FARMER, FUQUA & HUFF P.C.

Accountants and Consultants

2435 N. Central Expy, Suite 700 Richardson, Texas 75080 P - 214.473.8000 F - 214.473.8007 105 Decker Ct, Suite 870 Irving, Texas 75062 P - 972.650.1900 F - 972-619-6111



November 6, 2024

Clayton Dabney For Kids With Cancer 4300 MacArthur Avenue 205 Dallas, TX 75209

Fam, Juga I Hy, M. C.

Dear Leslie:

We are pleased to enclose a copy of the 2023 federal income tax return to be e-filed with the Internal Revenue Service in accordance with the enclosed instructions.

Please review the enclosed tax return, sign Form 8879-TE authorizing Farmer, Fuqua & Huff, P.C. to e-file this return on your behalf, and return Form 8879-TE to Seneiya Johnson at stj@ffhpc.com (via fax, email, ShareSafe, or regular mail) at your earliest convenience. Once the signed form is received, we will e-file your tax return and reports.

If you have any questions or we may be of further service, please do not hesitate to contact us.

Very truly yours,

Elana Hughes

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Pre	рa	red	١F	or	:
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Clayton Dabney For Kids With Cancer 4300 MacArthur Avenue 205 Dallas, TX 75209

Prepared By:

Farmer, Fuqua & Huff, P.C. 2435 N. Central Expressway, Ste 700 Richardson, TX 75080

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 75-2641482 CLAYTON DABNEY FOR KIDS WITH CANCER File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 4300 MACARTHUR AVENUE, 205 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 75209 DALLAS, TX Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ANDREW PINKERTON 2825 OAK LAWN AVE, SUITE #342 - DALLAS, TX 75206 Fax No. 214-750-7011Telephone No. 214-361-2600 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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 overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

м г	טו נוופ	2023 Calefluar year, or tax year beginning	enung		
<u>В</u> с	heck if	C Name of organization		D Employer identific	cation number
	Addres				
F	Name			75-26414	82
	Initial return		Room/suite	E Telephone numbe	
	Final return/		205	(214) 36	
	termin ated			G Gross receipts \$	1,721,247.
	Ameno			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: LESLIE FICKE		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	ax-exe	empt status: \mathbf{X} 501(c)(3) \mathbf{D} 501(c) () (insert no.) \mathbf{D} 4947(a)(1) (or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	n number
		organization: X Corporation Trust Association Other	L Year	of formation: 1995 n	1 State of legal domicile; ${f T}{f X}$
Pa	art I	Summary			
ø)	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{SEE}}}$	SCHEDU	LE O	
Governance					
rns	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ŏ	l			3	37
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)			37
Activities &	I	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
Ξij	l	Total number of volunteers (estimate if necessary)			25
Act	l			<u>7a</u>	0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	7b Prior Year	0. Current Year
		Ocal Scale and second (Ded VIII Sec. 41)		1,120,453.	1,004,274.
ne	l	Contributions and grants (Part VIII, line 1h)		0.	1,004,274.
Revenue	l	Program service revenue (Part VIII, line 2g)		3,417.	27,242.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		328,969.	408,809.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,452,839.	1,440,325.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		787,190.	948,922.
	l			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		373,239.	333,953.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		25,200.	25,200.
ben	b.	Total fundraising expenses (Part IX, column (D), line 25)116 , 2'	71.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		134,198.	111,619.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,319,827.	1,419,694.
	19	Revenue less expenses. Subtract line 18 from line 12		133,012.	20,631.
Net Assets or Fund Balances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,396,467.	1,385,880.
t Ass	21	Total liabilities (Part X, line 26)		422,782.	391,564.
<u>8</u> 5	22	Net assets or fund balances. Subtract line 21 from line 20		973,685.	994,316.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Cignature of officer		Doto	
Sig		Signature of officer		Date	
Her	е	LESLIE FICKE, EXECUTIVE DIRECTOR Type or print name and title			
			Tr	Date Check C	PTIN
De! -	ı	Print/Type preparer's name Preparer's signature Preparer's signature	1	:: L	
Paid		ELANA HUGHES ELANA HUGHES	1	1/06/24 self-employ	<u>ы Р00/45/1/</u> 5-2599166
	arer Only	Firm's name FARMER, FUQUA & HUFF, P.C. Firm's address 2435 N. CENTRAL EXPRESSWAY, STE 7	00	Firm's EIN 7	J-7333T00
USE	Jilly	Firm's address 2435 N. CENTRAL EXPRESSWAY, STE 7 RICHARDSON, TX 75080	00	Dhone no 21	44738000
May	the IE	RS discuss this return with the preparer shown above? See instructions		FIIOHE HU. Z I	X Yes No
· v · cu y		10 diocaco ano retain with the proparer enewit above: Occ instructions			140

