160.	0.
	Equipment		221,092.	215,696.	5,396.
	Other		ZZI, UJZ•	41J,030.	5 306

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 SOLVING KIDS	CANCER, I	INC.	20-8735688 _{Pa}
Part VII Investments - Other Securities.	•		
Complete if the organization answered "Yes" on I			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			_
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on I			
(a) Description of investment	(b) Book value	(c) Method	ำก: ัง or end-of-year market value
(1)			
(2)			<u> </u>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" on I		See Form 990, Part	
(a) Des	scription		(b) Book value
<u>(1)</u>	_/>		
(2)	_{_/_/_/		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X. ' (B) lin 5 Part X Other Liabilities.	<u>,)</u>)
Complete if the organization answered "Yes" on I	Form 990, Part IV.	, line 11e or 11f. See Form 990	0, Part X, line 25.
1. (a) Description of liability		(b) Book value	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes			
(2)			
(5)			

(3) (4) (5) (6) (7) (8) (9) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

	date D (Form 990) 2017 DOLLVING KIDD CANCER, INC.			7755000 Page 1
Par		nts With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1	1,992,864.
			1	1,332,004.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	00		
	Net unrealized gains (losses) on investments		-	
	Donated services and use of facilities		-	
	Recoveries of prior year grants Other (Describe in Part XIII.)	1 1	-	
	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	0.
	Add lines 2a through 2d Subtract line 2e from line 1		3	1,992,864.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,332,0010
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,992,864.
	t XII Reconciliation of Expenses per Audited Financial Stateme	r I و nts With Exp		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	1,764,300.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses	<u>2</u> C		
d	Other (Describe in Part XIII.)	[,q]		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,764,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIII.)	4b		•
С			4c	0.
5 Dar	Total expenses. Add lines 3 and 4c. (This must equal Form 990, F t XIII Supplemental Information.		5	1,764,300.
		W. Barra Albarrad Obs. Doct. W. Barra	L. D 1. V	/ Para Or David VII
	de the descriptions required for Part II, lines 3, 5, and 9; Part I' lines 1a a. '; Part I		i; Part X	k, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this sixt to provious any addit	tional information.		
PAR	T X, LINE 2:			
THE	ORGANIZATION FOLLOWS STANDARDS THAT PROVI	DE CLARIFICATION	ON	
ACC	OUNTING FOR UNCERTAINTY IN INCOME TAXES RE	COGNIZED IN THE		
ORG	ANIZATION'S FINANCIAL STATEMENTS. THE GUI	DANCE PRESCRIBES	A	
REC	OGNITION THRESHOLD AND MEASUREMENT ATTRIBU	TE FOR THE RECOG	NIT	ON AND
MEA	SUREMENT OF A TAX POSITION TAKEN OR EXPECT	ED TO BE TAKEN I	N A	TAX
RET	URN, AND ALSO PROVIDES GUIDANCE ON DERECOG	NITION, CLASSIFI	CAT.	LON,
TNT	EREST AND PENALTIES, DISCLOSURE AND TRANSI	TION. THE ORGAN	[T 77. Zb 71	TON'S
<u> </u>	THE THE THEFT THE THEFT	TION. THE ORGAN	1744	1 1 011 10
POL	ICY IS TO RECOGNIZE INTEREST AND PENALTIES	ON UNRECOGNIZED	<u>ΤΑ</u> Σ	K BENEFITS
TN	TNCOME TAX EXPENSE. NO INTEREST AND PENAL	TIES WERE RECORD	T CE	NIRTNG

2017 AND 2016. AT DECEMBER 31, 2017 AND 2016, THERE ARE NO SIGNIFICANT

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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 the latest instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** SOLVING KIDS CANCER 20-8735688 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustons or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which `hef .draiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gro receipts o (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from . `vity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

