

Short Form

Form 990-EZ

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2018

Open to Public Inspection

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

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: CHILDHOOD LEUKEMIA WARRIORS FOUNDATION. D Employer identification number: 81-4922935. E Telephone number: (847) 287-0588. F Group Exemption Number.

G Accounting Method: Cash Accrual Other (specify)

I Website: www.clwarrriorsfoundation.org

J Tax-exempt status: 501(c)(3) 501(c) 501(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 138,454

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 14 rows and 2 columns. Row 1: Contributions, gifts, grants, and similar amounts received. Row 2: Program service revenue including government fees and contracts. Row 3: Membership dues and assessments. Row 4: Investment income. Row 5a: Gross amount from sale of assets other than inventory. Row 5b: Less: cost or other basis and sales expenses. Row 6: Gaming and fundraising events. Row 7a: Gross sales of inventory, less returns and allowances. Row 7b: Less: cost of goods sold. Row 8: Gross profit or (loss) from sales of inventory. Row 9: Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. Row 10: Grants and similar amounts paid. Row 11: Benefits paid to or for members. Row 12: Salaries, other compensation, and employee benefits. Row 13: Professional fees and other payments to independent contractors. Row 14: Occupancy, rent, utilities, and maintenance.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<b>15</b>	Printing, publications, postage, and shipping	0
<b>16</b>	Other expenses (describe in Schedule O)	4,939
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	47,461
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	18,783
<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	25,720
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	0
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	44,503

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 106421 Form **990-EZ** (2018) Page **2**

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments.	25,720	44,503
<b>23</b> Land and buildings.	0	0
<b>24</b> Other assets (describe in Schedule O).	0	0
<b>25 Total assets.</b>	25,720	44,503
<b>26 Total liabilities</b> (describe in Schedule O).	0	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21).	25,720	44,503

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III   
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? Providing financial assistance to families who have a child being treated for leukemia  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**28** Initial Grant: We provide a grant to families when their child is diagnosed to help with every day expenses. This year we provided this to 34 families

(Grants \$ 0) If this amount includes foreign grants, check here  **28a** 13,750

**29** Back to School Program: We provide school supplies to all the children in the family. This year we helped 115 children

(Grants \$ 0) If this amount includes foreign grants, check here  **29a** 11,531

**30** Holiday Program: We provide financial assistance during the holiday season to the families. This year we provided this to 46 families.

(Grants \$ 0) If this amount includes foreign grants, check here  **30a** 8,175

**31** (Grants \$ ) If this amount includes foreign grants, check here  **31a** 33,456

**32 Total program service expenses** (add lines 28a through 31a) **32** 33,456

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, Yes, and No. Rows include questions 33 through 40e regarding IRS reporting, organizational changes, business income, political expenditures, loans, and tax-exempt status.

Table with columns for question number, question text, Yes, and No. Rows include questions 41 through 43 regarding state filing, foreign country, and Form 1041 filing.

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		No
b	Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i> . . . . .		No
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)</i> . . . . .		No

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		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
		<b>46</b>	

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

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

**Sign Here**

Signature of officer Ron Radosta President		Date 2019-01-31	
Type or print name and title			
Print/Type preparer's name	Preparer's signature	Date	PTIN
Firm's name	Firm's EIN	Check <input type="checkbox"/> if self-employed	
Firm's address	Phone no.		

**Paid Preparer Use Only**

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

Form **990-EZ** (2018)

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 81-4922935  
**Name:** CHILDHOOD LEUKEMIA WARRIORS FOUNDATION

**Form 990-EZ, Special Condition Description:**

Special Condition Description	

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ron Radosta	20	0	0	0
Carolyn Radosta	20	0	0	0
Nirmit Shukla	5	0	0	0
Christina Livas	5	0	0	0
Josh Siegel	5	0	0	0
Paul Black	5	0	0	0
Raghu Sundara	5	0	0	0
Sara Pekny	5	0	0	0



<p><b>SCHEDULE A</b> (Form 990 or 990EZ)</p> <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Public Charity Status and Public Support</b></p> <p>Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.</p> <p>▶ <b>Attach to Form 990 or Form 990-EZ.</b> ▶ See separate instructions. ▶ <b>Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	<p><b>TIN:</b> OMB No. 1545-0047</p> <p style="font-size: 2em; font-weight: bold; color: green;">2018</p> <p>Open to Public Inspection</p>
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**Name of the organization**  
CHILDHOOD LEUKEMIA WARRIORS FOUNDATION

**Employer identification number**  
81-4922935

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

Provide the following information about the supported organization(s).