	Check if Schedule O contains a response or note to any line in this Part III	l
1	Briefly describe the organization's mission:	_
•	THE ORGANIZATION'S MISSION IS TO HELP NEEDY FAMILIES IN THE UNITED	
	STATES THAT HAVE CHILDREN IN THE LAST STAGES OF TERMINAL CANCER. THE	-
	ORGANIZATION HELPS THESE FAMILIES BY CREATING EVERLASTING MEMORIES BY	_
	PROVIDING LAST WISHES, GIFTS, ACCESS TO SPECIAL EVENTS, FAMILY	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 215, 270including grants of \$948, 922) (Revenue \$)
	THE FOUNDATION SELECTED CHILDREN WHO HAD TERMINAL CANCER AND WERE	
	HOSPITALIZED OR SERVED BY HOSPICE IN THE UNITED STATES DURING 2023. THE	
	FOUNDATION HELPED THEM TO REALIZE THEIR WISHES BY 1) PAYING RENT AND	_
	UTILITY BILLS FOR FINANCIALLY NEEDY FAMILIES 2) PROVIDING FUNDS FOR	_
	UPGRADES TO HOMES TO HELP THE CHILDREN BE MORE COMFORTABLE 3) PROVIDING	_
	SHOPPING SPREES AND FAMILY VACATIONS 4) PROVIDING FUNDS TO THE	_
	CHILDREN'S MEDICAL CENTER DALLAS FOR THE FAMILY RETREATS FOR PATIENTS	_
	OF THE PAULINE ALLEN GILL CENTER FOR CANCER AND BLOOD DISORDERS. DURING	_
	2023, THE FOUNDATION DIRECTLY HELPED APPROXIMATELY 416 FAMILIES.	_
		_
		_
		_
4b	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$)
		-
		-
		-
		-
		-
		-
		-
		-
		-
		-
		-
4d	Other program services (Describe on Schedule O.)	-
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1, 215, 270.	-
	Form 990 (2023	3)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.5	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,"	"		
13	·	19	Х	
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	- 42	х
20a	• •	20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		,,	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

332003 12-21-23

Form	1990 (2023) CLAYTON DABNEY FOR KIDS WITH CANCER 75-2641	482	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a 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 year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Α_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

332004 12-21-23

Form **990** (2023)

(gambling) winnings to prize winners?

2023) CLAYTON DABNEY FOR KIDS WITH CANCER
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			₩.
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	OI.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Α.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
ч		7c		-25
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the experience on a property of the index tempine any include the top year?	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		-23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	• •			

Form **990** (2023) 332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3'	7_		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3'	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other			
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the					
•				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		X
6				6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			0		
7a				7-		x
L	more members of the governing body?			7a		1
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		•			x
_	persons other than the governing body?			7b		Α_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	,	· ·		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					\ ₃₇
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue	Code.)			_
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to con	licts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	on Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			•		
17	List the states with which a copy of this Form 990 is required to be filed TX					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	T (section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		, (-)(0			
	X Own website Another's website Upon request Other (explain	on Sc	hedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, coi		,	d finan	cial	
	statements available to the public during the tax year.		policy, al	uil		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records			
	ANDREW PINKERTON - 214-361-2600	c uiil	500, 40			
	2825 OAK LAWN AVE, SUITE #342, DALLAS, TX 75206					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Calcal C	X Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
Control colors Total part	(A)	(B)			(0	C)			(D)	(E)	(F)
Documentation Compensation Com	Name and title	Average	(do					nne	Reportable	Reportable	Estimated
Comparison		1	box	, unles	ss per	son i	s both	an	1 '	· ·	
Treated organizations Figure Figu		1	_	Jei ali	u a u	lecio	ii/ii us	(66)			
Treated organizations Figure Figu		1 '	directo				_			•	•
(1) LESLIE FICKE		1	e or (stee			ısatec		1	· ·	
(1) LESLIE FICKE			truste	al tru:		yee	эш ш		1 '		_
(1) LESLIE FICKE		below	/idual	tutior	er	em plo	est co	ner			organizations
X			Indi	Insti	Offic	Key	High	Forn			
ALI GREENHOOD		40.00								_	_
VICE CHAIRMAN							X		118,974.	0.	0.
3 AMY GRISSEN		1.00									_
DIRECTOR			X		X				0.	0.	0.
AMY MCEVOY		1.00									_
Director X		1 00	X						0.	0.	0.
S ROBERT CARTER 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00									
DIRECTOR		1 00	Х						0.	0.	0.
Columbdate Col		1.00									
TREASURER		2 00	X						0.	0.	0.
Color		3.00									
DIRECTOR		1 00	X		X				0.	0.	0.
S BOWEN HENDRIX	(. ,	1.00								•	•
DIRECTOR X 0. 0. 0. 0.		1 00	X						0.	0.	0.
1.00 Name		1.00								_	•
DIRECTOR X		1 00	X						0.	0.	0.
CATHY MARTIN		1.00	3,7							0	•
DIRECTOR		1 00	X						0.	0.	0.
1.00		1.00	v							0	0
DIRECTOR		1 00	Λ						0.	0.	0.
DIRECTOR		1.00	v						_	0	0
DIRECTOR X		1 00	Λ						· ·	0.	<u> </u>
1.00	•	1.00	v						n	n	n
DIRECTOR X		1 00								0.	<u>_ </u>
1.00		1.00	x						0.	0.	0.
DIRECTOR		1.00							· ·	•	•
SECRETARY X X 0. 0. 0. 0.		100	x						0.	0.	0.
X X 0. 0. 0. 0. (16) GENNY MONTGOMERY 3.00 X X 0. 0. 0. 0. 0. (17) EMILY PYLE 1.00 0. 0. 0. 0. 0. 0.		3.00									
(16) GENNY MONTGOMERY 3.00 CHAIRMAN X X 0. 0. 0. (17) EMILY PYLE 1.00 0. 0. 0. 0.	SECRETARY		х		х				0.	0.	0.
CHAIRMAN X X X 0. 0. 0. (17) EMILY PYLE 1.00	(16) GENNY MONTGOMERY	3.00								-	-
(17) EMILY PYLE 1.00			х		х				0.	0.	0.
	(17) EMILY PYLE	1.00								-	
	DIRECTOR		Х						0.	0.	0.