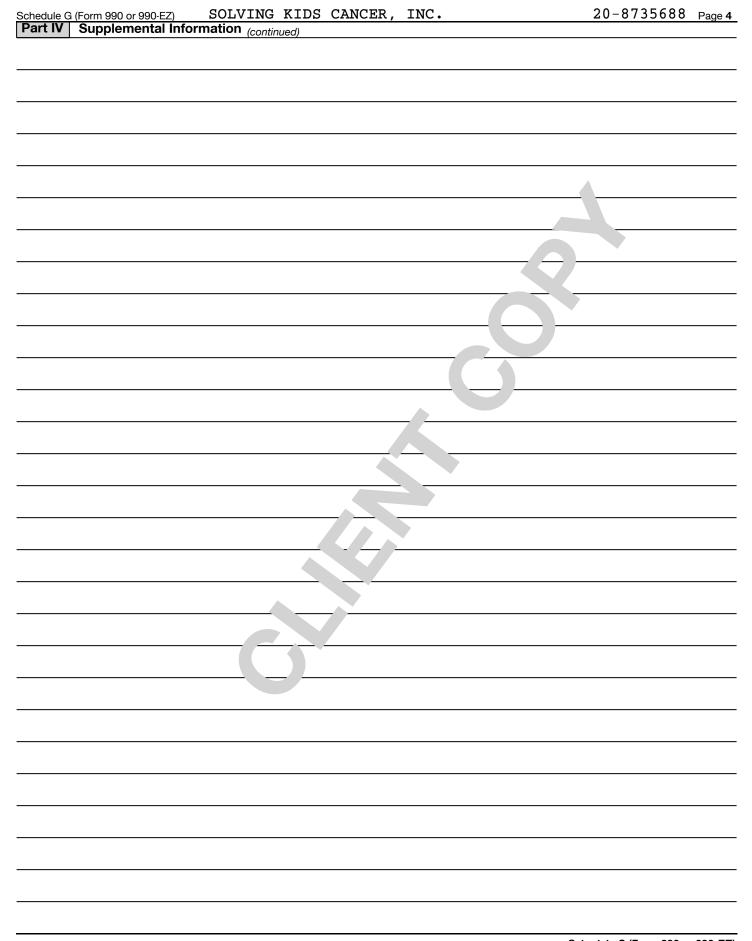
Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 SOLVING KIDS CANCER, INC. 20-8735688 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SPRING NONE (add col. (a) through CELEBRATION col. (c)) (event type) (total number) (event type) 769,930. 769,930. Gross receipts 2 Less: Contributions 325,055. 325,055. Gross income (line 1 minus line 2) 444,875 444,875. 4 Cash prizes 5 Noncash prizes Direct Expenses 92,504. 92,504. Rent/facility costs 7 Food and beverages 16,520. 16,520. 8 Entertainment 63,204. 63,204. Other direct expenses 172,228. 10 Direct expense summary. Add lines 4 through 9 in column (d) 272,647. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 99 → 2 art IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pun /instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue no/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017 SOLVING KIDS CANCER, INC.	20-8735688 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other	r entity formed
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events	
The little title that is dual one of the person who propared the organization organization of	soone and records.
Name ▶	
Address ►	
15a Does the organization have a contract with a third party from whom the organization receives gam	uing revenur Yes No
bots the organization have a contract with a time party from whom the organization receives gain	iiiig revenu
b If "Yes," enter the amount of gaming revenue received by the organization > \$	the mount
of gaming revenue retained by the third party > \$	/ I the mount
c If "Yes," enter name and address of the third party:	
Name N	
Name ▶	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	_
Director/officer Employeender `ndent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable 'ributions from the gaming process	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under sta. vtc distributed to other exempt organ	izations or spent in the
organization's own exempt activities duringx year\$	
Part IV Supplemental Information. Pro e the ex, nations required by Part I, line 2b, columns	s (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. A provid any additional information. See instructions	3.



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service 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.

2017
Open to Public

Inspection

Employer identification number Name of the organization 20-8735688 SOLVING KIDS CANCER, INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered on Form 70, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method o. (g) Description of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (h) Purpose of grant valuatic or government (if applicable) cash grant non-cash noncash assistance or assistance FM' Appra assistance other) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE 04-2774441 501(C)(3) 333,334, CANCER RESEARCH BOSTON MA 02115 0. CASH MEMORIAL SLOAN KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017 13-1924236 501(C)(3) 120,000. 0. CASH CANCER RESEARCH DUKE UNIVERSITY BOX 104008 56-0532129 501(C)(3) DURHAM, NC 27705 74 000 0. CASH CANCER RESEARCH CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD, 142-B - PHILADELPHIA, PA 19104-4318 23-1352166 501(C)(3) 210 000 0. CASH CANCER RESEARCH CHILDREN'S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD 95-1690977 501(C)(3) LOS ANGELES, CA 90027 250 000 0. CASH CANCER RESEARCH UNIVERSITY OF CALIFORNIA SANFRANCSICO/REGENTS - 1111 FRANKLIN STREET - OAKLAND . CA 94607 94-6036493 501(C)(3) 45 000 0. CASH CANCER RESEARCH 6. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2017)

(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
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	_; Part III, umn	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE ORGANIZATION EXPENDS FUNDS IN (CONNECTIO	N WITH GRA	ANT COMMITM	ENTS AS EACH	
GRANTEE ACCOMPLISHES SPECIFIC MILES	STONES SE	T FORTH IN	N EACH GRAN	T AGREEMENT.	
EACH GRANTEE IS REQUIRED TO SUBMIT	PROGRESS	REPORTS C	ON A PERIOD	IC BASIS AS	
MILESTONES ARE ACHIEVED PURSUANT TO	THE GRA	NT AGREEME	ents.		