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

<b>Total</b>										

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.** Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2018

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	101,984	46,655	148,639
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3	0	0	0	101,984	46,655	148,639
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						25,000
<b>6 Public support.</b> Subtract line 5 from line 4.						123,639

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4.	0	0	0	101,984	46,655	148,639
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	0	0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10.						148,639
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	0

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>

**16a 33 1/3 % support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.**

**b 33 1/3 % support test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

**Schedule A (Form 990 or 990-EZ) 2018**

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

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1. Gifts, grants, contributions, and membership fees received; 2. Gross receipts from admissions, merchandise sold or services performed; 3. Gross receipts from activities that are not an unrelated trade or business; 4. Tax revenues levied for the organization's benefit; 5. Value of services or facilities furnished by a governmental unit; 6. Total; 7a. Amounts included on lines 1, 2, and 3; b. Amounts included on lines 2 and 3 received from other than disqualified persons; c. Add lines 7a and 7b; 8. Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9. Amounts from line 6; 10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c. Add lines 10a and 10b; 11. Net income from unrelated business activities not included in line 10b; 12. Other income; 13. Total support; 14. First five years.

<b>Section C. Computation of Public Support Percentage</b>	
<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>

<b>Section D. Computation of Investment Income Percentage</b>	
<b>17</b> Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 . . . . .	<b>18</b>

- 19a 33 1/3 % support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3 % support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 % and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . .

**Schedule A (Form 990 or 990-EZ) 2018**

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

<p><i>answer b below.</i></p> <p>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).</p>				
<p>11 Has the organization accepted a gift or contribution from any of the following persons?</p> <p>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</p>				
<p>b A family member of a person described in (a) above?</p>				
<p>c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.</p>				

**Schedule A (Form 990 or 990-EZ) 2018**



**Part IV Supporting Organizations** (continued)

**Section B. Type I Supporting Organizations**

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

	Yes	No
<b>1</b>		
<b>2</b>		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
<b>1</b>		

2

Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

<b>2</b>	<b>3</b>
----------	----------

By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

<b>3</b>
----------

**Section E. Type III Functionally-Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) :

- a  The organization satisfied the Activities Test. Complete **line 2** below.
- b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

	Yes	No
<b>2a</b>		
<b>2b</b>		

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b Did the organization exercise 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.*

<b>3a</b>					
<b>3b</b>					

**Schedule A (Form 990 or 990-EZ) 2018**

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		
2 Recoveries of prior-year distributions		
3 Other gross income (see instructions)		
4 Add lines 1 through 3		
5 Depreciation and depletion		
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)		
7 Other expenses (see instructions)		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)		

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities		
b Average monthly cash balances		
c Fair market value of other non-exempt-use assets		
<b>d Total</b> (add lines 1a, 1b, and 1c)		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets		
3 Subtract line 2 from line 1d		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)		
6 Multiply line 5 by .035		
7 Recoveries of prior-year distributions		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)		

**Section C - Distributable Amount**

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	
2 Enter 85% of line 1	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	
4 Enter greater of line 2 or line 3	
5 Income tax imposed in prior year	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	
7	