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Form 990 (2023) CLAYTON 1	DARNEY F	UK	. K	עבי	S	MΤ	T.H	CANCER	/5-264	1402	<u>i </u>	age o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	t Co	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	E	stimat	:ed
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	a	mount	: of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related		other	ī
	(list any	rector						the	organizations		npens	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC/		from th	
	organizations	trustee or director	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ganiza nd rela	
	below	dual tr	tional	١.	yoldı	st con	_	1039-NEO)			ganizat	
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.5	,ai iizat	10110
(18) DEREN WILCOX	1.00	_	_	Ť	_							
DIRECTOR		Х						0.	0			0.
(19) HOLT MARTIN	1.00											
DIRECTOR		Х						0.	0	•		0.
(20) LAURA WILCOX	1.00											
DIRECTOR		Х						0.	0			0.
(21) JENNIFER MANESS	1.00											
DIRECTOR		Х						0.	0	•		0.
(22) JENNY SAPHIER	1.00	_										
DIRECTOR		Х						0.	0	•		0.
(23) JOE HICKMAN	1.00							_	_			
DIRECTOR		Х						0.	0	•		0.
(24) JOSHUA FURRH	1.00							_	_			
DIRECTOR		Х						0.	0	•		0.
(25) JEFF WILLIAMS	1.00	l										_
DIRECTOR		Х						0.	0	-		0.
(26) LEE KOONS	1.00	ļ										_
DIRECTOR		X						0.	0			0.
1b Subtotal								118,974.	0			0.
c Total from continuation sheets to Part VI								110 074	0			0.
d Total (add lines 1b and 1c)								118,974.		•		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	ceived more than \$100,	000 of reportable			1
compensation from the organization											Yes	1
O Diddle and indication that are former officers	-P A A A			1			1-1-1		I		162	INO
3 Did the organization list any former officer,	•		•		•		_	·	•			Х
line 1a? If "Yes," complete Schedule J for s										3		╀┻
4 For any individual listed on line 1a, is the su												X
and related organizations greater than \$150										. 4		╀┻
5 Did any person listed on line 1a receive or a										. 5		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	i <u>piete Scrieduii</u>	e <i>J 1</i> 0	or st	icn į	oers	on .				. 3		1 22
Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ntra	acto	rs th	at received more than \$		sation f	rom	
the organization. Report compensation for										oution ii	0111	
(A)				. <u>g</u>			Ť	(B)			(C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Comp		วท

Total number of independent contractors (including but not limited to those listed above) who received more than $\frac{\$100,000 \text{ of compensation from the organization}}{\text{SEE PART VII, SECTION A CONTINUATION SHEETS}}$

Form 990 CLAYTON I	DABNEY F	'OF	K	ID	S	WΙ	TH	CANCER	75-264	1482
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd F	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per					۵		from the	from related	other
	week (list any	tor				Highest compensated employee		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	related	tee or	ustee			ensate				and related
	organizations	ıl trus	nal tri		loyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	hest	Former			
	line)	n n	Si.	#0	.e	≟,	For			
(27) MALCOM ROSS	1.00									
DIRECTOR		Х						0.	0.	0.
(28) MARY ANNE DUNNE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(29) MARY GRACE MEWETT	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(30) RICK JONES	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(31) RYAN DALE	1.00	.,							_	•
DIRECTOR	1 00	Х						0.	0.	0.
(32) RYAN MILLER	1.00	-							_	0
DIRECTOR	1 00	Х						0.	0.	0.
(33) STEPHANIE MERCER	1.00	. ,							_	0
DIRECTOR (34) WEST MILLER	1 00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0
(35) ERIN ADAMS	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(36) ERIC HAGE	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(37) RONNIE PRUITT	1.00	25							<u> </u>	.
DIRECTOR	1.00	Х						0.	0.	0.
(38) ALEX MILLER	1.00							•	•	
DIRECTOR		Х						0.	0.	0.
									•	
		1								
]								
		1								
Total to Part VII, Section A, line 1c										

Form 990 (2023) CLAYTON
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
SΩ	1 :	a Federated campaigns 1a					
ant		o Membership dues 1b					
9			123,614.				
Ę,			223 / 02 1 0				
Contributions, Gifts, Grants and Other Similar Amounts							
ons,		ÿ \ , , , , , , , , , , , , , , , , , ,					
atio er		All other contributions, gifts, grants, and	000 660				
들 된			880,660. 60,529.				
o d		Noncash contributions included in lines 1a-1f		1 004 274			
<u>0</u> <u>e</u>		n Total. Add lines 1a-1f		1,004,274.			
		-	Business Code				
S	2	·					
ë vi		·					
S		:					
an eve		d					
Program Service Revenue		·					
ď	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		27,242.			27,242.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	. ,				
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
		d Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	,	(7	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
ther Revenue		and sales expenses					
š		Gain or (loss)					
æ		d Net gain or (loss)					
þe	8	Gross income from fundraising events (not					
ᅙ		including \$ 123 , 614 of					
		contributions reported on line 1c). See					
			585,330.				
		Less: direct expenses 8b	222,007.				
		Net income or (loss) from fundraising events		363,323.			363,323.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a	104,401. 58,915.				
		Less: direct expenses 9b	58,915.				
		Net income or (loss) from gaming activities		45,486.			45,486.
		Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\dashv		The modifie of floody from dates of inventory	Business Code				
sn	11 :	,					
e an							
ilar							
Sce	,	A All other revenue					
Miscellaneous Revenue		d All other revenue					
	-	Total. Add lines 11a-11d Total revenue. See instructions		1 440 225	0.	0	436,051.
	12	I ULAI TEVERIUE. SEE MISTRUCTIONS		⊥,±±∪,343•	ι υ•	ı •	TOO, COT.