SCHEDULE J (Form 990)

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

QUIOpen to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

SOLVING KIDS CANCER, INC.

Part I Questions Regarding Compensation

Employer identification number 20-8735688

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for persona'se			
	Travel for companions Payments for business use of personal reside			
	Tax indemnification and gross-up payments Health or social club dues or initiation f			
	Discretionary spending account Personal services (such as, maid, chauffeur, chet)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymers			
	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 "" rs,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on lir 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the comperant on a ganization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods use oy a releast organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employmen.			
	Independent compensation consultant Compension survey or study			
	X Form 990 of other organizations X Appro by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, ' 1a, with Dect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X X X
	Participate in, or receive payment from, a supplemental nonqual "ed non-ment plan?	4b		<u>X</u>
С	Participate in, or receive payment from, an equity-based commusation and ement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the policial arounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organiz ns m. complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, dicorganization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part I'			
6	For persons listed on Form 990, Part VII, S on A, li 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Y
d L	The organization?	6a 6b		X
Ŋ	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD.		-23
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		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
5	I I I I I I I I I I I I I I I I I I	8		х
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 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) 2017

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) SCOTT KENNEDY	(i)	148,398.	0.	0.	0.	15,189.	163,587.	0.	
EXECUTIVE DIRECTOR, CO-FOU	(ii)	0.	0.	0.	0.	0.	0.	0.	
•	(i)	-	-	-	-		-	-	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
-	(ii)								

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.
PART I, LINE 3:
FAIR MARKET VALUE COMPARISON OF SIMILAR ORGANIZATIONS

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOLVING KIDS CANCER, INC. **Employer identification number** 20-8735688

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN WITH THE MOST FATAL PEDIATRIC CANCERS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
UNTIL LONG-TERM SURVIVAL IS A REALITY FOR ALL CHILDREN WITH HIGH-RISK
SOLID TUMORS AND BRAIN TUMORS.
SOLVING KIDS' CANCER FINDS, FUNDS AND ADVOCATES FOR BREAKTHROUGH
TREATMENT OPTIONS TO CURE CHILDREN WITH THE MOST FATAL PEDIATRIC
CANCERS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EFFECTIVE AND LESS TOXIC TREATMENT OPTIONS THAN THE CURRENT
STANDARD-OF-CARE
SKC HAS HELPED TO DEVELOP 24 CLINICAL TRIALS FOR CHILDREN RESULTING IN
23 NEW EXPERIMENTAL TREATMENT OPTIONS FOR CHILDREN WITH HIGH-RISK
CANCERS. IN 2017, SKC HELPED PRIORITIZE, DEVELOP AND GRANT SUPPORT
SEVERAL IMPORTANT MISSION PROGRAMS INCLUDING: A PH I CLINICAL TRIAL
INVESTIGATION A TRIPLET COMBINATION REGIMEN OF ANTI-GD2 ANTIBODY
(LONG-TERM INFUSION) + ANTI-PD1 CHECKPOINT INHIBITOR + MIBG TARGETED
RADIOTHERAPY FOR HIGH-RISK NEUROBLASTOMA IN A 3-COUNTRY TRANSATLANTIC
TRIAL; A PH I CLINICAL TRIAL INVESTIGATING APX-005M (A CD40 AGONIST)
IMMUNOTHERAPY IN CHILDREN WITH HIGH-RISK BRAIN TUMORS; A FIRST EFFORT
TO CHARACTERIZE ETMR BRAIN TUMORS THROUGH SINGLE-CELL RNA SEQUENCING.
THIS MULTIYEAR PROGRAM WILL DEFINE THE CELLULAR ARCHITECTURE OF ETMR
TUMORS THROUGH SEVERAL PATIENT SAMPLES IN A MULTI-COUNTRY COLLABORATIVE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number Name of the organization 20-8735688 SOLVING KIDS CANCER, INC. EFFORT. FORM 990, PART VI, SECTION A, LINE 2: JOHN LONDON AND CATHERINE LONDON ARE MARRIED. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED FORM 990 IS SENT TO THE BOARD OF DIRECTORS PRIOR TO FILING FOR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DISTRIBUTES A CONFLICT OF INTEREST POLICY TO EACH BOARD MEMBER ANNUALLY AT THE BOARD MEETING. ALL STAFF AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS. ANY CONFLICTS THAT ARISE DURING THE COURSE OF THE YEAR ARE REQUIRED TO BE DISCLOSED AND RESOLVED BEFORE THE TRANSACTION IS COMPLETED. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS DETERMINED BY CONDUCTING A FAIR MARKET VALUE COMPARISON OF OTHER ORGANIZATIONS BY THE BOARD CHAIR. FACTORS INCLUDE THE NUMBER OF HOURS WORKED AND THE BREADTH OF ROLES AND RESPONSIBILITIES. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS AVAILABLE UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS IS MADE AVAILABLE UPON REQUEST.