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in Part VI). See instructions		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
<b>9</b>	Distributable amount for 2018 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		
<b>Section E - Distribution Allocations (see instructions)</b>			
<b>1</b>	Distributable amount for 2018 from Section C, line 6		
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required--explain in Part VI. See instructions)		
<b>3</b>	Excess distributions carryover, if any, to 2018:		
<b>a</b>			
<b>b</b>	From 2014 . . . . .		
<b>c</b>	From 2015 . . . . .		
<b>d</b>	From 2016 . . . . .		
<b>e</b>	From 2017 . . . . .		
<b>f</b>	<b>Total</b> of lines 3a through e		
<b>g</b>	Applied to underdistributions of prior years		
<b>h</b>	Applied to 2018 distributable amount		
<b>i</b>	Carryover from 2011 not applied (see instructions)		
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
<b>4</b>	Distributions for 2018 from Section D, line 7:		
	\$ . . . . .		
<b>a</b>	Applied to underdistributions of prior years		
<b>b</b>	Applied to 2018 distributable amount		
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b>	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
<b>6</b>	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.		
<b>8</b>	Breakdown of line 7:		

<b>a</b>	Excess from 2014 . . . . .		
<b>b</b>	Excess from 2015 . . . . .		
<b>c</b>	Excess from 2016 . . . . .		
<b>d</b>	Excess from 2017 . . . . .		
<b>e</b>	Excess from 2018 . . . . .		

**Schedule A (Form 990 or 990-EZ) (2018)**

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	Explanation
Return Reference	Explanation
Part II, line 10	

**Schedule A (Form 990 or 990-EZ) 2018**

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**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 81-4922935

**Name:** CHILDHOOD LEUKEMIA WARRIORS FOUNDATION

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury          Internal Revenue Service</small>	<b>Schedule of Contributors</b> <b>▶ Attach to Form 990, 990-EZ, or 990-PF.</b>
	<b>TIN:</b> OMB No. 1545-0047 <span style="font-size: 24pt; font-weight: bold;">2018</span>
	<b>Employer identification number</b> 81-4922935
<b>Name of the organization</b> CHILDHOOD LEUKEMIA WARRIORS FOUNDATION	

**Organization type** (check one):

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1/3</sup>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.



For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2

<b>Name of organization</b> CHILDHOOD LEUKEMIA WARRIORS FOUNDATION		<b>Employer identification number</b> 81-4922935
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<b>Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.</b>			
<b>(a)</b> No.	<b>(b)</b> Name, address, and ZIP + 4	<b>(c)</b> Total contributions	<b>(d)</b> Type of contribution
1	Anco Steel 4320 Winfield Rd Suite 304 Warrenville, IL 60555	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>(a)</b> No.	<b>(b)</b> Name, address, and ZIP + 4	<b>(c)</b> Total contributions	<b>(d)</b> Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>(a)</b> No.	<b>(b)</b> Name, address, and ZIP + 4	<b>(c)</b> Total contributions	<b>(d)</b> Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>(a)</b>	<b>(b)</b>	<b>(c)</b>	<b>(d)</b>

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) <b>Name of organization</b> CHILDHOOD LEUKEMIA WARRIORS FOUNDATION	<b>Employer identification number</b> 81-4922935
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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
	_____ _____ _____ _____
(a) No. from Part I	(b) Description of noncash property given
	_____ _____ _____

			\$ _____	
(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	
		\$ _____		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$  
 Use duplicate copies of Part III if additional space is needed.

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


**Schedule B (Form 990, 990-EZ, or 990-PF) (2018)**

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**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 81-4922935

**Name:** CHILDHOOD LEUKEMIA WARRIORS FOUNDATION

**TIN:** OMB No. 1545-0047

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2018**

Open to Public Inspection

Name of the organization  
CHILDHOOD LEUKEMIA WARRIORS FOUNDATION

Employer identification number

81-4922935

**Return Reference**

**Explanation**

Part I, Line 10 We provided financial aid grants to families when their child is diagnosed with leukemia. We also do a back to school program that provides school supplies, and a holiday program that provides financial support during the holiday season.  
Part I, Line 16 Bank Fees/Credit Card Fees - \$1,236 Insurance - \$349 Office Supplies - \$1,791 Organizational Expenses - \$225.00 Promotional Marketing - \$300.00 Website/Email - 1,037

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2018

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**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 81-4922935

**Name:** CHILDHOOD LEUKEMIA WARRIORS FOUNDATION