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ecti	on 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in to (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	933,922.	933,922.		
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	118,975.	77,334.	23,795.	17,846
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	174,649.	125,178.	20,232.	29,239
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	18,326.	15,552.		2,774 3,281
0	Payroll taxes	22,003.	15,400.	3,322.	3,28
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	17,177.		17,177.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	25,200.			25,200
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	4,399.	756.		3,643
2	Advertising and promotion				
3	Office expenses	10,186.	7,131.	1,527.	1,528
4	Information technology	5,706.			5,706
5	Royalties				
6	Occupancy	29,455.	20,619.	4,418.	4,418
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	537.	376.	80.	81
3	Insurance	8,630.		8,630.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	RECOGNITION	19,618.		5,499.	14,119
b	MERCHANT PROCESSING FEE	8,329.		833.	7,496
c	TELEPHONE	5,026.	3,518.	754.	754
d	MISCELLANEOUS	1,755.	-,	1,755.	
e	All other expenses	801.	484.	131.	186
5	Total functional expenses. Add lines 1 through 24e	1,419,694.	1,215,270.	88,153.	116,27
<u>-</u> 6	Joint costs. Complete this line only if the organization	, -,	, , , , , , , ,	,	,
	reported in column (B) joint costs from a combined				

Form **990** (2023)

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing Savings and temporary cash investments			847,410.	1	591,357
	2					2	250,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
£	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9				11,942.	9	21,389
	10a	Land, buildings, and equipment: cost or other		E 254			
		basis. Complete Part VI of Schedule D		7,354.	F 2 F		
	b	Less: accumulated depreciation		7,354.	537.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			400 000	12	412 000
	13	Investments - program-related. See Part IV, lin			400,000.	13	413,009
	14	Intangible assets			126 570	14	110 105
	15	Other assets. See Part IV, line 11			136,578.	15	110,125
_	16	Total assets. Add lines 1 through 15 (must ed			1,396,467.	16	1,385,880
	17	Accounts payable and accrued expenses			64,166.	17	84,326 14,706
	18	Grants payable			14,417. 183,075.	18	173,505
	19	Deferred revenue			103,073.	19	173,505
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, sub				22	
Liabilities	23	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties				23	
	23 24	Unsecured notes and loans payable to unrelate		· · · · · · · ·		24	
	2 4 25	Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on lin	•				
			-	· .	161,124.	25	119,027
	26	of Schedule D Total liabilities. Add lines 17 through 25		1	422,782.	26	391,564
7	20	Organizations that follow FASB ASC 958, cl			122,7021	20	332,302
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			952,216.	27	975,347
Rai	28	Net assets with donor restrictions			21,469.	28	18,969
<u>e</u>		Organizations that do not follow FASB ASC			·		
ᄀ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ls			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			973,685.	32	994,316
-	33	Total liabilities and net assets/fund balances			1,396,467.	33	1,385,880

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	1,44	0,3	<u> 25.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,41	9,6	<u>94.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97	3,6	<u>85.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	99	4,3	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		1
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Z. Open to Public

Inspection
Employer identification number

OMB No. 1545-0047

Name of the organization

CLAYTON DABNEY FOR KIDS WITH CANCER

		CLAY	TON DABNEY	FOR KIDS WIT	TH CAN	ICER		7	5-2641482
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general ¡	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ıfter June 30, 1975.
		See section 509(a)(2). (Co							
11	Щ	An organization organized a							
12	Ш	An organization organized a	•	•	-			•	
		more publicly supported or	~						Check the box on
		lines 12a through 12d that	* *					-	
а			•	•	•	-			
		the supported organization			majority c	it the direc	tors or trustee	es of the su	ipporting
h		organization. You must o	- · ·		ion with it	o oupports	d organization	a(a) by bay	vina
b		☐ Type II. A supporting org							
		control or management o organization(s). You mus			arrie perso	iis iiiai co	illioi oi illalia(je irie supp	oorted
С		Type III functionally inte			in connect	ion with	and functional	ly integrate	nd with
·		its supported organization	-					iy iiitograto	ou with,
d		Type III non-functionally		·				ted organi:	zation(s)
		that is not functionally int						-	* *
		requirement (see instruct	-		•		-	arr accorner	7011000
е		Check this box if the orga	•	•	•			I. Type III	
		functionally integrated, or					J1 - 7 J1 -	, ,,	
f	Ente	er the number of supported o	ranizations	, , , , , , , , , , , , , , , , , , , ,	0 0				
g	Prov	vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (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						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	730,637.	743,158.	959,151.	1120453.	1004274.	4557673.
2	Tax revenues levied for the organ-	,	•				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	730,637.	743,158.	959,151.	1120453.	1004274.	4557673.
	The portion of total contributions	, ,	,				
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Public support. Subtract line 5 from line 4.						4557673.
	etion B. Total Support						43370731
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	730,637.	743,158.	959,151.	1120453.	1004274.	4557673.
	Gross income from interest,	, , , , , , , ,	,	707,2020			
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,352.	6,691.	2,914.	3,417.	27,242.	46,616.
9	Net income from unrelated business	0,0021	0,0320	2,3210	3,11,0	2,,212	10,0100
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4604289.
	Gross receipts from related activities,	etc (see instructio	ne)			12	10012031
	First 5 years. If the Form 990 is for th	•		ourth or fifth tax v		-	
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (li			olumn (f))		14	98.99 %
	Public support percentage from 2022					15	99.53 %
	33 1/3% support test - 2023. If the o					ore, check this box	•
	stop here. The organization qualifies	-					77
b	33 1/3% support test - 2022. If the c		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	_					
	meets the facts-and-circumstances te			-		viriow and organiz	
h	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the	_					. = . • • •
	organization meets the facts-and-circu				· ·		
18	Private foundation. If the organization				•		
				,, a, c. 17 0	,		(Form 990) 2023