Name of the organization SOLVING KIDS CANCER, INC.	Employer identification number 20-8735688									
THE BOARD OF DIRECTORS IS CHARGED WITH OVERSIGHT IN REGARD	THE BOARD OF DIRECTORS IS CHARGED WITH OVERSIGHT IN REGARDS TO REVIEW									
OF THE FINANCIALS AND SELECTION OF THE AUDITOR.										
FORM 990, PART III, LINE I (CONTINUATION):										
SKC FULFILLS THIS MISSION BY:										
1. MAINTAINING A COMPREHENSIVE UNDERSTANDING OF THE GLOBAL	CHILDHOOD									
CANCER RESEARCH LANDSCAPE TO EFFECTIVELY/RESPONSIBLY ADVAN	CE THE									
HIGHEST-IMPACT CLINICAL RESEARCH.										
2. REMAINING INDEPENDENT OF ANY INSTITUTION, CANCER CENTER	, OR									
RESEARCHER TO OBJECTIVELY SUPPORT THE BEST RESEARCH PROJEC	TS									
3. SERVING AS A RESEARCH ADVOCATE TO ENSURE THAT RESEARCH	IS									
CHILD-FOCUSED, ACCESSIBLE AND IS STRUCTURED TO HAVE POSITI	VE IMPACT ON									
CHILDREN IN TREATMENT TODAY AS WELL AS IN THE FUTURE.										
4. PARTNERING WITH LIKE-MINDED ORGANIZATIONS TO FUEL THE D	EVELOPMENT OF									
NEW TREATMENTS WITH A COLLECTIVE VOICE AND POOL OF FUNDING										
5. SHARING OUR KNOWLEDGE WITH FAMILIES IN TREATMENT AND AC	TING AS									
GLOBAL ADVOCATES ON BEHALF OF THE CHILDREN TO ENSURE THEIR	UNMET NEEDS									
ARE BEING ADDRESSED.										

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must	use Form 7004 to request an extension of time to file income	tax retur	ns.					
			E'		identifying nu	umber		
Туре	or Name of exempt organization or other filer, see instruc	tions.	F	moloyer ia iication number (EIN) or				
print								
File by	SOLVING KIDS CANCER, INC.				20-87356			
tue date for illing your eturn. See Number, street, and room or suite no. If a P.O. box, see instructions. 1 EAST 53RD STREET, 5TH FLOOR					curity number (SS	SN)		
City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10022								
Enter	the Return Code for the return that this application is for (file	a separat	e application for en turn,			0 1		
Appli	cation	Return	Application			Return		
ls Fo	r	Code	Is For			Code		
Form	990 or Form 990-EZ	01	Form 990-T (corp			07		
Form	990-BL	02	Form 1 1-A			08		
Form	4720 (individual)	03	Form '20 (other than individual)			09		
Form	990-PF	04	Fr 154			10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 rm 6069						11		
Form 990-T (trust other than above) 06 Fo, 370						12		
Te • If t	e books are in the care of ► 1 EAST 53RD STR Ilephone No. ► 212-588-6624 he organization does not have an office or place of busines his is for a Group Return, enter the organization's four digit G If it is for part of the group, check this box	EET, th unit	r No. ▶	nis is for	r the whole group			
1	I request an automatic 6-month extension of time until	NOVE	MBER 15, 2018 , to file th	e exem	npt organization re	eturn		
	for the organization named above. The extension for the o	rcanizatio						
2	➤ X calendar year 2017 or ➤ tax year beginning If the tax year entered in line 1 is for less t 12 mc ns, ch Change in accounting period		d ending nr: Initial return Fin	al retur	 n			
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
	nonrefundable credits. See instructions.	3a	\$	0.				
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	estimated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
С	Balance due. Subtract line 3b from line 3a. Include your pay	ment with	n this form, if required,			_		
	by using EFTPS (Electronic Federal Tax Payment System). S	ee instruc	etions.	3с	\$	0.		