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	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.)					12.1(.)(2)	
14	First 5 years. If the Form 990 is for the	-			-		
90	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			oolumn (f))		15	04
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves		-			10	70
	Investment income percentage for 20			ne 13 column (f)		17	%
18						18	
	a 33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
Ju		
3b		
3с		
4a		
ти		
4b		
4c		
70		
5a		
5b		
5c		
6		
,		
7		
8		<u> </u>
9a		
Ja		
9b		
9с		
10a		
iva		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	5,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	4		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Jeci	tion 6. Type it supporting organizations		V	
4	Ways a majority of the averagination's directors by twistons during the toy year along a majority of the directors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction		·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization eversion a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*332025 12-21-23

Schedule A (Form 990) 2023

oche	dule A (Form 990) 2023 CHATTON DADNET FOR KIDD	AA T T I	I CANCER I	73 ZUTITUZ Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	•
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

0000

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CLAYTON DABNEY FOR KIDS WITH CANCER

75-2641482

Organization type (check one):						
Filers o	f:	Section:				
Form 99	00 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
Genera	I Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions of is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
answer	"No" on Part IV, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization Employer identification number

CLAYTON DABNEY FOR KIDS WITH CANCER

75-2641482

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VULCAN MATERIALS COMPANY PO BOX 380607 BIRMINGHAM, AL 35238-0607	\$ 315,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JENNY AND ADAM SAPHIER 3837 STRATFORD AVE DALLAS, TX 75205-2814	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHRISTINE & STARR PITZER 5804 REDWOOD CT DALLAS, TX 75209-2439	\$\$15,000.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 B.B. OWEN TRUST PO BOX 832350 RICHARDSON, TX 75083	Total contributions \$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	MONTANDON CHARITABLE TRUST 607 W. 3RD STREET, STE 2760 AUSTIN, TX 78701	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE JORDAN SPIETH FAMILY FOUNDATION 5950 SHERRY LN STE 700 DALLAS, TX 75225	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CLAYTON DABNEY FOR KIDS WITH CANCER

75-2641482

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule B (Form 990) (2023)

Name of organization **Employer identification number** 75-2641482 CLAYTON DABNEY FOR KIDS WITH CANCER Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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

Inspection

Name of the organization CLAYTON DABNEY FOR KIDS WITH CANCER

Employer identification number 75-2641482

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the
		(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 v	riting that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	······	Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	3	3
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		- f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170((h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	I balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		ial gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
			^
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

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75-264	1482	Page 2
nilar Assets	(continue	ed)

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, or	Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	make sigr	nificant us	se of its		
	collection items (check all that apply).								
а	Public exhibition	d	I 🔲 Loan o	r exchange progra	ım				
b	Scholarly research	е	Other_						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they furth	ner the organizatio	n's exemp	t purpose	e in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma							Yes	No
Par	rt IV Escrow and Custodial Arran	gements Comple	te if the organiz	ation answered "	es" on Fo	orm 990, F	Part IV, lir	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for contrib	utions or other as	sets not in	cluded		_	
	on Form 990, Part X?						\square	Yes	No
b	o If "Yes," explain the arrangement in Part XIII and complete the following table:								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custodial acco	unt liability	?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.					<u></u>			
Par	rt V Endowment Funds Complete it								
		(a) Current year	(b) Prior yea	ar (c) Two year	s back (c	d) Three ye	ars back	(e) Four ye	ears back
1a									
b									
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	`							
2	Provide the estimated percentage of the cur			nn (a)) held as:					
а			_%						
b		%							
С		.% 							
0-	The percentages on lines 2a, 2b, and 2c sho	•			l				
за	Are there endowment funds not in the posse	ession of the organiza	ition that are ne	eid and administer	ed for the			Y	es No
	organization by:							3a(i)	- 110
	(i) Unrelated organizations?(ii) Related organizations?							3a(ii)	
h	If "Yes" on line 3a(ii), are the related organizations:	ations listed as requir						3b	
4	Describe in Part XIII the intended uses of the							_ JD	
	rt VI Land, Buildings, and Equipm		William Tarias.						
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 1	1a. See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or o	ther (b)	Cost or other	(c) Acc	cumulated	1	(d) Book v	/alue
	1	basis (investr	, ,	asis (other)	٠,	eciation		.,	
	Land								
b		I							
d				7,354.		7,35	4.		0.
_ е	Other								
	il. Add lines 1a through 1e. (Column (d) must e		X. line 10c. col	umn (B))					0.
_				,,				D (Form 9	90) 2023

Schedule D (Form 990) 2023

Schedule D	(Form 990)) 2023	CLAYTON	DABNEI	FUR	KIDS	MIIH	CANCER	75-2641462	Page
Part VII	Investn	nents -	Other Securitie	es						

Complete if the organization answered "Yes"	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.								
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value							
(1) Financial derivatives									
(2) Closely held equity interests									
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									

Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CLAYTON DABNEY LEGACY		
(2) FUND - INVESTMENT POOL	413,009.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (h) must equal Form 990 Part X line 13 col (R))	413.009.	

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE ASSET-OPERATING LEASE	110,125.
(2)	
(3)	
<u>(4)</u>	
<u>(5)</u>	
<u>(6)</u>	
<u>(7)</u>	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	110,125.

Other Liabilities Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	119,027.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X, line 25, col. (B))	119,027.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I		 	1 440 205
1				1,440,325.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	·		0
е	Add lines 2a through 2d			1 440 225
3	Subtract line 2e from line 1		3	1,440,325.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		0
_C	Add lines 4a and 4b			1,440,325.
5 D 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	ratomonte With Evnon	5	1,440,325.
Ра			ses per neturi	1
	Complete if the organization answered "Yes" on Form 990, Part IV, I		Т.Т	1 /10 60/
1	Total expenses and losses per audited financial statements			1,419,694.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		0
e	Add lines 2a through 2d			1,419,694.
3	Subtract line 2e from line 1		3	1,413,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		10	0.
C	Add lines 4a and 4b			1,419,694.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	18.)	5	1,410,004.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	1: Part IV lines 1h and 2h: E	Part V. lina 4: Part V	/ line 2: Part VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, iiile 4, Part /	A, IIIIe Z, Part AI,
111103	20 and 4b, and 1 art An, intes 20 and 4b. Also complete this part to provide a	arry additional information.		
PAI	RT X, LINE 2:			
тні	E ORGANIZATION ADHERES TO FASB ASC TOPI	C 740, INCOME	TAXES, WHI	ICH
PRO	OVIDES GUIDANCE AND CLARIFICATION ON AC	COUNTING FOR U	NCERTAINTY	/ IN
INC	COME TAXES RECOGNIZED IN THE ORGANIZATI	ON'S FINANCIAL	STATEMENT	rs. THE
FO	UNDATION HAS EVALUATED ITS TAX POSITION	S FOR ALL OPEN	YEARS & H	HAS NO
MA.	TERIAL UNCERTAIN TAX POSITIONS TO BE AC	COUNTED FOR IN	THE FINAL	NCIAL
STZ	ATEMENTS.			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** CLAYTON DABNEY FOR KIDS WITH CANCER 75-2641482 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. X Solicitation of non-government grants а Mail solicitations Solicitation of government grants b Internet and email solicitations X Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) NORTH TEXAS NONPROFIT GRANT RESEARCH, GRANT Yes No RESOURCES - 10450 COUNTESS WRITING Х 0 25,200 -25,200. 25 200. -25 200. 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 AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			events with gross receipt	s greater than \$5,000.	
				(b) Event #2 DABNEY FALL	(c) Other events	(d) Total events (add col. (a) through	
ne			EVENTS (event type)	GOLF TOURNAM (event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	463,097.	141,023.	104,824.	708,944.	
	2	Less: Contributions	110,590.	5,500.	7,524.	123,614.	
	3	Gross income (line 1 minus line 2)	352,507.	135,523.	97,300.	585,330.	
	4	Cash prizes					
S	5	Noncash prizes	5,634.	31,853.	4,022.	41,509.	
Direct Expenses	6	Rent/facility costs	38,956.	19,764.	6,103.	64,823.	
irect E	7	Food and beverages	30,070.	18,459.	5,815.	54,344.	
		Entertainment Other direct expenses	40,458.	1,680.	19,193.	61,331.	
	l .	Direct expense summary. Add lines 4 through	0 : (-)	= 7 0 0 0 0		222,007.	
		Net income summary. Subtract line 10 from li				363,323.	
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than							
		\$15,000 on Form 990-EZ, line 6a.	T		-	Γ	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue			104,401.	104,401.	
	,	Cook prizes					
Direct Expenses		Cash prizes Noncash prizes			58,915.	58,915.	
rect E	4	Rent/facility costs					
⊡							
	5	Other direct expenses			X Yes 100 %		
	6	Volunteer labor	Yes % No	Yes % No	No No		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			58,915.	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			45,486.	
9	En	ter the state(s) in which the organization condu	icts gaming activities: ${f T}$	X			
а	ls t	the organization licensed to conduct gaming ac No," explain: NON-PROFIT ALLOW	ctivities in each of these s	states? AFFLES TWO TI		Yes X No	
		O LICENSE REQUIRED. RAI UNDRAISING ACTIVITIES AI	FFLES HELD IN		WITH LARGER OVER 85% OF	T.AROP	
	We	ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or te	rminated during the tax y			
	_						