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2017

PREPARED FOR:

SOLVING KIDS CANCER, INC. 1 EAST 53RD STREET, 5TH FLOOR NEW YORK, NY 10022

PREPARED BY:

SOBEL & CO., LLC CPA'S 293 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-1711

AMOUNT OF TAX:

BALANCE DUE OF \$275

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017

Open to Public Inspection

1.General Information

For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/	2017 and Ending (r	mm/dd/yyyy) 12/31/	2017						
Check if Applicable: Address Change	Name of Organization: SOLVING KIDS C	ANCER, INC.		Employer Identification Number (EIN): 20-8735688						
Name Change	Mailing Address:	•		NY Registration Number:						
Initial Filing	1 EAST 53RD ST	REET, 5TH FLOO)R	41-24-82						
Final Filing	City / State / ZIP:			Telepho						
Amended Filing		10022		212 588-6624						
Reg ID Pending	Website:			Email:						
	www.solvingkid	SCANCER.ORG		ACCOUNTING@SOLVINGK						
Check your organization's										
registration category:										
2. Certification										
See instructions for certif	ication requirements. Imprope	r certification is a violation of	of law that may b ubject	tc enalties. The certification requires						
two signatories.										
	re true, correct and complete in									
	Signature			e and Title Date						
	o.g. a.a.			5 a.i.a i.i.i5						
Chief Financial Officer o	r Treasurer:									
	Signature		Print Nam	e and Title Date						
3. Annual Reporting	g Exemption									
	hat apply to your filing. If your			gory (7A or EPTL only filers) or both						
				ed Char500. No fee, schedules, or						
	re required. If you cannot clain	nan erempunta a DU.	AL filer that claims only on	e exemption, you must file applicable						
schedules and attachme	nts and pay applicable fees.									
exceed \$2				overnment agencies, etc. did not raising counsel (FRC) to solicit						
3b. EPTL	filing exemption: Gros -ceip	ts J not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time						
	e fiscal year.									
4. Schedules and A	ttachments									
See the following page										
for a checklist of				raising counsel or commercial co-venturer						
schedules and	for fund	raising activity in NY State?	If yes, complete Schedule	e 4a.						
attachments to										
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.										
5. Fee	5 Fee									
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:							
next page to calculate yo	1	1 = 113 1.55.		Make a single check or money order						
fee(s). Indicate fee(s) you				payable to:						
are submitting here:	\$ 25.	\$ 250.	\$ 275.	"Department of Law"						

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

768451 04-27-18 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	A
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Coldisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revent filling year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 X Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and supp We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	the exceeded \$25,000 a and a sets exceeded \$25,000 in the exceeded \$25,000 in
Calculate Your Fee	
	my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	O ₁ izations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but 1 than \$250 000 \$100, if the NET WORTH is \$250,000 or more but 1 than \$250,000 \$250, if the NET WORTH is \$1,000,000 or that 10,000,000 \$750, if the NET WORTH is \$10,000,000 more but 10 ss than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street New York, NY 10005	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016



DECEMBER 31, 2017 AND 2016

CONTENTS

	<u>Page</u>
Independent Auditors' Report	1-2
Financial Statements:	
Statements of Financial Position	3
Statements of Activities and Changes in Net Assets	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
Notes to Financial Statements	7-15





www.SobelCoLLC.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors Solving Kids' Cancer, Inc. New York, New York

Report on the Financial Statements

We have audited the accompanying financial statements of Solving Kids' Cancer, Inc. ("Organization"), a nonprofit organization, which comprise the statement of financial position as of December 31, 2017, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Solving Kids' Cancer, Inc. as of December 31, 2017, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized, Comparative Information

We have previously audited the Organization's December 31, 2016 financial statements and we expressed an unmodified audit opinion on those audited financial statements in our report, dated October 19, 2017. In our opinion, the summarized, comparative information presented herein, as of and for the year ended December 31, 2016, is consistent in all material respects, with the audited financial statements from which it has been derived.

Certified Public Accountants

Sobel +Co; UC

Livingston, New Jersey June 14, 2018



SOLVING KIDS' CANCER, INC. STATEMENTS OF FINANCIAL POSITION

	December 31,						
		2017		2016			
ASSETS							
Cash and cash equivalents	\$	2,640,311	\$	2,407,551			
Pledges receivable		36,720		10,720			
Prepaid expenses		26,777		24,064			
Security deposits		3,585		3,585			
Fixed assets, net		5,396		33,819			
Total Assets	\$	2,712,789	\$	2,479,739			
LIABILITIES AND NET ASSETS							
LIABILITIES:							
Accounts payable and accrued expenses	\$	17,181	\$	12,695			
NET ASSETS:							
Unrestricted		1,599,877		1,680,427			
Temporarily restricted		1,095,731		786,617			
Total Net Assets		2,695,608		2,467,044			
Total Liabilities and Net Assets	\$	2,712,789	\$	2,479,739			

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2017

(With Summarized, Comparative Totals for the Year Ended December 31, 2016)

	_ <u>U</u>	nrestricted		nporarily estricted	•		 2016 Total
CONTRIBUTIONS AND OTHER SUPPORT:							
Individual contributions	\$	30,113	\$	595,369	\$	625,482	\$ 82,477
Corporate contributions		55,036		66,300		121,336	232,992
Foundation contributions		73,073		570,552		643,625	365,860
Special events, net of expense		231,147		366,555		597,702	482,335
Interest income		4,719		-		4,719	4,821
		394,088		1,598,776		1,992,864	1,168,485
Net assets released from restrictions		1,289,662	(1,289,662)		_	-
Total Contributions and Other Support		1,683,750		309,114		1,992,864	1,168,485
EXPENSES:							
Program services		1,392,025		-		1,392,025	760,800
Management and general		246,740		-		246,740	267,625
Fundraising	·	125,535		-		125,535	 184,921
Total Expenses		1,764,300		-		1,764,300	1,213,346
CHANGES IN NET ASSETS		(80,550)		309,114		228,564	(44,861)
NET ASSETS:							
Beginning of year		1,680,427		786,617		2,467,044	 2,511,905
End of year	\$	1,599,877	\$	1,095,731	\$	2,695,608	\$ 2,467,044

4

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED DECEMBER 31, 2017

(With Summarized, Comparative Totals for the Year Ended December 31, 2016)

	F	rogram	Ma	Support nagement	Serv	vices		Total Program nd Support	2016
	Services			and General		ndraising	Services Services		 Total
Salaries	\$	182,233	\$	47,312	\$	90,737	\$	320,282	\$ 370,110
Employee benefits		24,907		3,394		17,491		45,792	64,387
Payroll taxes		12,547		10,296		8,916		31,759	23,273
Total salaries and related expenses		219,687		61,002		117,144		397,833	457,770
Funding grants		1,032,334		-		-		1,032,334	456,965
Professional fees		96,476		24,063		-		120,539	100,640
Accounting and audit fees		-		30,811		-		30,811	40,777
Web design, hosting and advertising		-		5,538		4,777		10,315	5,079
Printing and shipping		=		-		2,764		2,764	2,707
Rent		-		48,364		-		48,364	62,792
Travel		9,860		836		159		10,855	10,351
Meals and entertainment		811		524		89		1,424	858
Conference, conventions and meetings		3,117		95		-		3,212	-
Bank and payroll processing fees		14,740		2,395		-		17,135	2,395
Donations		15,000		-		-		15,000	-
Merchant fees		-		15,030		-		15,030	12,930
Insurance		-		5,133		-		5,133	4,287
Office expense		-		8,428		-		8,428	8,280
Database expense		-		1,929		-		1,929	2,088
Miscellaneous		-		6,359		602		6,961	6,858
Dues and subscriptions		-		2,909		-		2,909	1,458
Total before depreciation		1,392,025		213,416		125,535		1,730,976	1,176,235
Depreciation		-		33,324		-		33,324	37,111
Total Functional Expenses	\$	1,392,025	\$	246,740	\$	125,535	\$	1,764,300	\$ 1,213,346

SOLVING KIDS' CANCER, INC. STATEMENTS OF CASH FLOWS

	Year Ended December 31,		
	2017	DCI	2016
CASH FLOWS PROVIDED BY:	 		
OPERATING ACTIVITIES:			
Changes in net assets	\$ 228,564	\$	(44,861)
Adjustments to reconcile changes in net assets			
to net cash provided by operating activities:			
Depreciation	33,324		37,111
Changes in certain assets and liabilities:			
Pledges receivable	(26,000)		66,280
Prepaid expenses	(2,713)		(5,221)
Security deposits	-		2,850
Accounts payable and accrued expenses	4,486		(42,723)
Net Cash Provided by Operating Activities	 237,661		13,436
INVESTING ACTIVITIES:			
Purchase of equipment	 (4,901)		(6,383)
NET INCREASE IN CASH AND CASH EQUIVALENTS	232,760		7,053
CASH AND CASH EQUIVALENTS:			
Beginning of year	 2,407,551		2,400,498
End of year	\$ 2,640,311	\$	2,407,551

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

NOTE 1 - NATURE OF ACTIVITIES:

Solving Kids' Cancer, Inc. ("Organization") is a not-for-profit corporation based in New York, New York. The Organization finds, funds and advocates for breakthrough treatment options to cure children with the most fatal pediatric cancers. The Organization works to improve survival of the deadliest childhood cancers by accelerating the delivery of breakthrough treatments through clinical research, influencing research priorities and empowering families. The Organization extends their reach globally through driving collaboration to foster the development of innovative clinical trials that bring more effective treatments to children in the U.S., Europe and beyond.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting:

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Summarized, Comparative Information:

The financial statements include certain prior-year summarized, comparative information in total, but not by net asset class or by functional area. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended December 31, 2016, from which the summarized information was derived.

Financial Statement Presentation:

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

<u>Unrestricted Net Assets</u>

Net assets not subject to donor-imposed stipulations.

Temporarily Restricted Net Assets

Net assets subject to donor-imposed stipulations that may or will be met, either by actions of the Organization and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities and changes in net assets as net assets released from restrictions.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Financial Statement Presentation: (continued)

Permanently Restricted Net Assets

Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of these assets permit the Organization to use all or part of the income earned on any related investments for general or specific purposes. The Organization does not have permanently restricted net assets.

Cash and Cash Equivalents:

For financial statement purposes, certificates of deposit and money market funds with an original maturity of three months or less are considered to be cash equivalents.

Pledges Receivable:

Pledges receivable are stated at the amount management expects to collect from outstanding balances. The Organization charges uncollectible receivables to operations when determined to be uncollectible based on historical trends. As of December 31, 2017 and 2016, an allowance for uncollectible receivables was deemed not necessary.

Property and Equipment:

Purchased office equipment is capitalized at cost. The costs of additions and betterments are capitalized when they exceed \$1,000 and have a useful life over 3-7 years. Donated assets are capitalized at the fair value at time of receipt. During the years ended December 31, 2017 and 2016, no assets were donated. Property and equipment are depreciated using the straight-line method over their estimated useful lives. In the absence of donor-imposed restrictions on the use of the asset, gifts or long-lived assets are reported as unrestricted support.

Contributions and Revenue Recognition:

Contributions, including unconditional promises to give, are recorded as made. All contributions are available for unrestricted use unless specifically restricted by the donor. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities and changes in net assets as net assets released from restrictions. Contributions with restrictions that are met in the same reporting period as they are received are reported as unrestricted support.

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Donated Goods and Services:

The Organization can receive donated goods and services that create or enhance nonfinancial assets and allow the Organization to fulfill its mission. Donations of tangible assets are recognized at fair market value when received. Donated services are recognized if the services received either create or enhance long-lived assets or require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. There were no donations of goods or services at December 31, 2017 and 2016.

Income Taxes:

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and, accordingly, is not liable for federal and state income taxes.

The Organization follows standards that provide clarification on accounting for uncertainty in income taxes recognized in the Organization's financial statements. The guidance prescribes a recognition threshold and measurement attribute for the recognition and measurement of a tax position taken, or expected to be taken, in a tax return, and also provides guidance on derecognition, classification, interest and penalties, disclosure and transition. The Organization's policy is to recognize interest and penalties on unrecognized tax benefits in income tax expense. No interest and penalties were recorded during 2017 and 2016. At December 31, 2017 and 2016, there are no significant income tax uncertainties.

Functional Expenses:

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Organization.

Use of Estimates:

In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management is required to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements, and revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (Continued)

Financial Statement Reporting for Nonprofits:

The Financial Accounting Standards Board issued an accounting pronouncement *Presentation of Financial Statements of Not-for-Profit Entities* that will require net assets to be presented in two classes instead of three. The two classes will be net assets with donor restrictions and net assets without donor restrictions. Additional enhanced disclosures will be required to present the amounts and purposes of Board designation, composition of net assets with donor restrictions and how the restrictions affect the use of resources. It also requires the Organization to communicate qualitative and quantitative information on how it manages its liquid resources available to meet the cash flow needs for general expenditures within one year of the statement of financial position date. The pronouncement is effective for all annual reporting periods beginning after December 15, 2017. It will be effective for the year ended December 31, 2018. The Organization is currently evaluating the effect that the new standard will have on its financial statements.

Subsequent Events:

The Organization has evaluated its subsequent events and transactions occurring after December 31, 2017 through June 14, 2018, the date the financial statements were available to be issued.

NOTE 3 - FIXED ASSETS:

Fixed assets are comprised of the following:

		December 31,	
	Useful Life	2017	2016
Computers and equipment	3 years	\$ 5,160	\$ 5,160
Video documentation	3-7 years	63,479	63,479
Web development	3 years	157,613	152,713
Total gross fixed assets		226,252	221,352
Less: Accumulated depreciation		220,856	187,533
Fixed Assets, Net		\$ 5,396	\$ 33,819

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016

NOTE 4 - GRANT PROGRAMS:

The Organization aids in the development of therapies to make survivorship possible for kids with the deadliest childhood cancers.

At December 31, 2017, the Organization funded the following programs:

1.	Boston Children's Hospital RNA single sequencing of ETMR Brain Tumors for Children \$	333,334
2.	University of California San Francisco/Regents Phase I Clinical Trial of Oncolytic Measles Virus for Children with Medulloblastoma and AT/RT	45,000
3.	Memorial Sloan Kettering Cancer Center Phase I Clinical Trial of Immunotherapy APX-005M for Pediatric High-grade Brain Tumors	120,000
4.	Children's Hospital of Philadelphia Optimizing nanoparticle SN38 for clinical trials of pediatric solid tumors and CNS tumors	210,000
5.	Duke University Cancer Institute/Duke Children's Hospital Phase I/B Clinical Trial of Oncolytic Virotherapy using attenuated Polio virus (PVS-RIPO) for children with high-grade glioma brain tumors	74,000
6.	Children's Hospital Los Angeles Phases I/II Clinical Trial of 1/2 study of lorlatinib, a small molecule inhibitor of ALK/ROS1, for children with ALK-driven relapsed or refractory neuroblastoma	250,000

\$ 1,032,334

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2017 AND 2016

NOTE 4 -	GRANT	PROGRAMS	: (Continued)
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At December 31, 2016, the Organization funded the following programs:

1. Memorial Sloan Kettering Cancer Center Phase Ib/II Clinical trial of nivolumab monotherapy in combination with ipilimumab in children with high-grade brain/CNS tumors

\$ 20,000

2. Baylor College of Medicine/Texas Children's Hospital Phase I Clinical Trial of Tumor Antigen-Specific Cytotox T-Lymphocytes (CTLs) immunotherapy for children with neuroblastoma and sarcomas (TACTASOM-PEDS)

80,000

3. Baylor College of Medicine/Texas Children's Hospital Phase I Clinical Trial of Tumor Antigen-Specific Cytotox T-Lymphocytes (CTLs) immunotherapy for children with neuroblastoma and sarcomas (TACTASOM-PEDS) 50,000

4. Duke University

Phase Ib Clinical Trial - Oncolytic Virotherapy using attenuated polio virus (PVS-RIPO) for children with high-grade glioma brain tumors

64,408

5. Children's Hospital of Philadelphia Phase I Clinical Trial of transiently RNA modified GD2 T-cell CAR

immunotherapy for children with neuroblastoma

176,557

6. Children's Hospital Los Angeles

Phases I/II Clinical Trial of 1/2 study of *lorlatinib*, a small molecule inhibitor of ALK/ROS1, for children with ALK-driven relapsed or refractory neuroblastoma

66,000

\$ 456,965

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

NOTE 5 - CONCENTRATIONS OF RISK:

Financial instruments that expose the Organization to concentrations of credit risk consist primarily of cash and cash equivalents. The Organization maintained its cash and cash equivalents in accounts with federally insured institutions. At times, the balances in these accounts may be in excess of federally insured limits.

NOTE 6 - COMMITMENTS AND CONTINGENCIES:

The Organization conducts all of its operations from a leased facility under an operating lease. The lease expires on March 31, 2022. The Organization is also responsible for a percentage of the increase in operating costs.

Lease payments due under the above lease are as follows:

Year Ending	
December 31,	
2018	\$ 48,364
2019	48,364
2020	48,364
2021	48,364
2022	12,091
	\$ 205,547

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

NOTE 7 - TEMPORARILY RESTRICTED NET ASSETS:

At December 31, 2017, the following temporarily restricted net assets are available for the following purposes:

Phase I trial of magnetic resonance-guided, high-intensity focused		
ultrasound for neuroblastoma	\$	55,000
Phase I Clinical Trial of RNA-transfected, costimulated activated		
autologuous T cells		56,385
Intra-arterial chemotherapy for the treatment of progressive		
diffuse intrinsic pontine gliomas		33,989
Phase I Clinical Trial - Oncolytic Virotherapy		1,592
Phase I study of 131-1 mIBG, Nivolumab and ch14.18/CHO in		
relapsed/refractory neuroblastoma		249,982
High-risk Brain Tumor pipeline project		698,783
Total Temporarily Restricted Net Assets	\$1,	095,731

At December 31, 2016, the following temporarily restricted net assets are available for the following purposes:

Phase I trial of magnetic resonance-guided, high-intensity focused	
ultrasound for neuroblastoma	\$ 55,000
Phase I trial of Nivolumab for brain tumors	117,500
Phase I Clinical Trial - Oncolytic Virotherapy	75,592
Phase I/II Clinical Trial of 1/2 study of <i>lorlatinib</i>	219,000
High-risk Brain Tumor pipeline project	 319,525
Total Temporarily Restricted Net Assets	\$ 786,617

Net assets released from time and use restrictions, for the years ended December 31, 2017 and 2016, amounted to \$1,289,662 and \$411,358, respectively.

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2017 AND 2016

NOTE 8 - SPECIAL EVENTS:

During the year ended December 31, 2017, special events consisted of the following:

	Gross		Net
Event	Revenue	Expenses	Support
Spring Celebration	\$ 769,930	\$ 172,228	\$ 597,702

During the year ended December 31, 2016, special events consisted of the following:

Event	Gross Revenue	Expenses	Net Support
Spring Celebration	\$ 642,568	\$ 160,233	\$ 482,335