** SEE PART IV FOR COMPLETE EXPLANATIONS

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 CLAYTON DABNEY FOR KIDS WITH CANCER 75-2	2641482	Page 3
11 Does the organization conduct gaming activities with nonmembers?	X Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	X No
13 Indicate the percentage of gaming activity conducted in:		
a The organization's facility	13a	%
b An outside facility	13ь 100.	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
and the hame and acceptable properties and organization organization.		
Name		
Address		
7 tadi 000		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
of gaming revenue retained by the third party \$		
c If "Yes," enter name and address of the third party:		
on 1665, Sheer hame and address of the time party.		
Name		
Address		
Audress		
16 Gaming manager information:		
Ganning manager mormation.		
Nama		
Name		
Gaming manager compensation \$		
Gaming manager compensation \$		
Description of convices provided		
Description of services provided		
Director/officer Employee Independent contractor		
birector/officer Employee independent contractor		
47 Mandatanı diatrihi tiana		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		X No
retain the state gaming license?	. L Yes	LX No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
••• •••	rt III, lines 9, 9	b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
COMPONED OF DADM THE LEVE OF TWO ANAMION		
SCHEDULE G, PART III, LINE 9B, EXPLANATION:		
NON DROUTH ALLOWED TO HOLD DARRING TWO TIMES A VEAD IN THUS		
NON-PROFIT ALLOWED TO HOLD RAFFLES TWO TIMES A YEAR IN TEXAS.		
NO 1 TORNOR DECUTED DISTRICT OF THE CONTROL OF THE 1 DOES		
NO LICENSE REQUIRED. RAFFLES HELD IN CONJUCTION WITH LARGER		
FUNDRAISING ACTIVITIES AND ONLY NON-CASH PRIZES. OVER 85% OF LAI	3OR	
FROM VOLUNTEERS.		

Schedule G	i (Form 990)	CLAYTON	DABNEY	FOR	KIDS	WITH	CANCER	75-2641482	Page 4
Part IV	(Form 990) Supplemental Infor	mation _{(contin}	ued)						
-									
-									

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CLAYTON D	75-2641482						
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	T .				(f) Mathad of	T	T
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO FUND ONCOLOGY FAMILY
CHILDREN'S MEDICAL CENTER							CAMP AT CAMP JOHN MARC
FOUNDATION - 2777 STEMMONS FWY							THROUGH CHILDREN'S
#700 - DALLAS, TX 75207			15,000.	0.			MEDICAL CENTER
2 Enter total number of section 501(c)(3) a	nd government org	janizations listed in the	e line 1 table				
3 Enter total number of other organization	s listed in the line 1	table					

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

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL ASSISTANCE AND WISHES GRANTED	416	933,922.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE FOUNDATION DISBURSES THE MAJOR:	TY OF IT	S FUNDS NO	T DIRECTLY	TO THE	
TERMINALLY-ILL CHILDREN AND THEIR I	FAMILIES,	BUT INSTE	AD TO THIR	D PARTY	
VENDORS. THE FOUNDATION PAYS THIRE	D PARTY V	ENDORS DIR	ECTLY FOR	CHILDREN'S	
WISH ITEMS. THE ITEMS PURCHASED ARI	THEN DI	STRIBUTED	TO THE CHI	LDREN'S	
FAMILIES. ADDITIONALLY, THE FOUNDA	ATION DIS	BURSES PAY	MENTS FOR	RENTS AND	
UTILITIES DIRECTLY TO THOSE VENDORS	S INSTEAD	OF GIVING	CASH DIRE	CTLY TO	
FAMILIES.					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

CLAYTON DABNEY FOR KIDS WITH CANCER

 $Employer\ identification\ number \\ 75-2641482$

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

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

Schedule J (Form 990) 2023

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LESLIE FICKE	(i)	118,974.	0.	0.	0.	0.	118,974.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						l	1

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	CLAYTON DABN	EY FOR	KIDS WITH	H CANCER	7	5-2641	482	
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash co	(d) d of determin entribution ar	_	S
1	Art - Works of art	X	3	845.	RETAIL			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		5,142.	RETAIL			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	6	4,840.	RETAIL			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GIFT CARDS)	X	35	12,654.				
26	Other (<u>JEWLRY</u>)	X	11		RETAIL			
27	Other (FLOARAL CENTERP)	X	1		RETAIL			
28	Other (DAY BED FOR CHI)	X	1	4,000.	RETAIL			
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledge	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it			
	must hold for at least 3 years from the date of	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribu	tions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination this part for any additional information.	and whether the organization nation of both. Also complete
PART I, OTHER TYPES OF PROPERTY:	
FISHING TRIP	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 2	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3799.	
(D) METHOD OF DETERMINING REVENUE: RETAIL	
BEAUTY TREATMENT	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 6	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3787.	
(D) METHOD OF DETERMINING REVENUE: RETAIL	
SPORTING GOODS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 3	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3550.	
(D) METHOD OF DETERMINING REVENUE: RETAIL	
TURNER'S JAZZ BURNCH FOR 10	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 1	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3000.	
(D) METHOD OF DETERMINING REVENUE: RETAIL	
LESSONS	
(A) CHECK IF APPLICABLE = X	
332142 09-11-23	Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 CLAYTON DABNEY FOR KIDS WITH CANCER 75-2641482 Page 2
Schedule M (Form 990) 2023 CLAYTON DABNEY FOR KIDS WITH CANCER 75-2641482 Page 2 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
(B) NUMBER OF CONTRIBUTIONS = 5
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2600.
(D) METHOD OF DETERMINING REVENUE: RETAIL
VACATION PACKAGE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1500.
(D) METHOD OF DETERMINING REVENUE: RETAIL
CALCUTTA
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.
(D) METHOD OF DETERMINING REVENUE: RETAIL
MEMBERSHIP
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 775.
(D) METHOD OF DETERMINING REVENUE: COMP VALUE

ASTROS TICKETS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTIONS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 600.
- (D) METHOD OF DETERMINING REVENUE: RETAIL

Schedule M (Form 990) 2023

332142 09-11-23

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CLAYTON DABNEY FOR KIDS WITH CANCER

 $Employer\ identification\ number\\75-2641482$

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION'S MISSION IS TO HELP NEEDY FAMILIES IN THE UNITED
STATES THAT HAVE CHILDREN IN THE LAST STAGES OF TERMINAL CANCER. THE
ORGANIZATION HELPS THESE FAMILIES BY CREATING EVERLASTING MEMORIES BY
PROVIDING LAST WISHES, GIFTS, ACCESS TO SPECIAL EVENTS, FAMILY TRAVEL,
AND FINANCIAL ASSISTANCE WITH HOUSEHOLD EXPENSES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRAVEL, AND FINANCIAL ASSISTANCE WITH HOUSEHOLD EXPENSES.
FORM 990, PART VI, SECTION A, LINE 2:
BLAIR MERCER AND STEPHANIE MERCER, DIRECTOR AND DIRECTOR, ARE MARRIED;
MALCOM ROSS AND DAVID ROSS, DIRECTOR AND DIRECTOR, ARE FATHER AND SON;
DEREN WILCOX AND LAURA WILCOX, DIRECTOR AND DIRECTOR, ARE MARRIED;
ALEX MILLER AND RYAN MILLER, DIRECTOR AND DIRECTOR, ARE UNCLE AND NEPHEW
FORM 990, PART VI, SECTION B, LINE 11B:
THE TREASURER AND CHAIRMAN OF THE BOARD REVIEW THE TAX RETURN BEFORE FILING
WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION PROVIDES COPIES OF THESE DOCUMENTS TO THE PUBLIC UPON
REQUEST.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CLAITON DABNE	Y FOR KIDS WITH CA	NCEK				/5-20414	104	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) ect controlling entity	cont	g) 512(b)(13) rolled tity?
CLAYTON DABNEY LEGACY FUND - 47-1735789 2825 OAK LAWN AVE. #192136	SUP CHARITABLE PGMS OF			LINE_7_ORGANI			res	
DALLAS, TX 75219	CLAYTON D. FOUNDA	TEXAS	501(C) (3)	ZATION_THAT_N	N/A			Х

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Predominant income	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total Share	Share of end-of-year assets	Diagrapartianeta		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General (Percentage ownership
		country)		sections 512-514)		255015	Yes	No	K-1 (Form 1065)	Yes No					
										+	+				
										$\perp \perp$					

Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity:	
		,						Yes	No

Schedule R (Form 990) 2023

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X							
С	Gift, grant, or capital contribution from related organization(s)				1c	X							
d	Loans or loan guarantees to or for related organization(s)				1d	X							
е	Loans or loan guarantees by related organization(s)				1e	X							
f	Dividends from related organization(s)				1f	X							
g	Sale of assets to related organization(s)				1g	X							
h	Purchase of assets from related organization(s)				1h	X							
i	Exchange of assets with related organization(s)				1i	X							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х							
	Performance of services or membership or fundraising solicitations for related organizations				11	Х							
	Performance of services or membership or fundraising solicitations by related organizations				1m	Х							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
	o Sharing of paid employees with related organization(s)												
	· · · · · · · · · · · · · · · · · · ·												
p Reimbursement paid to related organization(s) for expenses													
	Reimbursement paid by related organization(s) for expenses				1q	X							
·													
r	Other transfer of cash or property to related organization(s)				1r	X							
s	Other transfer of cash or property from related organization(s)				1s	X							
2	If the answer to any of the above is "Yes," see the instructions for information on who	must complete th	is line, including covered re	elationships and transaction thresholds.									
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	/olved								
(1)													
					<u></u>								
(2)													
(3)													
(4)													
(5)													
(6)													
	3 09-28-23			Schedule	B (Form 9	90) 2023							
JUZ 10	, 00-20-20	4.0		Scriedule	(1 01111 9	30, <u>202</u> 0							

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000

332165 09-28-23 Schedule R (Form 990) 2023

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	ine No. (Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
8	(D)E-TAPESTRY SOFTWARE	04/07/12	SL	3.00	1	.6	11,385.				11,385.	11,385.		0.	11,385.
12	(D)IPAD	10/08/13	SL	5.00	1	.6	1,028.				1,028.	1,028.		0.	1,028.
13	(D)INTUIT SOFTWARE	02/16/13	SL	3.00	1	.6	457.				457.	457.		0.	457.
14	(D)QUICKBOOKS SOFTWARE	03/15/13	SL	3.00	1	.6	216.				216.	216.		0.	216.
15	(D)WEBSITE DEVELOPMENT	04/16/18	SL	3.00	1	.6	4,976.				4,976.	4,976.		0.	4,976.
16		04/26/18	SL	3.00	1	.6	2,228.				2,228.	2,228.		0.	2,228.
17	DELL - 1 COMPUTER & ACCESSORIES	05/16/18	SL	3.00	1	.6	2,003.				2,003.	2,003.		0.	2,003.
18	DELL	10/08/19	SL	3.00	1	.6	724.				724.	724.		0.	724.
19	COMPUTER	02/04/19	SL	3.00	1	.6	789.				789.	789.		0.	789.
20	COMPUTER	12/30/20	SL	3.00	1	.6	1,610.				1,610.	1,073.		537.	1,610.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						25,416.				25,416.	24,879.		537.	25,416.
	* GRAND TOTAL 990 PAGE 10 DEPR						25,416.				25,416.	24,879.		537.	25,416.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						25,416.			0.	25,416.	24,879.			25,416.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED						18,062.			0.	18,062.	18,062.			18,062.
	ENDING BALANCE						7,354.			0.	7,354.	6,817.			7,354.

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING ACCUM DEPR LESS DISPOSITIONS											7,354.			
	ENDING BOOK VALUE											0.			

328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone