Form	990
Form	<u>990</u>

PUBLIC DISCLOSURE COPY ** **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.

OMB No. 1545-0047 Open to Public

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Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable: THE CHILDREN'S ONCOLOGY GROUP Address change FOUNDATION, INC. Name change 45-3083156 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated **3720 SPRUCE STREET** 267-277-7064 506 8,706,854. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 19104 PHILADELPHIA, PA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DOUGLAS S. HAWKINS, M.D. Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.THECOGFOUNDATION.ORG J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 2011 M State of legal domicile: PA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: A FOUNDATION DEVOTED EXCLUSIVELY 1 Activities & Governance TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 6 Ò. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 7,485,954. 8,630,016. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 9 Program service revenue (Part VIII, line 2g) 1.901. 76,838. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 7,487,855. 8,706,854 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,962,213. 8,273,029 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 15,547. b Total fundraising expenses (Part IX, column (D), line 25) 885,053. 1,402,584. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 9,675,613. 6,847,266. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 640,589. -968,759. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year o 22,837,173. 24,820,224

Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

20

22

let

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

	Signature of officer										
Sign	Date										
Here	DOUGLAS S. HAWKINS, M.D., PRESIDENT AND DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name	Check X	PTIN								
Paid	KERRI N. BOGDA, CPA	KERRI N. BOGDA,	CPA 11/02	/23 self-employed	P00760402	2					
Preparer	Firm's name BAKER TILLY US, L	LP		Firm's EIN 39-	0859910						
Use Only	Firm's address 1570 FRUITVILLE P	IKE, SUITE 400									
	LANCASTER, PA 17601 Phone no. 717.740.4863										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No										

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

6,931,957

17,888,267

3,980,147.

18,857,026.

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	t III Statement of Program Service		S	10 00	00100	i age -
	Check if Schedule O contains a respo	onse or note to anv line in t	his Part III			X
1	Briefly describe the organization's mission:	,				
	THE CHILDREN'S ONCOLOG	Y GROUP FOUND	ATION, INC.	(THE FOUNDATION), HEL	PS
	SUPPORT THE RESEARCH O		-			
	THE WORLD'S LARGEST OR					
	ADOLESCENT CANCER RESE					
2	Did the organization undertake any significa		o the vear which were no	t listed on the		
					Yes	XNo
	If "Yes," describe these new services on Sc					
3	Did the organization cease conducting, or n		how it conducts, any pr	ogram services?	Yes	XNo
-	If "Yes," describe these changes on Schedu		·····, -··, -···, -···,	- 3		
4	Describe the organization's program service		h of its three largest proc	iram services, as measured b	v expenses	
•	Section 501(c)(3) and 501(c)(4) organization	•	• • •			nd
	revenue, if any, for each program service re		s annoant or granto and a		experieee, a	
4a	(Code:) (Expenses \$9, 34	13,012. including grant	s of \$ 8,273.	029.) (Bevenue \$		
	THE CHILDREN'S ONCOLOG					
	LEADERSHIP, COMPRISED					
	SCIENTISTS AND OTHER A					
	RESOURCES RAISED FOR C					
	NEED AND OPPORTUNITY.					
	INDIVIDUAL SUPPORTERS					
	ITS MUCH NEEDED RESEAR					
	DIRECT LINK ALLOWS COG					
	DISCOVERIES WITH THE G				<u>тн</u>	
	CANCER.					
	THE CHILDREN'S ONCOLOG	Y GROUP HAS O	VER 50 ACTIVE	E CLINICAL TRIA	LS OPE	N
4b	(Code:) (Expenses \$					
4c	(Code:) (Expenses \$	including grant	ts of \$) (Revenue \$		
4d	Other program services (Describe on Sched	lule O.)				
	(Expenses \$ inc	cluding grants of \$) (Reven	ue \$)	
4e	Total program service expenses	9,343,012.				
					Form 9	90 (2022
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FOUNDATION, INC.

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Part IV Checklist of Required Schedules

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			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X	<u> </u>			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x			
	public office? If "Yes," complete Schedule C, Part I						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x			
	during the tax year? If "Yes," complete Schedule C, Part II						
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		<u> </u>			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37			
-	Schedule D, Part III	8		<u> </u>			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for						
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v			
	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	10		v			
	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,	110		x			
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a					
D		11b		x			
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total						
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x			
Ь	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	110					
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х			
۵	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		Х			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
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		X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		X			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X				
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FOUNDATION, INC.

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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?	24a		
	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		X
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		X
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part II,	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	L
	Check if Schedule O contains a reasonance or note to any line in this Dart V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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	990 (2022) FOUNDATION, INC. 45-3083	156	Pa	age 5					
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)								
•			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0								
Ь									
b 3a									
	If "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b							
14	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
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.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a	-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-							
11	Section 501(c)(12) organizations. Enter:								
a b	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against 1	-							
b									
122	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
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								
с	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			-					
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	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.	_	000						
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FOUNDATION, INC.

Form 990 (2022)

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 6			
	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 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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 by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedAL, CO, CT, DC, GA, HI, IL, MA, MD	, NH ,	NY,	NC
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DANIEL WOODS, OPERATIONS MANAGER - 267-277-7064			
	3720 SPRUCE STREET, #506, PHILADELPHIA, PA 19104			
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)
	6			. 7

THE (CHILDREN'	S	ONCOLOGY	GROUP

Form 990 (2022)	FOUNDATION, INC.	45-3
Part VII Compen	nsation of Officers, Directors, Trustees, Key	/ Employees, Highest Compensated
Employe	ees. 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box	, unle	less person is both an			n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	a director/trustee)		tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	organizations below	ual tr	tional		voldu	t con		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DOUGLAS S. HAWKINS, M.D.	2.00	-	-			<u> </u>	<u> </u>			
PRESIDENT & DIRECTOR	0.00	х		x				0.	0.	0.
(2) LIA GORE, M.D.	0.50									
VICE-PRESIDENT & DIRECTOR	0.00	Х		Х				0.	0.	0.
(3) LEO MASCARENHAS, M.D.	0.50									
SECRETARY & DIRECTOR	0.00	Х		Х				0.	0.	0.
(4) CINDY L. SCHWARTZ, M.D.	0.50									
TREASURER & DIRECTOR	0.00	Х		X				0.	0.	0.
(5) CARLA GOLDEN, M.D.	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
(6) MARCIO MALOGOLOWKIN, M.D.	0.50									
DIRECTOR	0.00	Х						0.	0.	0.
			-							
		1								
		1								
		1								
		1								
		1					1			
		1								
		1					1			
000007 40 40 00										Earm 990 (2022)

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Form 990 (2022)

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Form 990 (2022) THE CHIL			OL	١OG	Y	GR	OU	JP	45-308	3156 Page 8		
Part VII Section A. Officers, Directors, Trus			ees.	and	l Hio	ahes	t C	ompensated Employee				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D)(E)tion more than one son is both anReportable compensationReportable compensation			(C) Position t check more than one nless person is both ar			(D) Reportable compensation	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							0.	0 0 0	. 0.		
 2 Total number of individuals (including but r compensation from the organization) wh	o re			0		
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			-		-		-		•	Yes No 3 X		
 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual	-	4 X		
rendered to the organization? <i>If</i> "Yes." con Section B. Independent Contractors	nplete Schedule	e J fo	or sı	ich j	oers	on .		-		5 X		
Complete this table for your five highest content the organization. Report compensation for (A)	•	•							•	sation from		
Name and business PUBLIC HEALTH INSTITUTE,	555 12T	н	ST	RE	ET	,		Description of s RESEARCH & Al		Compensation		
SUITE 600, OAKLAND, CA 94607 RIMON P.C. IL, 420 W. MAIN STREET SUITE 101B, BOISE, ID 83702							<u>SERVICES</u> LEGAL SERVICI	517,730. 175,477.				
2 Total number of independent contractors (including but no	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ	zation				2	2				Form 990 (2022)		

THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

Ра	rτ	VIII	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any lir		(D)	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	a	Federated campaigns 1a					
ran		b	Membership dues 1b					
<u> </u>		с	Fundraising events 1c					
ifts r A			Related organizations 1d					
, G nila			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and		-			
utio		•		,630,016.				
otb				,050,010.	-			
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f		8,630,016.			
a C		h	Total. Add lines 1a-1f		0,030,010.			
				Business Code				
ce	2	2 a						
ervi		b						
o Se		С		-				
an		d						
Program Service Revenue		е		_				
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3	3	Investment income (including dividends, inte	erest, and				
			other similar amounts)		76,838.			76,838.
	4	ŀ	Income from investment of tax-exempt bond					
	5	5	Royalties	•				
			(i) Real	(ii) Personal				
	6	ia	Gross rents 6a		1			
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c		-			
	7		Gross amount from sales of (i) Securities	ii) Other				
	'	а			-			
			assets other than inventory 7a		-			
		b	Less: cost or other basis					
Revenue			and sales expenses		-			
eve			Gain or (loss) 7c					
			Net gain or (loss)					
her	8	8 a	Gross income from fundraising events (not					
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	Ba	_			
		b	Less: direct expenses	Bb				
		с	Net income or (loss) from fundraising events					
	9) a	Gross income from gaming activities. See					
			Part IV, line 19)a				
		b)b				
			Net income or (loss) from gaming activities					
	10) a	Gross sales of inventory, less returns					
				0a				
		b		0b	-			
			Net income or (loss) from sales of inventory					
				Business Code				
sn	11	a						
oer ue		b			1			
ilar ven								
Miscellaneous Revenue		C d	All other revenue					
Ϊ			All other revenue		+			
			Total. Add lines 11a-11d		8 706 954	0.	0.	76 920
	12		Total revenue. See instructions		8,706,854.	U •	<u> </u>	76,838. Form 990 (2022)
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Form 990 (2022)

THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

	1 990 (2022) FOUNDATION , rt IX Statement of Functional Expense		GROUP	45-30	83156 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nolete column (A)	
0000	Check if Schedule O contains a response				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	7,794,779.	7,794,779.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	478,250.	478,250.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	175,477.		175,477.	
с	Accounting	17,219.		17,219.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,105,165.	992,914.	99,944.	12,307.
12	Advertising and promotion				
13	Office expenses	3,175.	30.	3,145.	
14	Information technology	70,938.	54,999.	12,699.	3,240.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,840.	2,840.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,970.		7,970.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PUBLICATION FEE	19,200.	19,200.		
b	STATE REGISTRATION FEE	600.		600.	
с					
d					
е	All other expenses				•
25	Total functional expenses. Add lines 1 through 24e	9,675,613.	9,343,012.	317,054.	15,547.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Form 990 (2	2022)		
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THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	2,057,761.
	2	Savings and temporary cash investments	15,935,769.	2	16,304,360.
	3	Pledges and grants receivable, net	4,059,970.	3	5,942,794.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	=1= 000
A	9	Prepaid expenses and deferred charges	794,739.	9	515,309.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	24 020 224
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	24,820,224.
	17	Accounts payable and accrued expenses		17	6,916,457.
	18	Grants payable		18 19	15,500.
	19	Deferred revenue		20	15,500.
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
bilit				22	
Lia	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,980,147.	26	6,931,957.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	2,613,548.	27	2,658,368.
Bal	28	Net assets with donor restrictions	16,243,478.	28	15,229,899.
pu		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	18,857,026.	32	17,888,267.
	33	Total liabilities and net assets/fund balances	0 0 0 0 7 1 7 2	33	24,820,224.

Form 990 (2022)

232011 12-13-22

THE	CHILDREN'	S	ONCOLOGY	GROUP

Form	990 (2022) FOUNDATION, INC.	45-3	3083156	Page 12
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		5,854.
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,613.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,759.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,857	,026.
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	17,888	3 <u>,267.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				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	О.		
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 Sch	edule O.		
3a	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	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	

Form 990 (2022)

232012 12-13-22

S	HE	DULE A								OMB No. 1545-0047
(Fo	orm 99	90)			harity Status and Public Support					つりつつ
			Co		uplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2022
		of the Treasury nue Service		At	Attach to Form 990 or Form 990-EZ.				Open to Public	
		the organizatio			Form990 for instruction ONCOLOGY GRO		latest inf	ormation.	Employer	Inspection identification number
INAI	ne or	une organizatio		DATION, INC		JUP				5-3083156
Pa	art I	Reason			(All organizations must c	omplete th	nis part.) S	ee instruction	<u> </u>	5 5005150
The	organ				For lines 1 through 12, cl					
1	Ŭ		-		n of churches described	•		I)(A)(i).		
2		A school dese	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch 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					llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
_		-		Complete Part II.)				<i>,</i> ,		
6			-	-	nental unit described in					anda Barraha an Alana di Sa
7	X	•		omplete Part II.)	ntial part of its support fr	om a gove	ernmental	unit or from tr	ne general p	Dudiic described in
8		-			(1)(A)(vi). (Complete Parl	• II)				
9	\square				in section 170(b)(1)(A)(i		ed in coniu	inction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:								
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities relat	ed to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
				mplete Part III.)						
11		-	-	-	vely to test for public sat	•				
12		-	-	-	vely for the benefit of, to				•	
				-	d in section 509(a)(1) o f supporting organizatior					
a		-	-	• •	upervised, or controlled				-	aivina
-	· .				gularly appoint or elect a	• • • •	-			
			•	complete Part IV, Se		, ,				
k	, [Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
C			-	• • • •	g organization operated				lly integrate	ed with,
	. —		•	.,.). You must complete F			-		
C		- 71	-	• • • • • •	orting organization oper				0	()
					ation generally must sati nplete Part IV, Sections				anattentiv	reness
e		-			written determination from				II. Type III	
-	·				nally integrated supportir			.)po., .)po	, . , p e	
1	Ente	er the number of	-	• •						
				n about the supporte		<i></i>		•		
	((i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi		(v) Amount of	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	istructions	support (see instructions)
Tot	al									

THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

45-3083156 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9460587.	10723666.	7509255.	7485954.	8630016.	43809478.
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 \dots						
4	Total. Add lines 1 through 3	9460587.	10723666.	7509255.	7485954.	8630016.	43809478.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						7963443.
	Public support. Subtract line 5 from line 4.						35846035.
See	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	9460587.	10723666.	7509255.	7485954.	8630016.	43809478.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	51,603.	93,457.	28,277.	1,901.	76,838.	252,076.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	14,400.	16,000.				30,400.
11	Total support. Add lines 7 through 10						44091954.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	795,191.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2022 (I		•			14	81.30 %
	Public support percentage from 2021					15	75.54 %
16 a	33 1/3% support test - 2022. If the o	organization did no	ot check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts and circu		•		• •		
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022

Part II

Schedule A (Form 990) 2022 FOUNDATION, INC.

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")							ļ	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
-	iness under section 513							<u> </u>	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								_
Ū	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support		-	7	-				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6								
10 <i>a</i>	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								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3	3) organizatio	on,	
	check this box and stop here						<u></u>	L	
Sec	ction C. Computation of Publi	c Support Pe	rcentage						
	Public support percentage for 2022 (I			column (f))		15			%
	Public support percentage from 2021					16			%
	ction D. Computation of Inves								
	Investment income percentage for 20					17			%
	Investment income percentage from					18			%
19a	33 1/3% support tests - 2022. If the	-					o, and line 17	r is not	
	more than 33 1/3%, check this box ar	-	-		•••••		n 00 1/00/ -	L	
i0	33 1/3% support tests - 2021. If the								٦
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization							L	
	23 12-09-22	T UN HOL CHECK A		ים, טר ושט, טוופטא נו	THIS NON ALLU SEE INS	siactic		A (Form 990) 20:	<u>」</u> ??
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^{2022.05000} THE CHILDREN'S ONCOLOGY G 142374_1

THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

Yes No

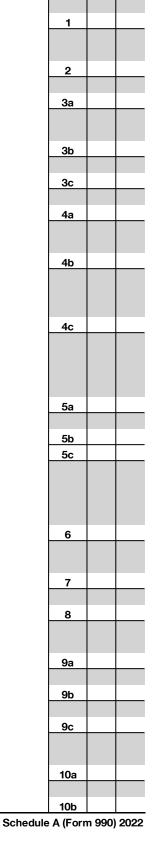
Schedule A (Form 990) 2022 FOUI Part IV Supporting Organizations

(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.)

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Sche	edule A (Form 990) 2022 FOUNDATION, INC.	45-308315	6 Ра	age 5
Pa	rt 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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 is a first organization and the support of the organization is a first organization.	officers, ;) oported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amor supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	ng the		
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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	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		
Sec	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 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.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
---	--	---	-------------------------	------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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2022.05000 THE CHILDREN'S ONCOLOGY G 142374_1

THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

Sche	dule A (Form 990) 2022 FOUNDATION, INC.			<u>45-3083156 Page 6</u>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				and and the second second

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

Schedule A (Form 990) 2022

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Coho		S UNCULUGI GRUU	JP	1	5-3083156 Page 7
Pa			nizations (continu		5 5005150 Page 7
	ion D - Distributions	(-,/(-,/,-,-,,-,-,-,-,-,-,-,-,-,-,			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	Guirent reu
2	Amounts paid to perform activity that directly furthers exemption				
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		-	4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

	THE CHILDREN		GROUP	
Schedule A (Form 990) 2022	FOUNDATION,			45-3083156 Page 8
Part IV, Section A, lines 1 line 1; Part IV, Section D,	l, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sec	9a, 9b, 9c, 11a, 11b, a ction E, lines 1c, 2a, 2b	Part II, line 10; Part II, line 17a o nd 11c; Part IV, Section B, lines 1 o, 3a, and 3b; Part V, line 1; Part V complete this part for any additio	I and 2; Part IV, Section C, /, Section B, line 1e; Part V,
SCHEDULE A, PART II	<u>, LINE 10, EX</u>	PLANATION F	OR OTHER INCOME:	
EXHIBITION INCOME				
2018 AMOUNT: \$ 14	,400.			
2019 AMOUNT: \$ 16	,000.			
232028 12-09-22		20		Schedule A (Form 990) 2022

THE CHILDREN'S ONCOLOGY GROUP FOUNDATION, INC.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

45-3083156

2022

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
UNITED THERAPEUTICS CORPORATION	6,000,000.	5,118,161.
AMAZON CORPORATE	1,000,000.	118,161.
AMAZON.COM SERVICES LLC	3,500,000.	2,618,161.
THE SCRIPSS FAMILY IMPACT FUND OF THE MIRAMAR CHART. FOUND.	990,799.	108,960.
Fotal Excess Contributions to Schedule A, Part II, Line 5		7,963,443.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

	FOUNDATION, INC.	45-3083156
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, .	ion is covered by the General Rule or a Special Rule. D1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
•	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributor	

THE CHILDREN'S ONCOLOGY GROUP

Special Rules

X 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.

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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

(in money or

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name	of	tha	organ	iza	ation
name	ΟI	une	organ	IIZe	luoi

Schedule E Name of or	3 (Form 990) (2022) rganization		Page 2 Employer identification number
	HILDREN'S ONCOLOGY GROUP ATION, INC.		45-3083156
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$4,427,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$500,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$1,000,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$1,500,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$206,5	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
223452 11-15		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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	B (Form 990) (2022)		Page 3
	rganization HILDREN'S ONCOLOGY GROUP		Employer identification number
FOUND	ATION, INC.		45-3083156
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

223453 11-15-22

Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)				Page 4
Name of o	organization				Employer identification number
THE CI	HILDREN'S ONCOLOGY GROUD	P			
FOUND	ATION, INC.				45-3083156
Part III	from any one contributor. Complete columns (a)	through (e) and the following	line entry. For or	anizations	
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	charitable, etc., contributions of \$1, space is needed.	UUU or less for th	e year. (Enter this info.	once.) Ψ
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held
		(e) Transfei	r of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee
			_		
		·			
		·			
(a) No. from	(b) Purpose of gift	(c) Use of gif	ť	(d) Des	cription of how gift is held
Part I					
		(e) Transfei	r of gift		
			_		
·	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
(a) No.		<u>I</u>			
from Part I	(b) Purpose of gift	(c) Use of gif	ť	(d) Des	cription of how gift is held
		(e) Transfei	r of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held
Part I				. ,	
		e) Transfer	r of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	Insferor to transferee
223454 11-15	5-22				Schedule B (Form 990) (2022)

17391102 144198 142374

SC	HEDULE D		al Financial Statements		OMB No.	1545-00	047
(Forr	n 990)		nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZU	22	-
	ment of the Treasury	A	ttach to Form 990.		Open t		lic
-	I Revenue Service e of the organization		0 for instructions and the latest information.	Employ	Inspec er identification		nhor
Nam	e of the organizatio	FOUNDATION, INC.			45-3083		liber
Pa	rt I Organiza		d Funds or Other Similar Funds or A				
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	(b) Funds a	nd other acco	unts	
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-		writing that the assets held in donor advised fur		Yes		No
6			exclusive legal control? dvisors in writing that grant funds can be used				
0	•		r donor advisor, or for any other purpose confe	2			
				0	Yes		No
Pa			ganization answered "Yes" on Form 990, Part IV				
1		ervation easements held by the organizatio		· , ···· · · · ·			
		of land for public use (for example, recrea		torically imp	ortant land are	a	
		f natural habitat	Preservation of a cer				
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c	onservation	easement on t	he las	t
	day of the tax year			Hel	d at the End of t	he Tax	Year
а	Total number of co	nservation easements		2a			
b				2b			
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conserv	vation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure lis	sted in the National Register		2d			
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization durir	ng the tax		
	year						
4		vhere property subject to conservation eas					
5		ion have a written policy regarding the per	U U				٦
•	,	procement of the conservation easements it					No
6	Staff and volunteer	r nours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	ion easemen	its during the y	/ear	
7	Amount of overano		lling of violations, and enforcing concernation o	acamanta di	wing the year		
7	Amount of expense	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation e	asements ou	inng the year		
8	Does each conserv		e satisfy the requirements of section 170(h)(4)(E	2)/i)			
Ū					Yes		No
9			on easements in its revenue and expense state				
•		•	note to the organization's financial statements the		s the		
		punting for conservation easements.					
Pa			Art, Historical Treasures, or Other	Similar As	ssets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sheet	works		
	of art, historical tre	asures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ance of publi	с		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	ce sheet wor	ks of		
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public s	service,		
	provide the followir	ng amounts relating to these items:					
	(i) Revenue includ	ded on Form 990, Part VIII, line 1					
2			asures, or other similar assets for financial gain,	, provide			
	-	ints required to be reported under FASB A	-				
a							
					a dud c D (T	- 000	0000
		eduction Act Notice, see the Instructions	s tor form 990.	Sch	edule D (Forr	n 990)	2022
23205	1 09-01-22		26				

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		LDREN'S ON	COLOC	GY GRO	UP						
		ION, INC.			-			45-30	83156	Р	_{age} 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, or C	Other S	imilar	Assets	(contin	ued)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	ls, check	any of the t	following that m	ake sign	ificant u	ise of its			
а	Public exhibition		a 🗌	l oan or exc	hange program						
b	Scholarly research				ange program						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and evolat	n how th	ov furthor th	organization's	evennt		o in Dart	YIII		
5	During the year, did the organization solicit o							Beinfait	<u> </u>		
5	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organizatio		5 0110	111 330	, raitiv,	ine 3, 0i		
10	Is the organization an agent, trustee, custodi		diany for c	contribution	s or other assets	e not inc	uded				
Ia			•						Yes		No
h	on Form 990, Part X?							∟	165		
U.		and complete the lo	nowing to	able.					Amount		
-	Decision belonce								7 arrio di la		
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
t On	Ending balance						1 f		Vee		
	Did the organization include an amount on F							····· L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
		(a) Current year		rior year	(c) Two years b		Three v	ears back	(a) Four	Veare	hack
4.	De sinsi e e foren helen e	(a) Ourrent year		nor year			r mice y			ycai 3	Dack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held ar	nd administered	for the			F		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?					3b		
	Describe in Part XIII the intended uses of the		owment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or o basis (invest			t or other (other)	(c) Accu depre	umulate ciation	d	(d) Book	valu	е
1 a	Land					·					
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1							0.
1010		iyuai runni 990, Parl	<u>A, COIUIT</u>	<u>,, (D), III e T</u>	<u>vo.</u> ,			Schedule	D (Form	990)	

THE CHILDRE	N'S	ONCOLOGY	GROUP
FOUNDATION,	INC	2.	

	Complete if the organization answered "Yes" or	11 FUITH 990, Fait IV, IIIIE	5 1 10. See 1 0111 330, 1 alt A, iiile 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	year market value
) Financi	al derivatives			
Closely	held equity interests			
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes" or	n Form 000 Dort IV/ line	11a Saa Farm 000 Dart V line 12	
	(a) Description of investment	(b) Book value		
(1)	(a) beschption of investment	(D) DOOK VAILLE	(c) Method of valuation: Cost or end-of-y	year market value
(1) (0)				
(2)				
(3) (4)				
<u>(4)</u> (5)				
(6)				
(7)				
(8) (9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(8) (9) al. (Col. (Other Assets. Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX (1)	Other Assets. Complete if the organization answered "Yes" or		9 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" or		e 11d. See Form 990, Part X, line 15.	(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" or (a) D	escription		(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (al. (Colu	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities.	escription		(b) Book value
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Colu	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Coll. (8) (9) (al. (Coll. (7) (8) (9) (3)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		(b) Book value
(8) (9) (1. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) al. (Coll. (8) (9) al. (Coll. (7) (8) (9) (1) Fec	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) al. (Colu (8) (9) (1) Fec (2)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (8) (9) (3) (1) Fec (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(8) (9) al. (Col. (art IX (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (2) (3) (4) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (1) Fec (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Fec (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(8) (9) al. (Col. (art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (1) Fec (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" or (a) D (a) D (b) must equal Form 990, Part X, col. (B) line T Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		

Schedule D (Form 990) 2022

232053 09-01-22

Schedule D (Form 990) 2022

	THE CHILDREN'S ONCOLOGY G					
Sche	dule D (Form 990) 2022 FOUNDATION, INC.		45-3	3083156	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	8,707	,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	860.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		860.
3	Subtract line 2e from line 1			3	8,706	<u>,854.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b		4c		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	8,706	<u>,854.</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		xpenses per H	leturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	9,676	,473.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		860.			
b	Prior year adjustments			-		
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		860.
3	Subtract line 2e from line 1			3	9,675	,613.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b		4b				•
С	Add lines 4a and 4b			4c	0 685	$\frac{0}{(12)}$
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,675	,6⊥3.
ra	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS USING A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT AS TO WHETHER THE UNCERTAINTY WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD. THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS

29

SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR

THREE YEARS AFTER FILED.

232054 09-01-22

		THE CHILDREN	N'S (ONCOLOGY	GROUP	
		FOUNDATION,	INC	•		
Part XIII	Supplemental Inform	nation (continued)				

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE F	Stateme	ites	OMB No. 1545-0047				
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16.	2	022
Department of the Treasury	Gataw		Attach to Form 990. 1990 for instructions and the latest in	formation		Open to	o Public
Internal Revenue Service Name of the organization		ww.irs.gov/Form		normation.	Emplover i	•	ation number
THE CHILDREN'S	ONCOLOGY	GROUP					
FOUNDATION, INC	•				45-308	33156	
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the orgar	ization answe	ered "Ye	s" on
Form 990, Part I	/						
			ds to substantiate the amount of its gran the selection criteria used to award the g			X Y	'es 🗌 No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistanc	e outside	e the
	he following Part	I, line 3 table ca	an be duplicated if additional space is ne	eded.)			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If acti	vity listed in ((f) Total
	offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type		expenditures for and
	in the region	independent contractors	recipients located in the region)		(s) in the region		investments in the region
EAST ASIA AND THE		in the region					In the region
PACIFIC - AUSTRALIA,							
BRUNEI, BURMA,							
CAMBODIA,	0	0	GRANTMAKING				189,800.
NORTH AMERICA -							,
CANADA AND MEXICO,							
BUT NOT THE UNITED							
STATES	0	0	GRANTMAKING				281,750.
MIDDLE EAST AND							
NORTH AFRICA	0	0	GRANTMAKING				6,700.
		_					
3 a Subtotal	0	0					478,250.
b Total from continuation							
sheets to Part I	0	0					0.
c Totals (add lines 3a							470 050
and 3b)	0	0					478,250.

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

Schedule F (Form 990) 2022

232071 10-17-22

Schedule F (Form 990) 2022

FOUNDATION, INC.

45-3083156

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Part II recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	48,800.	WIRE TRANSFER	Ο.		
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	41,500.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	36,800.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	30,600.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	25,800.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	24,850.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	24,500.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	24,050.	WIRE TRANSFER	Ο.		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

0

Sobodulo E	(Earm		
Schedule F	l⊢orm	990)	

FOUNDATION, INC.

45-3083156

Schedule F (Form 990)	1 OOND	AIION, INC.			Ŧ2 30	03130		Page
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FN appraisal, other)
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	23,200.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	21,550.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	21,550.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	17,700.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	17,400.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	16,850.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	16,100.	WIRE TRANSFER	0.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	15,700.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	11,900.	WIRE TRANSFER	0.		

Schedule F (Form 990)

FOUNDATION, INC.

45-3083156

chedule F (Form 990)	I COMP	miton, inc.			10 00	00100		Faye
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	-
I a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, Fl appraisal, other
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	11 650	WIRE TRANSFER	ο.		
		NORTH AMERICA -		11,000.		<u>.</u>		
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	8 800.	WIRE TRANSFER	ο.		
		MIDDLE EAST AND	~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		NORTH AFRICA -	TO CURE CHILDREN AND					
		ALGERIA, BAHRAIN,	IMPROVE CAPACITY AND					
		DJIBOUTI, EGYPT,	QUALITY OF TREATMENT	6,700.	WIRE TRANSFER	٥.		
		NORTH AMERICA -		,				
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	6,500.	WIRE TRANSFER	٥.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	5,500.	WIRE TRANSFER	٥.		
		EAST ASIA AND THE						
		PACIFIC -	TO CURE CHILDREN AND					
		AUSTRALIA,	IMPROVE CAPACITY AND					
		BRUNEI, BURMA,	QUALITY OF TREATMENT	5,250.	WIRE TRANSFER	٥.		
		NORTH AMERICA -						
		CANADA AND	TO CURE CHILDREN AND					
		MEXICO, BUT NOT	IMPROVE CAPACITY AND					
		THE UNITED STATES	QUALITY OF TREATMENT	5,050.	WIRE TRANSFER	٥.		

Schedule F (Form 990) 2022

FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

Schedule F (Form 990) 2022

45-3083156

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Scheo	dule F (Form 990) 2022 FOUNDATION, INC.	45-3083156	Page 4
Par			9
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2022

232074 10-17-22

Part V Supplemental Information
 Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

 PART I, LINE 2:
 THE FOUNDATION RECEIVES A FULL ACCOUNTING OF GRANTEE EXPENDITURES ON AT LEAST AN ANNUAL BASIS, AND REQUIRES GRANTEE ORGANIZATIONS TO RETAIN ALL

FOUNDATION, INC.

FINANCIAL RECORDS, SUPPORTING DOCUMENTS, RESEARCH DATA AND OTHER

PERTINENT RECORDS FOR AT LEAST THREE YEARS FOLLOWING THE DATE OF

SUBMISSION OF A FINAL EXPENDITURE REPORT. IN ADDITION, THE FOUNDATION

CROSS-REFERENCES GRANTEE ORGANIZATIONS WITH THE OFFICE OF FOREIGN ASSETS

CONTROL'S SPECIFICALLY DESIGNATED NATIONAL AND BLOCKED PERSONS LIST.

PART I, LINE 3:

Schedule F (Form 990) 2022

IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED IN PARTS I AND

II OF SCHEDULE F ARE REPORTED USING THE ACCRUAL BASIS OF ACCOUNTING, THE

SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

Schedule F (Form 990) 2022

232075 10-17-22

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.			OMB No. 154	45-0047
(Form 990)	Go	vernments, an ete if the organizatior	d Individual	s in the Ŭni [.]	ted States			202	22
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form .gov/Form990 for		ation.			Open to I Inspec	
Name of the organization THE CHILDE FOUNDATION		OLOGY GROUP					Employer i	dentificatior 45-308	
Part I General Information on Grants ar	nd Assistance								
1 Does the organization maintain records to criteria used to award the grants or assist	tance?							X Yes	No No
2 Describe in Part IV the organization's pro		<u>u</u> <u>u</u>							
Part II Grants and Other Assistance to E recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, f	or any	
1 (a) 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		Purpose of gr or assistance	
REGENTS UNIVERSITY OF CALIFORNIA									
LOS ANGELES - 1125 MURPHY HALL 405							TO CURE C	HILDREN A	ND
HILGARD AVENUE - LOS ANGELES, CA							IMPROVE C	APACITY A	ND
90095-7089	95-6006143	501(C)(3)	5,050.	0.			QUALITY C	F TREATME	NT
BOARD OF TRUSTEES OF SOUTHERN									
ILLINOIS UNIVERSITY - PO BOX 19607							TO CURE C	HILDREN A	ND
327 W. CALHOUN ST SPRINGFIELD,							IMPROVE C	APACITY A	ND
IL 62794-9607	37-6005961	STATE GOVERNMENT	5,200.	0.			QUALITY C	OF TREATME	NT
FLORIDA HEALTH SCIENCES CENTER INC 409 BAYSHORE BLVD								HILDREN A APACITY A	
TAMPA, FL 33606-2707	59-3458145	501(C)(3)	5,300.	0.			QUALITY C	F TREATME	NT
CAMC HEALTH EDUCATION AND RESEARCH INSTITUTE, INC 3200 MACCORKLE AVE SE - CHARLESTON, WV 25304-1227	55-0753754	501(C)(3)	5,650.	0.			IMPROVE C	HILDREN A APACITY A F TREATME	ND
CENTRO DE CANCER DE LA UNIVERSIDAD PO BOX 363027 SAN JUAN, PR 00936-3027	66-0654313	501(C)(3)	5,700.	0.			TO CURE C	CHILDREN A CAPACITY A OF TREATME	ND ND
BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLZ HOUSTON, TX 77030-3411	74-1613878		6,000.	0.			IMPROVE C	CHILDREN A CAPACITY A OF TREATME	ND NT
2 Enter total number of section 501(c)(3) ar			e line 1 table						<u>127.</u> 61.
3 Enter total number of other organizations	listed in the line 1		<u></u>	<u></u>		<u></u>			01.

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

Schedule I (Form 990) FOUNDATION, INC.

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Schedule I (Form 990) FOUNDATIO							2-3083130 Pa
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa I	rt II.) T	1
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
MEDICAL CENTER OF CENTRAL GEORGIA							TO CURE CHILDREN AND
							IMPROVE CAPACITY AND
INC - 777 HEMLOCK ST - MACON, GA 31201-2102	58-21/0128	C CORPORATION	6,350.	0.			QUALITY OF TREATMENT
51201-2102	50-2149120	C CORFORATION	0,330.	0.			QUALITI OF IREAIMENT
SAINT FRANCIS HOSPITAL INC							TO CURE CHILDREN AND
5600 S YALE AVE STE 400							IMPROVE CAPACITY AND
TULSA, OK 74136-3319	73-0700090	501(C)(3)	6,450.	0.			QUALITY OF TREATMENT
THE PRESBYTERIAN HOSPITAL							TO CURE CHILDREN AND
200 HAWTHORNE LN							IMPROVE CAPACITY AND
CHARLOTTE, NC 28204-2515	56-0554230	C CORPORATION	6,550.	0.			QUALITY OF TREATMENT
CEDARS SINAI MEDICAL CENTER							TO CURE CHILDREN AND
							IMPROVE CAPACITY AND
8700 BEVERLY BLVD	95 1644600	C CORPORATION	7 000	٥.			
WEST HOLLYWOOD, CA 90048-1804	95-1644600	C CORPORATION	7,000.	0.			QUALITY OF TREATMENT
ICAHN SCHOOL OF MEDICINE AT MOUNT							TO CURE CHILDREN AND
SINAI – 1 GUSTAVE L LEVY PL BOX							IMPROVE CAPACITY AND
1075 - NEW YORK, NY 10029-6504	13-6171197	C CORPORATION	7,150.	0.			QUALITY OF TREATMENT
THE BOARD OF TRUSTEES OF THE							
LELAND STANFORD JUNIOR UNIVERSITY							TO CURE CHILDREN AND
- 485 BROADWAY ST - REDWOOD CITY,							IMPROVE CAPACITY AND
CA 94063-3136	94-1156365	TRUST WITH CORPO	7,250.	٥.			QUALITY OF TREATMENT
PRESBYTERIAN HEALTHCARE SERVICES							TO CURE CHILDREN AND
PO BOX 27728							IMPROVE CAPACITY AND
ALBUQUERQUE, NM 87125-7728	85-0105601	501(C)(3)	7,300.	0.			QUALITY OF TREATMENT
STATE OF MARYLAND							TO CURE CHILDREN AND
520 W LEXINGTON ST 4TH FLOOR							IMPROVE CAPACITY AND
BALTIMORE, MD 21201-1508	52-6002033	STATE GOVERNMENT	7,300.	٥.			QUALITY OF TREATMENT
	52 0002033	STATE GOVERNMENT	7,500.	0.			NOUTILI OF INDALINDI
HCA-HEALTHONE LLC							TO CURE CHILDREN AND
1719 E 19TH AVE							IMPROVE CAPACITY AND
DENVER, CO 80218-1235	61-1273583	C CORPORATION	7,550.	0.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

45-3083156 Page 1

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
NEVADA CANCER RESEARCH FOUNDATION,							TO CURE CHILDREN AND
INC 1750 E DESERT INN RD SUITE							IMPROVE CAPACITY AND
200 - LAS VEGAS, NV 89169-3202	88-0189404	501(C)(3)	7,550.	0.			QUALITY OF TREATMENT
FEXAS TECH UNIVERSITY HEALTH			, -				
SCIENCES CENTER - 3601 4TH STREET							TO CURE CHILDREN AND
MS # 6271 - LUBBOCK, TX							IMPROVE CAPACITY AND
, 79430-6271	75-2668014	STATE GOVERNMENT	7,800.	0.			QUALITY OF TREATMENT
ST. VINCENT HOSPITAL OF THE			, -				~
HOSPITAL SISTERS OF THE THIRD							TO CURE CHILDREN AND
ORDER OF ST. FRAN - 835 S VAN							IMPROVE CAPACITY AND
BUREN ST - GREEN BAY, WI	39-0087529	C CORPORATION	7,800.	0.			QUALITY OF TREATMENT
JNIVERSITY OF MASSACHUSETTS,			, -				
WORCESTER - DIVISION OF PEDIATRIC							TO CURE CHILDREN AND
ONCOLOGY 55 LAKE AVE NORTH -							IMPROVE CAPACITY AND
WORCESTER, MA 01655	04-6002284	SECTION 115	7,800.	0.			QUALITY OF TREATMENT
,			, -				~
UNIVERSITY OF MIAMI							TO CURE CHILDREN AND
PO BOX 405803							IMPROVE CAPACITY AND
ATLANTA, GA 30384-5803	59-0624458	501(C)(3)	8,100.	0.			QUALITY OF TREATMENT
THE GENERAL HOSPITAL CORPORATION							TO CURE CHILDREN AND
55 FRUIT ST							IMPROVE CAPACITY AND
BOSTON, MA 02114-2621	04-2697983	501(C)(3)	8,300.	0.			QUALITY OF TREATMENT
MH MISSION HOSPITAL, LLLP							TO CURE CHILDREN AND
509 BILTMORE AVE							IMPROVE CAPACITY AND
ASHEVILLE, NC 28801-4601	83-2048706	PARTNERSHIP	8,400.	0.			QUALITY OF TREATMENT
UNIVERSITY OF ROCHESTER							TO CURE CHILDREN AND
518 HYLAN BUILDING							IMPROVE CAPACITY AND
ROCHESTER, NY 14627	16-0743209	EDUCATIONAL INST	8,650.	0.			QUALITY OF TREATMENT
THE HENRY M. JACKSON FOUNDATION							
FOR THE ADVANCEMENT OF MILITARY							TO CURE CHILDREN AND
MEDICINE, INC 6720 ROCKLEDGE DR							IMPROVE CAPACITY AND
STE A SUITE 100 - BETHESDA, MD	52-1317896	C CORPORATION	8,700.	Ο.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
NEW YORK UNIVERSITY							TO CURE CHILDREN AND
101 MINEOLA BLVD							IMPROVE CAPACITY AND
MINEOLA, NY 11501-4089	13-5562308	C CORPORATION	8,850.	0.			QUALITY OF TREATMENT
ADVENTIST HEALTH SYSTEM/SUNBELT,							TO CURE CHILDREN AND
INC 601 E ROLLINS ST -							IMPROVE CAPACITY AND
ORLANDO, FL 32803-1248	59-0724459	501(C)(3)	9,100.	0.			QUALITY OF TREATMENT
SUTTER VALLEY HOSPITALS, A							
CALIFORNIA NONPROFIT PUBLIC							TO CURE CHILDREN AND
BENEFIT CORPORATION - 2801 CAPITOL							IMPROVE CAPACITY AND
AVE STE 400 - SACRAMENTO, CA	94-1156621	501(C)(3)	9,450.	0.			QUALITY OF TREATMENT
GEISINGER CLINIC							TO CURE CHILDREN AND
100 N ACADEMY AVE							IMPROVE CAPACITY AND
DANVILLE, PA 17822-9800	23-6291113	501(C)(3)	9,850.	٥.			QUALITY OF TREATMENT
THE UNIVERSITY OF TEXAS HEALTH							
SCIENCE CENTER AT SAN ANTONIO -							TO CURE CHILDREN AND
7703 FLOYD CURL DR - SAN ANTONIO,							IMPROVE CAPACITY AND
TX 78229-3901	74-1586031	STATE GOVERNMENT	9,900.	0.			QUALITY OF TREATMENT
ADVOCATE HEALTH AND HOSPITALS							
CORPORATION - 3075 HIGHLAND PKWY							TO CURE CHILDREN AND
SUITE 600 - DOWNERS GROVE, IL							IMPROVE CAPACITY AND
60515-1288	36-2169147	501(C)(3)	9,900.	0.			QUALITY OF TREATMENT
THE BOARD OF REGENTS OF THE							
UNIVERSITY OF NEBRASKA - 987835							TO CURE CHILDREN AND
NEBRASKA MEDICAL CENTER - OMAHA,							IMPROVE CAPACITY AND
NE 68198-7835	47-0049123	501(C)(3)	10,000.	0.			QUALITY OF TREATMENT
DARTMOUTH-HITCHCOCK CLINIC							TO CURE CHILDREN AND
1 MEDICAL CENTER DR							IMPROVE CAPACITY AND
LEBANON, NH 03756-1000	22-2519596	501(C)(3)	10,600.	0.			QUALITY OF TREATMENT
BRONSON METHODIST HOSPITAL							TO CURE CHILDREN AND
601 JOHN ST SUITE M-005							IMPROVE CAPACITY AND
KALAMAZOO, MI 49007-5341	38-1359087	C CORPORATION	10,600.	0.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other A					-uule I (Fullili 990), Fa		
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF							TO CURE CHILDREN AND
CALIFORNIA, DAVIS - 1850 RESEARCH							IMPROVE CAPACITY AND
PARK DR - DAVIS, CA 95618-6153	94-6036494	SECTION 115 STAT	10,800.	0.			QUALITY OF TREATMENT
EAST TENNESSEE CHILDREN'S HOSPITAL							~
ASSOCIATION INC 2018 CLINCH AVE							TO CURE CHILDREN AND
HEMATOLOGY/ONCOLOGY DEPARTMENT -							IMPROVE CAPACITY AND
KNOXVILLE, TN 37916-2301	62-6002604	501(C)(3)	10,850.	0.			QUALITY OF TREATMENT
SACRED HEART HEALTH SYSTEM, INC.							TO CURE CHILDREN AND
5151 N 9TH AVE							IMPROVE CAPACITY AND
PENSACOLA, FL 32504-8721	59-0634434	501(C)(3)	11,300.	0.			QUALITY OF TREATMENT
COLUMBIA HOSPITAL AT MEDICAL CITY							
DALLAS SUBSIDIARY, L.P 7777							TO CURE CHILDREN AND
FOREST LN ATTN: RESEARCH							IMPROVE CAPACITY AND
DEPARTMENT - DALLAS, TX 75230-2571	62-1682198	PARTNERSHIP	11,700.	0.			QUALITY OF TREATMENT
METHODIST CHILDREN'S HOSPITAL							TO CURE CHILDREN AND
4015 22ND PL							IMPROVE CAPACITY AND
LUBBOCK, TX 79410-1119	75-2428911	501(C)(3)	12,050.	0.			QUALITY OF TREATMENT
MAIMONIDES MEDICAL CENTER							TO CURE CHILDREN AND
4802 10TH AVE	11 1 () 5 0 0 1	501 (() ())	10.050				IMPROVE CAPACITY AND
BROOKLYN, NY 11219-2916	11-1635081	501(C)(3)	12,250.	0.			QUALITY OF TREATMENT
CARILION MEDICAL CENTER							TO CURE CHILDREN AND
1906 BELLEVIEW AVE SE							IMPROVE CAPACITY AND
ROANOKE, VA 24014-1838	54-0506332	C CORPORATION	12,300.	0.			QUALITY OF TREATMENT
NEWARK BETH ISRAEL MEDICAL CENTER,							
INC - 201 LYONS AVE DEPT: VALERIE							TO CURE CHILDREN AND
FUND CENTER L5 - NEWARK, NJ							IMPROVE CAPACITY AND
07112-2027	22-3452311	501(C)(3)	12,600.	0.			QUALITY OF TREATMENT
UMT HOGDTMAL HOLDTNES THE							
HTI HOSPITAL HOLDINGS INC							TO CURE CHILDREN AND
PO BOX 550	92 1060074		10.000	_			IMPROVE CAPACITY AND
NASHVILLE, TN 37202-0550	ø∠-19099/4	C CORPORATION	12,900.	٥.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATIO	N, INC.					4	15-3083156 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
ALE UNIVERSITY							
25 SCIENCE PARK 150 MUNSON STREET,							TO CURE CHILDREN AND
BRD FLOOR - NEW HAVEN, CT							IMPROVE CAPACITY AND
06511-1968	06-0646973	501(C)(3)	13,550.	0.			QUALITY OF TREATMENT
SAINT PETER'S UNIVERSITY HOSPITAL							TO CURE CHILDREN AND
54 EASTON AVE							IMPROVE CAPACITY AND
IEW BRUNSWICK, NJ 08901-1766	22-1487330	C CORPORATION	13,700.	0.			QUALITY OF TREATMENT
HEALTH RESEARCH, INC.							TO CURE CHILDREN AND
ELM & CARLTON STREETS							IMPROVE CAPACITY AND
BUFFALO, NY 14263-0001	14-1402155	C CORPORATION	13,750.	0.			QUALITY OF TREATMENT
OYOLA UNIVERSITY OF CHICAGO							TO CURE CHILDREN AND
2160 S 1ST AVE	26 1400485	501 (2) (2)	14 150				IMPROVE CAPACITY AND
MAYWOOD, IL 60153-3328	36-1408475	501(C)(3)	14,150.	0.			QUALITY OF TREATMENT
CHILDRENS HOSPITAL MEDICAL CENTER							TO CURE CHILDREN AND
DF AKRON - 1 PERKINS SQ - AKRON,							IMPROVE CAPACITY AND
DH 44308-1063	34-0714357	501(C)(3)	14,200.	٥.			QUALITY OF TREATMENT
NEVADA CANCER RESEARCH FOUNDATION,							TO CURE CHILDREN AND
NC 1750 E DESERT INN RD - LAS							IMPROVE CAPACITY AND
EGAS, NV 89169-3202	88-0189404	501(C)(3)	14,400.	0.			QUALITY OF TREATMENT
OUISIANA STATE UNIVERSITY HEALTH							
CIENCES CENTER NEW ORLEANS - 433							TO CURE CHILDREN AND
SOLIVAR ST - NEW ORLEANS, LA							IMPROVE CAPACITY AND
0112-7021	72-6087770	STATE GOVERNMENT	14,550.	0.			QUALITY OF TREATMENT
DVOCATE HEALTH AND HOSPITALS							
CORPORATION - 3075 HIGHLAND PKWY							TO CURE CHILDREN AND
UITE 600 - DOWNERS GROVE, IL							IMPROVE CAPACITY AND
0515-1288	36-2169147	501(C)(3)	14,750.	٥.			QUALITY OF TREATMENT
HILDREN'S HOSPITAL OF MICHIGAN							TO CURE CHILDREN AND
3901 BEAUBIEN BOULEVARD							IMPROVE CAPACITY AND
DETROIT, MI 48201	38-1357994	501(C)(3)	15,000.	0.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

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(a) 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 non-cash assistance	(h) Purpose of grant or assistance
SARAH CANNON RESEARCH INSTITUTE,							
LLC - 1100 DR MARTIN L KING JR							TO CURE CHILDREN AND
BLVD SUITE 800 - NASHVILLE, TN							IMPROVE CAPACITY AND
37203-5755	20-1557751	PARTNERSHIP	15,450.	0.			QUALITY OF TREATMENT
EDICAL UNIVERSITY OF SOUTH							
CAROLINA - 1 S PARK CIR BUILDING 1							TO CURE CHILDREN AND
SUITE 506 - CHARLESTON, SC							IMPROVE CAPACITY AND
29407-4636	57-6000722	STATE GOVERNMENT	15,450.	0.			QUALITY OF TREATMENT
PROVIDENCE HEALTH & SERVICES - WA							TO CURE CHILDREN AND
200 PROVIDENCE DR							IMPROVE CAPACITY AND
ANCHORAGE, AK 99508-4615	92-0016429	501(C)(3)	15,500.	0.			OUALITY OF TREATMENT
ANCHORAGE, AN 99900 4019	52 0010425	501(0/(3/	15,500.	0.			QUALITI OF IREATMENT
JNIVERSITY OF SOUTH ALABAMA							TO CURE CHILDREN AND
307 N UNIVERSITY BLVD AD 200							IMPROVE CAPACITY AND
10BILE, AL 36688-3053	63-0477348	PUBLIC BODY CORP	15,500.	0.			QUALITY OF TREATMENT
THE HENRY M. JACKSON FOUNDATION	05 0477540	FOBLIC BODI CORF	15,500.	0.			QUALITI OF IREATMENT
FOR THE ADVANCEMENT OF MILITARY							TO CURE CHILDREN AND
MEDICINE, INC 6720 ROCKLEDGE							IMPROVE CAPACITY AND
DR STE A SUITE 100 - BETHESDA, MD	52-1317896	C CORPORATION	15,750.	0.			QUALITY OF TREATMENT
INIVERSITY OF VERMONT AND STATE	52-1517690	C CORFORATION	15,750.	0.			QUALITY OF TREATMENT
AGRICULTURAL COLLEGE - 217							TO CURE CHILDREN AND
ATERMAN BUILDING 85 SOUTH							IMPROVE CAPACITY AND
	03-0179440	$E_{01}(c)(2)$	15 750	0.			QUALITY OF TREATMENT
PROSPECT STREET - BURLINGTON, VT	03-01/9440	501(C)(3)	15,750.	0.			QUALITY OF TREATMENT
ST. LOUIS UNIVERSITY							TO CURE CHILDREN AND
21 N GRAND BLVD							IMPROVE CAPACITY AND
SAINT LOUIS, MO 63103-2006	43-0654872	501(C)(3)	16,050.	0.			QUALITY OF TREATMENT
							~ ·
VILLIAM BEAUMONT HOSPITAL							TO CURE CHILDREN AND
3811 W 13 MILE RD							IMPROVE CAPACITY AND
ROYAL OAK, MI 48073-6757	38-1459362	501(C)(3)	16,350.	0.			QUALITY OF TREATMENT
			-				
AUGUSTA UNIVERSITY							TO CURE CHILDREN AND
1120 15TH ST # AA312							IMPROVE CAPACITY AND
AUGUSTA, GA 30912-0004	58-6002053	STATE AGENCY	16,550.	Ο.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other	-	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		ES-5005150 Pa
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
MARSHFIELD CLINIC, INC							TO CURE CHILDREN AND
1000 N OAK AVE							IMPROVE CAPACITY AND
MARSHFIELD, WI 54449-5703	39-0452970	C CORPORATION	16,650.	0.			QUALITY OF TREATMENT
UNIVERSITY OF NEW MEXICO HEALTH			,				×
SCIENCES CENTER - UNIVERSITY OF							TO CURE CHILDREN AND
NEW MEXICO HEALTH SCIENCES CENTER							IMPROVE CAPACITY AND
MSC01 1300 - ALBUQUERQUE, NM	85-6000642	SECTION 115 STAT	16,800.	0.			QUALITY OF TREATMENT
SINAI HOSPITAL OF BALTIMORE, INC.							TO CURE CHILDREN AND
2401 W BELVEDERE AVE			4.6.050				IMPROVE CAPACITY AND
BALTIMORE, MD 21215-5216	52-0486540	501(C)(3)	16,850.	0.			QUALITY OF TREATMENT
ST. MARY'S MEDICAL CENTER, INC							TO CURE CHILDREN AND
901 45TH ST							IMPROVE CAPACITY AND
MANGONIA PARK, FL 33407-2413	75-2932830	C CORPORATION	17,450.	0.			QUALITY OF TREATMENT
MANGONIA PARA, PE 55407 2415	75 2552050	C CONFORMIION	17,450.	0.			CONDITI OF INEATMENT
UNC LINEBERGER COMPREHENSIVE							TO CURE CHILDREN AND
CANCER CENTER - 450 WEST DRIVE -							IMPROVE CAPACITY AND
CHAPEL HILL, NC 27599	56-6057494	501(C)(3)	17,450.	0.			QUALITY OF TREATMENT
CURATORS OF THE UNIVERSITY OF							~
MISSOURI - 601 TURNER AVENUE							TO CURE CHILDREN AND
FURNER AVENUE GARAGE - ROOM 201 -							IMPROVE CAPACITY AND
COLUMBIA, MO 65211-0001	43-6003859	STATE GOVERNMENT	18,050.	0.			QUALITY OF TREATMENT
,			,				
IAINEHEALTH							TO CURE CHILDREN AND
22 BRAMHALL ST							IMPROVE CAPACITY AND
PORTLAND, ME 04102-3134	01-0238552	STATE GOVERNMENT	18,150.	0.			QUALITY OF TREATMENT
i							
THE UNIVERSITY OF ARIZONA							TO CURE CHILDREN AND
1303 E UNIVERSITY BLVD							IMPROVE CAPACITY AND
TUCSON, AZ 85719-0521	74-2652689	STATE AGENCY	18,250.	0.			QUALITY OF TREATMENT
BOARD OF TRUSTEES OF MICHIGAN							
STATE UNIVERSITY - 426 AUDITORIUM							TO CURE CHILDREN AND
RD RM 2 – EAST LANSING, MI							IMPROVE CAPACITY AND
48824-2600	38-6005984	501(C)(3)	18,500.	Ο.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

) Description of -cash assistance (h) Purpose of grant or assistance TO CURE CHILDREN AND IMPROVE CAPACITY AND QUALITY OF TREATMENT
organization or government if applicable cash grant noncash (book, FMV, appraisal, other)	Cash assistance or assistance TO CURE CHILDREN AND IMPROVE CAPACITY AND
INOVA HEALTH CARE SERVICES	IMPROVE CAPACITY AND
	IMPROVE CAPACITY AND
OFFICE OF SPONSORED RESEARCH	
PROJECTS 8095 INNOVATION PARK	DUALTTY OF TREATMENT
DRIVE, BUILDING D 54-0620889 501(C)(3) 18,700. 0.	
MEMORIAL HEALTH SERVICES	TO CURE CHILDREN AND
7360 BROOKHURST ST	IMPROVE CAPACITY AND
FOUNTAIN VALLEY, CA 92708-3720 95-1643381 C CORPORATION 18,750. 0.	QUALITY OF TREATMENT
THE PENNSYLVANIA STATE UNIVERSITY	TO CURE CHILDREN AND
500 UNIVERSITY DR	IMPROVE CAPACITY AND
	QUALITY OF TREATMENT
HERSHEY, PA 17033-2360 24-6000376 STATE GOVERNMENT 18,950. 0.	QUALITY OF TREATMENT
RUTGERS, THE STATE UNIVERSITY	TO CURE CHILDREN AND
33 KNIGHTSBRIDGE RD	IMPROVE CAPACITY AND
PISCATAWAY, NJ 08854-3987 22-6001086 STATE GOVERNMENT 19,000. 0.	QUALITY OF TREATMENT
CASE WESTERN RESERVE UNIVERSITY	TO CURE CHILDREN AND
10900 EUCLID AVE	IMPROVE CAPACITY AND
CLEVELAND, OH 44106-1712 34-1018992 501(C)(3) 19,150. 0.	QUALITY OF TREATMENT
DZARKS HEALTH VENTURES, LLC DBA	
CANCER RESEARCH FOR THE OZARKS -	TO CURE CHILDREN AND
2115 S FREMONT AVE SUITE 3200 -	IMPROVE CAPACITY AND
SPRINGFIELD, MO 65804-2239 43-1908796 PARTNERSHIP 19,550. 0.	QUALITY OF TREATMENT
DREXEL UNIVERSITY	TO CURE CHILDREN AND
3201 ARCH ST SUITE 400	IMPROVE CAPACITY AND
PHILADELPHIA, PA 19104-2737 23-1352630 501(C)(3) 19,900. 0.	QUALITY OF TREATMENT
ST. LUKE'S REGIONAL MEDICAL	TO CURE CHILDREN AND
CENTER, LTD 190 E BANNOCK ST -	IMPROVE CAPACITY AND
BOISE, ID 83712-6241 82-0161600 501(C)(3) 19,950. 0.	QUALITY OF TREATMENT
PROMEDICA RUSSELL J. EBEID	TO CURE CHILDREN AND
CHILDREN'S HOSPITAL - 2142 N COVE	IMPROVE CAPACITY AND
BLVD - TOLEDO, OH 43606-3895 34-4428256 501(C)(3) 20,750. 0.	QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other A	,	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		-5-5065156 Pag
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
RISMA HEALTH-MIDLANDS							TO CURE CHILDREN AND
AYLOR AT MARION ST							IMPROVE CAPACITY AND
OLUMBIA, SC 29203	58-2296052	501 (A)	20,900.	0.			QUALITY OF TREATMENT
TLANTIC HEALTH SYSTEM INC							TO CURE CHILDREN AND
75 SOUTH ST							IMPROVE CAPACITY AND
ORRISTOWN, NJ 07960-6459	52-1598352	501(C)(3)	20,950.	0.			QUALITY OF TREATMENT
/			,				~
YU GROSSMAN SCHOOL OF MEDICINE							TO CURE CHILDREN AND
50 1ST AVE							IMPROVE CAPACITY AND
NEW YORK, NY 10016-6402	13-5562309	C CORPORATION	21,000.	0.			QUALITY OF TREATMENT
ARIETY CHILDREN'S HOSPITAL							TO CURE CHILDREN AND
100 SW 62ND AVE	50 0620400	501 (0) (0)	01 050				IMPROVE CAPACITY AND
IIAMI, FL 33155-3009	59-0638499	501(C)(3)	21,050.	0.			QUALITY OF TREATMENT
HE RESEARCH FOUNDATION FOR THE							TO CURE CHILDREN AND
TATE UNIVERSITY OF NEW YORK - PO							IMPROVE CAPACITY AND
OX 9 - ALBANY, NY 12201-0009	14-1368361	501(C)(3)	21,400.	0.			QUALITY OF TREATMENT
NIVERSITY OF KENTUCKY RESEARCH							TO CURE CHILDREN AND
OUNDATION - 109 KINKEAD HALL -							IMPROVE CAPACITY AND
EXINGTON, KY 40506-0057	61-6033693	501(C)(3)	21,450.	0.			QUALITY OF TREATMENT
HE CHARLOTTE-MECKLENBURG HOSPITAL							TO CURE CHILDREN AND
UTHORITY - 1000 BLYTHE BLVD -							IMPROVE CAPACITY AND
HARLOTTE, NC 28203-5812	56-0529945	STATE GOVERNMENT	21,550.	0.			QUALITY OF TREATMENT
,			,				
ROVIDENCE HEALTH & SERVICES -							TO CURE CHILDREN AND
ASHINGTON - PO BOX 35143 -							IMPROVE CAPACITY AND
EATTLE, WA 98124-5143	36-4640211	501(C)(3)	21,700.	0.			QUALITY OF TREATMENT
ANEADD MEDICAL GENERAL BADGO							TO CUDE CUTI DEEN AND
CANFORD MEDICAL CENTER FARGO							TO CURE CHILDREN AND
PO BOX 2010		501 (0) (0)		_			IMPROVE CAPACITY AND
FARGO, ND 58122-0001	45-0226909	501(C)(3)	21,850.	0.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
DRLANDO HEALTH, INC.							TO CURE CHILDREN AND
1414 KUHL AVE							IMPROVE CAPACITY AND
ORLANDO, FL 32806-2008	59-1726273	501(C)(3)	21,900.	0.			QUALITY OF TREATMENT
SKEMES, 11 52000 2000	33 1720273	501(0)(3)	21,500.				
ARKANSAS CHILDREN'S RESEARCH							TO CURE CHILDREN AND
INSTITUTE - 13 CHILDRENS WAY SLOT							IMPROVE CAPACITY AND
842 - LITTLE ROCK, AR 72202-3500	71-0694931	C CORPORATION	22,200.	0.			QUALITY OF TREATMENT
,			,				
OREGON HEALTH & SCIENCE UNIVERSITY							TO CURE CHILDREN AND
3181 SW SAM JACKSON PARK RD							IMPROVE CAPACITY AND
PORTLAND, OR 97239-3011	93-1176109	STATE GOVERNMENT	22,400.	Ο.			QUALITY OF TREATMENT
OCHSNER CLINIC FOUNDATION							TO CURE CHILDREN AND
1514 JEFFERSON HWY							IMPROVE CAPACITY AND
NEW ORLEANS, LA 70121-2429	72-0502505	501(C)(3)	22,450.	0.			QUALITY OF TREATMENT
ST. JOSEPH'S UNIVERSITY MEDICAL							TO CURE CHILDREN AND
CENTER - 703 MAIN ST - PATERSON,							IMPROVE CAPACITY AND
NJ 07503-2621	22-1457602	C CORPORATION	22,950.	0.			QUALITY OF TREATMENT
VIRGINIA COMMONWEALTH UNIVERSITY							TO CURE CHILDREN AND
800 E LEIGH ST STE 3200 BOX 980568							IMPROVE CAPACITY AND
RICHMOND, VA 23219-1539	54-6001758	STATE GOVERNMENT	23,200.	0.			QUALITY OF TREATMENT
THE BOARD OF TRUSTEES OF THE							
UNIVERSITY OF ILLINOIS - 506 S							TO CURE CHILDREN AND
WRIGHT ST 209 HAB, MC339 - URBANA,							IMPROVE CAPACITY AND
IL 61801-3620	37-6000511	STATE GOVERNMENT	23,600.	0.			QUALITY OF TREATMENT
THE BOARD OF TRUSTEES OF THE							
UNIVERSITY OF ILLINOIS - 809 S							TO CURE CHILDREN AND
MARSHFIELD AVE M/C 551 - CHICAGO,							IMPROVE CAPACITY AND
IL 60612-4305	37-6000511	STATE GOVERNMENT	23,650.	0.			QUALITY OF TREATMENT
NIODE TO NO HOODIST							
RHODE ISLAND HOSPITAL							TO CURE CHILDREN AND
593 EDDY ST			00.650				IMPROVE CAPACITY AND
PROVIDENCE, RI 02903-4923	05-0258954	C CORPORATION	23,650.	0.			QUALITY OF TREATMENT

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(a) 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 non-cash assistance	(h) Purpose of grant or assistance
KAPIOLANI MEDICAL CENTER FOR WOMEN							TO CURE CHILDREN AND
AND CHILDREN - 1319 PUNAHOU ST -							IMPROVE CAPACITY AND
HONOLULU, HI 96826-1001	99-0177350	501(C)(3)	24,500.	Ο.			QUALITY OF TREATMENT
REGENTS OF THE UNIVERSITY OF			,				
MINNESOTA - C/O UNIVERSITY TAX							TO CURE CHILDREN AND
MANAGEMENT OFFICE 2221 UNIVERSITY							IMPROVE CAPACITY AND
AVE SE, SUITE 100 - MINNEAPOLIS,	41-6007513	STATE GOVERNMENT	24,550.	Ο.			QUALITY OF TREATMENT
							~
UNIVERSITY OF FLORIDA BOARD OF							TO CURE CHILDREN AND
TRUSTEES - 207 GRINTER HALL -							IMPROVE CAPACITY AND
GAINESVILLE, FL 32611-0001	59-6002052	501(C)(3)	24,800.	Ο.			QUALITY OF TREATMENT
,			,	- •			*******
CONNECTICUT CHILDREN'S MEDICAL							TO CURE CHILDREN AND
CENTER - 282 WASHINGTON ST -							IMPROVE CAPACITY AND
HARTFORD, CT 06106-3322	06-0646755	C CORPORATION	25,000.	Ο.			QUALITY OF TREATMENT
UNIVERSITY OF LOUISVILLE RESEARCH	00 0010700		20,000.				
FOUNDATION, INC 300 E MARKET ST							TO CURE CHILDREN AND
STE #300 - LOUISVILLE, KY							IMPROVE CAPACITY AND
40202-1959	61-1029626	501(C)(3)	25,100.	Ο.			QUALITY OF TREATMENT
10202 1939	01 1029020	501(0)(5)	23,100.	۰.			OVER THE OF TREATMENT
SANFORD MEDICAL CENTER							TO CURE CHILDREN AND
1305 W 18TH ST							IMPROVE CAPACITY AND
SIOUX FALLS, SD 57105-0401	46-0227855	501(C)(3)	25,400.	Ο.			QUALITY OF TREATMENT
5100A TABLE, 55 57105 0401	40 0227033	501(0)(5)	23,400.	·.			
THE CLEVELAND CLINIC FOUNDATION							TO CURE CHILDREN AND
9500 EUCLID AVE							IMPROVE CAPACITY AND
	34-0714505	501(C)(3)	25 050	0.			
CLEVELAND, OH 44195-0001 BOARD OF REGENTS OF THE UNIVERSITY	34-0714585	201(C)(2)	25,950.	υ.			QUALITY OF TREATMENT
OF OKLAHOMA HEALTH SCIENCES CENTER							TO CURE CHILDREN AND
- PO BOX 26901 RP865, ROOM 560 -			0.6 650	<u>,</u>			IMPROVE CAPACITY AND
DKLAHOMA CITY, OK 73126-0901	73-1563627	STATE GOVERNMENT	26,650.	0.			QUALITY OF TREATMENT
PRISMA HEALTH-UPSTATE							TO CURE CHILDREN AND
300 E MCBEE AVE STE 500			· · · · ·	_			IMPROVE CAPACITY AND
GREENVILLE, SC 29601-2842	81-1723202	501 (A)	26,750.	0.			QUALITY OF TREATMENT

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Part II Continuation of Grants and Other A		nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		ED-3083130 Pa
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
ENTRAL IOWA HOSPITAL CORPORATION							TO CURE CHILDREN AND
200 PLEASANT ST							IMPROVE CAPACITY AND
DES MOINES, IA 50309-1406	42-0680452	C CORPORATION	26,800.	0.			QUALITY OF TREATMENT
MONTEFIORE MEDICAL CENTER							TO CURE CHILDREN AND
11 E 210TH ST							IMPROVE CAPACITY AND
BRONX, NY 10467-2401	13-1740114	501(C)(3)	26,900.	0.			QUALITY OF TREATMENT
ALL CHILDREN'S RESEARCH INSTITUTE.							TO CURE CHILDREN AND
INC - 501 6TH AVE S - SAINT							IMPROVE CAPACITY AND
PETERSBURG, FL 33701-4634	59-2481742	C CORPORATION	27,100.	0.			QUALITY OF TREATMENT
EE MEMORIAL HEALTH SYSTEM							TO CURE CHILDREN AND
981 S HEALTHPARK DR							IMPROVE CAPACITY AND
FORT MYERS, FL 33908-3618	59-0714812	GOVERNMENT ENTIT	27,450.	0.			QUALITY OF TREATMENT
			,				
LEHIGH VALLEY HOSPITAL							TO CURE CHILDREN AND
2100 MACK BLVD							IMPROVE CAPACITY AND
ALLENTOWN, PA 18103-5622	23-1689692	501(C)(3)	27,800.	0.			QUALITY OF TREATMENT
EAST CAROLINA UNIVERSITY							TO CURE CHILDREN AND
209 E 5TH ST							IMPROVE CAPACITY AND
GREENVILLE, NC 27858-1821	56-6000403	EDUCATIONAL INST	27,900.	0.			QUALITY OF TREATMENT
DRISCOLL CHILDREN'S HOSPITAL							TO CURE CHILDREN AND
3533 S ALAMEDA ST							IMPROVE CAPACITY AND
CORPUS CHRISTI, TX 78411-1721	74-2577746	C CORPORATION	28,050.	٥.			QUALITY OF TREATMENT
ST. JOSEPH'S HOSPITAL, INC.							TO CURE CHILDREN AND
3001 W DR MARTIN LUTHER KING JR BLV				_			IMPROVE CAPACITY AND
FAMPA, FL 33607-6307	59-0774199	501(C)(3)	28,100.	0.			QUALITY OF TREATMENT
LBANY MEDICAL COLLEGE							TO CURE CHILDREN AND
7 NEW SCOTLAND AVE							IMPROVE CAPACITY AND
ALBANY, NY 12208-3412	14-1338310	C CORPORATION	28,150.	0.			QUALITY OF TREATMENT

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Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(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 non-cash assistance	(h) Purpose of grant or assistance
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
59-0634433	501(C)(3)	29 100	0			QUALITY OF TREATMENT
			••			
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
47-0379754	C CORPORATION	29 200.	0.			QUALITY OF TREATMENT
1, 00,2,01			••			*****
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
13-1099420	C CORPORATION	29 500	0			QUALITY OF TREATMENT
10 1000 120		23,300.				
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
95-1816009	501(C)(3)	30 600	0			QUALITY OF TREATMENT
			- •			×
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
59-6014973	SPECIAL TAX DIST	30 600.	0.			QUALITY OF TREATMENT
		,	- •			×
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
56-0532129	501(C)(3)	30 700.	0.			QUALITY OF TREATMENT
			- •			×
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
26-3075429	C CORPORATION	30 750	n			QUALITY OF TREATMENT
			- •			×
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
41-6011702	501(C)(3)	31 350.	0.			QUALITY OF TREATMENT
			5.			
						TO CURE CHILDREN AND
						IMPROVE CAPACITY AND
					1	
	(b) EIN 59-0634433 47-0379754 13-1099420 95-1816009 59-6014973 56-0532129 26-3075429	(b) EIN (c) IRC section	(b) EIN (c) IRC section if applicable (d) Amount of cash grant 59-0634433 501(C)(3) 29,100. 47-0379754 C CORPORATION 29,200. 13-1099420 C CORPORATION 29,500. 95-1816009 501(C)(3) 30,600. 59-6014973 SPECIAL TAX DIST 30,600. 56-0532129 501(C)(3) 30,700. 26-3075429 C CORPORATION 30,750.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of noncash assistance 59-0634433 501(C)(3) 29,100. 0. 47-0379754 C CORPORATION 29,200. 0. 13-1099420 C CORPORATION 29,500. 0. 95-1816009 501(C)(3) 30,600. 0. 59-6014973 SPECIAL TAX DIST 30,600. 0. 56-0532129 501(C)(3) 30,700. 0. 26-3075429 C CORPORATION 30,750. 0.	(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) 59-0634433 501(C) (3) 29,100. 0. 47-0379754 C CORPORATION 29,200. 0. 13-1099420 C CORPORATION 29,500. 0. 95-1816009 501(C) (3) 30,600. 0. 59-6014973 SPECIAL TAX DIST 30,600. 0. 56-0532129 501(C) (3) 30,700. 0. 26-3075429 C CORPORATION 30,750. 0.	if applicable cash grant noncash assistance valuation (book, FMV, appraisal, other) non-cash assistance 59-0634433 501(C)(3) 29,100. 0.

Schedule I (Form 990) FOUNDATION, INC.

45-3083156 Page 1

Part II Continuation of Grants and Other A	,	mostic Organizations	and Domostic Co	vornmonte (Sch	adula I (Form 990) Da		<u>10-3063136 Pa</u>
(a) 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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
DAYTON CHILDREN'S HOSPITAL							TO CURE CHILDREN AND
1 CHILDRENS PLZ							IMPROVE CAPACITY AND
DAYTON, OH 45404-1873	31-0672132	501(C)(3)	31,450.	0.			QUALITY OF TREATMENT
54110N, 011 45404 1075	51 0072152	501(0)(3)	51,450.				
MULTICARE HEALTH SYSTEM							TO CURE CHILDREN AND
313 BROADWAY							IMPROVE CAPACITY AND
TACOMA, WA 98402-3400	91-1352172	C CORPORATION	31,950.	0.			QUALITY OF TREATMENT
THE REGENTS OF THE UNIVERSITY OF							
CALIFORNIA - 1855 FOLSOM ST STE							TO CURE CHILDREN AND
425 - SAN FRANCISCO, CA							IMPROVE CAPACITY AND
94103-4249	94-6036493	501(C)(3)	32,500.	0.			QUALITY OF TREATMENT
HILDREN'S HOSPITAL OF THE KING'S							TO CURE CHILDREN AND
AUGHTER, INC 601 CHILDRENS LN							IMPROVE CAPACITY AND
- NORFOLK, VA 23507-1910	54-0506321	C CORPORATION	32,700.	0.			QUALITY OF TREATMENT
WAKE FOREST UNIVERSITY HEALTH							
SCIENCES - MEDICAL CENTER							TO CURE CHILDREN AND
BOULEVARD - WINSTON SALEM, NC							IMPROVE CAPACITY AND
27157-0001	22-3849199	C CORPORATION	32,950.	0.			QUALITY OF TREATMENT
BANNER HEALTH							TO CURE CHILDREN AND
2901 N CENTRAL AVE STE 160				_			IMPROVE CAPACITY AND
PHOENIX, AZ 85012-2702	45-0233470	501(C)(3)	33,200.	0.			QUALITY OF TREATMENT
EGACY HEALTH							TO CURE CHILDREN AND
919 NW LOVEJOY ST							IMPROVE CAPACITY AND
PORTLAND, OR 97209-1503	23-7426300	C CORPORATION	33,550.	0.			QUALITY OF TREATMENT
	23 / 120300						
CHILDREN'S HOSPITAL MEDICAL CENTER							TO CURE CHILDREN AND
3333 BURNET AVE							IMPROVE CAPACITY AND
CINCINNATI, OH 45229-3026	31-0833936	501(C)(3)	34,850.	0.			QUALITY OF TREATMENT
METHODIST HEALTHCARE SYSTEM OF SAN				· · ·			×
ANTONIA LTD., LLP - 7700 FLOYD							TO CURE CHILDREN AND
CURL DR - SAN ANTONIO, TX							IMPROVE CAPACITY AND
78229-3902	74-2730328	PARTNERSHIP	35,400.	0.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990) Pa		ED-2003120 Pa
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
PHOENIX CHILDREN'S HOSPITAL, INC.							TO CURE CHILDREN AND
1919 E THOMAS RD							IMPROVE CAPACITY AND
PHOENIX, AZ 85016-7710	86-0422559	501(C)(3)	35,500.	0.			QUALITY OF TREATMENT
THE MEDICAL COLLEGE OF WISCONSIN							TO CURE CHILDREN AND
8701 WATERTOWN PLANK RD							IMPROVE CAPACITY AND
MILWAUKEE, WI 53226-3548	39-0806261	C CORPORATION	36,200.	0.			QUALITY OF TREATMENT
THE RESEARCH FOUNDATION FOR THE							TO CURE CHILDREN AND
STATE UNIVERSITY OF NEW YORK - PO							IMPROVE CAPACITY AND
BOX 9 - ALBANY, NY 12201-0009	14-1368361	501(C)(3)	36,250.	0.			QUALITY OF TREATMENT
THE WASHINGTON UNIVERSITY							TO CURE CHILDREN AND
660 S EUCLID AVE	42 0652611	F01(0)(2)	26.200	0			IMPROVE CAPACITY AND
SAINT LOUIS, MO 63110-1010	43-0653611	501(C)(3)	36,300.	0.			QUALITY OF TREATMENT
THE NEMOURS FOUNDATION							TO CURE CHILDREN AND
10140 CENTURION PKWY N							IMPROVE CAPACITY AND
JACKSONVILLE, FL 32256-0532	59-0634433	501(C)(3)	36,550.	0.			QUALITY OF TREATMENT
, STATE OF MISSISSIPPI - UNIVERSITY			,				
OF MISSISSIPPI MEDICAL CENTER -							TO CURE CHILDREN AND
2500 N STATE ST – JACKSON, MS							IMPROVE CAPACITY AND
, 39216-4500	64-6008520	STATE GOVERNMENT	36,900.	Ο.			QUALITY OF TREATMENT
BOARD OF REGENTS OF THE UNIVERSITY			,				
OF WISCONSIN SYSTEM - BOARD OF							TO CURE CHILDREN AND
REGENTS OF THE UNIVERSITY OF							IMPROVE CAPACITY AND
WISCONSIN SYSTEM 21 N. PARK ST,	39-6006492	STATE GOVERNMENT	37,200.	0.			QUALITY OF TREATMENT
THE FEINSTEIN INSTITUTES FOR			, .				
MEDICAL RESEARCH - 972 BRUSH							TO CURE CHILDREN AND
HOLLOW RD - WESTBURY, NY							IMPROVE CAPACITY AND
11590-1740	11-2673595	501(C)(3)	39,350.	0.			QUALITY OF TREATMENT
REGENTS OF THE UNIVERSITY OF							TO CURE CHILDREN AND
CALIFORNIA - 9500 GILMAN DRIVE -							IMPROVE CAPACITY AND
LA JOLLA, CA 92093-0953	95-6006144	501(C)(3)	39,600.	٥.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

Part II Continuation of Grants and Other A	-	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa		E2-3083120 P
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
IMH HOSPITALS CORPORATION							TO CURE CHILDREN AND
343 THORNALL ST 8TH FLOOR							IMPROVE CAPACITY AND
EDISON, NJ 08837-2206	22-1487576	C CORPORATION	43,050.	0.			QUALITY OF TREATMENT
JOHNS HOPKINS UNIVERSITY							TO CURE CHILDREN AND
3910 KESWICK RD N4327-B		F01(0)(2)	42,000				IMPROVE CAPACITY AND
BALTIMORE, MD 21211-2226	52-0595110	501(C)(3)	43,200.	0.			QUALITY OF TREATMENT
ASCENSION SETON							TO CURE CHILDREN AND
4910 MUELLER BLVD SUITE 200							IMPROVE CAPACITY AND
AUSTIN, TX 78723-3079	74-1109643	501(C)(3)	43,700.	0.			QUALITY OF TREATMENT
VALLEY CHILDREN'S HOSPITAL							TO CURE CHILDREN AND
9300 VALLEY CHILDRENS PL							IMPROVE CAPACITY AND
MADERA, CA 93636-8761	94-1294954	C CORPORATION	44,050.	0.			QUALITY OF TREATMENT
CHILDREN'S HEALTHCARE							TO CURE CHILDREN AND
2525 CHICAGO AVE							IMPROVE CAPACITY AND
MINNEAPOLIS, MN 55404-4518	41-1754276	501(C)(3)	45,350.	٥.			QUALITY OF TREATMENT
REGENTS OF THE UNIVERSITY OF			, -				~
MICHIGAN - 5082 WOLVERINE TOWER							TO CURE CHILDREN AND
3003 SOUTH STATE STREET - ANN							IMPROVE CAPACITY AND
ARBOR, MI 48109	38-6006309	STATE GOVERNMENT	47,800.	0.			QUALITY OF TREATMENT
STATE UNIVERSITY OF IOWA							TO CURE CHILDREN AND
200 HAWKINS DR 1300-49 BT	40 6004010	STATE GOVERNMENT		٥.			IMPROVE CAPACITY AND
IOWA CITY, IA 52242-1009	42-0004813	STATE GOVERNMENT	48,550.	0.			QUALITY OF TREATMENT
THE CHILDREN'S MERCY HOSPITAL							TO CURE CHILDREN AND
2401 GILLHAM RD							IMPROVE CAPACITY AND
KANSAS CITY, MO 64108-4619	44-0605373	501(C)(3)	48,850.	٥.			QUALITY OF TREATMENT
SPECTRUM HEALTH HOSPITALS							TO CURE CHILDREN AND
25 MICHIGAN ST NE SUITE 3100, MC 01							IMPROVE CAPACITY AND
GRAND RAPIDS, MI 49503-2515	38-1360529	C CORPORATION	49,950.	0.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

Schedule I (Form 990) FOUNDATIO		montin Organizations	and Domostic Co	vernmente (Sob	adula I (Earm 000) Da		- 5065156 Pac
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CANCER INSTITUTE, CENTER							
FOR CANCER RESEARCH - 37							TO CURE CHILDREN AND
CONVENTION DRIVE - BETHESDA, MD							IMPROVE CAPACITY AND
0892	53-0196960	FEDERAL GOVERNME	50,000.	0.			QUALITY OF TREATMENT
MEMORIAL SLOAN KETTERING CANCER							TO CURE CHILDREN AND
ENTER - 1275 YORK AVE - NEW							IMPROVE CAPACITY AND
ORK, NY 10065-6007	13-1924236	501(C)(3)	50,650.	0.			QUALITY OF TREATMENT
INIVERSITY OF PITTSBURGH							TO CURE CHILDREN AND
.16 ATWOOD ST STE 201							IMPROVE CAPACITY AND
PITTSBURGH, PA 15213-3402	25-0965591	501(C)(3)	52,350.	0.			QUALITY OF TREATMENT
AISER FOUNDATION HOSPITALS							TO CURE CHILDREN AND
.800 HARRISON ST FL 16	04 1105 (00	F01(0)(2)	F0 700				IMPROVE CAPACITY AND
DAKLAND, CA 94612-3466	94-1105628	501(C)(3)	52,700.	0.			QUALITY OF TREATMENT
THE UNIVERSITY OF CHICAGO							TO CURE CHILDREN AND
801 S ELLIS AVE							IMPROVE CAPACITY AND
CHICAGO, IL 60637-5418	36-2177139	EDUCATIONAL INST	53,531.	0.			QUALITY OF TREATMENT
ANDERBILT UNIVERSITY MEDICAL							TO CURE CHILDREN AND
ENTER - 1211 MEDICAL CENTER DR -							IMPROVE CAPACITY AND
ASHVILLE, TN 37232-0004	35-2528741	501(C)(3)	54,400.	0.			QUALITY OF TREATMENT
AISER FOUNDATION HOSPITALS							TO CURE CHILDREN AND
.800 HARRISON ST FL 16							IMPROVE CAPACITY AND
DAKLAND, CA 94612-3466	94-1105628	501(C)(3)	56,150.	٥.			QUALITY OF TREATMENT
COOK CHILDREN'S MEDICAL CENTER							TO CURE CHILDREN AND
001 7TH AVE							IMPROVE CAPACITY AND
FORT WORTH, TX 76104-2733	75-2051646	501(C)(3)	59,450.	0.			QUALITY OF TREATMENT
ANN & ROBERT H. LURIE CHILDREN'S	,5 2051040	501(0)(5)	55,450.	0.			POWERING OF TREATMENT
OSPITAL OF CHICAGO - 225 E							TO CURE CHILDREN AND
CHICAGO AVE - CHICAGO, IL							IMPROVE CAPACITY AND
, , , , , , , , , , , , , , , , , , , ,	36-2170833	C CORPORATION	59,600.	٥.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

45-3083156 Page 1

Part II Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) Pa		10-3083106 Pag
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S RESEARCH INSTITUTE							TO CURE CHILDREN AND
111 MICHIGAN AVE NW							IMPROVE CAPACITY AND
WASHINGTON, DC 20010-2916	52-1654453	501(C)(3)	63,150.	0.			QUALITY OF TREATMENT
CULL DEEN'S HOSDIENT OF ODANGE							TO GUDE GULL DEEN AND
CHILDREN'S HOSPITAL OF ORANGE							TO CURE CHILDREN AND
COUNTY - 1201 W LA VETA AVE -	05 0001 500	501 (2) (2)	c2 000				IMPROVE CAPACITY AND
ORANGE, CA 92868-4203	95-2321786	501(C)(3)	63,800.	0.			QUALITY OF TREATMENT
UNIVERSITY OF ALABAMA AT							TO CURE CHILDREN AND
BIRMINGHAM - 1720 2ND AVE S AB							IMPROVE CAPACITY AND
1170 - BIRMINGHAM, AL 35294-0111	63-6005396	501(C)(3)	63,950.	0.			QUALITY OF TREATMENT
THE UNIVERSITV OF TEXAS MD			, ,				
ANDERSON CANCER CENTER - 1515							TO CURE CHILDREN AND
HOLCOMBE BLVD - HOUSTON, TX							IMPROVE CAPACITY AND
, 77030-4000	74-6001118	STATE GOVERNMENT	71,400.	0.			QUALITY OF TREATMENT
SEATTLE CHILDREN'S HOSPITAL							TO CURE CHILDREN AND
PO BOX 5371							IMPROVE CAPACITY AND
SEATTLE, WA 98145-5005	91-0564748	C CORPORATION	76,350.	0.			QUALITY OF TREATMENT
THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323							TO CURE CHILDREN AND
							IMPROVE CAPACITY AND
HARRY HINES BLVD F3.320 - DALLAS,	75 6002969	STATE GOVERNMENT	77 050	0.			
IX 75390-7208	75-6002868	STATE GOVERNMENT	77,950.	0.			QUALITY OF TREATMENT
CHILDREN'S HOSPITAL COLORADO							TO CURE CHILDREN AND
.3123 E 16TH AVE							IMPROVE CAPACITY AND
AURORA, CO 80045-7106	84-0166760	501(C)(3)	79,000.	0.			QUALITY OF TREATMENT
JNIVERSITY OF UTAH							TO CURE CHILDREN AND
201 PRESIDENTS CIR RM 411							IMPROVE CAPACITY AND
SALT LAKE CITY, UT 84112-9022	87-6000525	501(C)(3)	79,050.	0.			QUALITY OF TREATMENT
INDIANA UNIVERSITY							
OFFICE OF RESEARCH ADMINISTRATION							TO CURE CHILDREN AND
509 E. 3RD STREET - BLOOMINGTON,							IMPROVE CAPACITY AND
IN 47401-	35-6001673	STATE GOVERNMENT	80,300.	Ο.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

45-3083156 Page 1

(a) 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 non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF							TO CURE CHILDREN AND
CALIFORNIA - 490 ILLINOIS ST -							IMPROVE CAPACITY AND
SAN FRANCISCO, CA 94143-2510	94-6036493	501(C)(3)	84,650.	0.			QUALITY OF TREATMENT
WEILL MEDICAL COLLEGE OF CORNELL							TO CURE CHILDREN AND
UNIVERSITY - 1300 YORK AVE BOX 89							IMPROVE CAPACITY AND
- NEW YORK, NY 10065-4805	13-1623978	C CORPORATION	93,713.	0.			QUALITY OF TREATMENT
BAYLOR COLLEGE OF MEDICINE							TO CURE CHILDREN AND
1 BAYLOR PLZ							IMPROVE CAPACITY AND
HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	99,900.	0.			QUALITY OF TREATMENT
DANA-FARBER CANCER INSTITUTE, INC.							TO CURE CHILDREN AND
450 BROOKLINE AVE							IMPROVE CAPACITY AND
BOSTON, MA 02215-5418	04-2263040	501(C)(3)	110,150.	Ο.			QUALITY OF TREATMENT
BAYLOR RESEARCH INSTITUTE							TO CURE CHILDREN AND
3434 LIVE OAK ST							IMPROVE CAPACITY AND
DALLAS, TX 75204-6134	75-1921898	501(C)(3)	130,800.	0.			QUALITY OF TREATMENT
CHILDREN'S HEALTHCARE OF ATLANTA,							TO CURE CHILDREN AND
INC 1575 NORTHEAST EXPY NE -							IMPROVE CAPACITY AND
BROOKHAVEN, GA 30329-2401	58-2367819	501(C)(3)	140,150.	Ο.			QUALITY OF TREATMENT
THE TRUSTEES OF COLUMBIA			, ,				
UNIVERSITY IN THE CITY OF NEW YORK							TO CURE CHILDREN AND
- 630 W 168TH ST BOX 49 - NEW							IMPROVE CAPACITY AND
YORK, NY 10032-3725	13-5598093	501(C)(3)	159,200.	0.			QUALITY OF TREATMENT
THE NEMOURS FOUNDATION							TO CURE CHILDREN AND
10140 CENTURION PKWY N							IMPROVE CAPACITY AND
JACKSONVILLE, FL 32256-0532	59-0634433	501(C)(3)	181,332.	0.			QUALITY OF TREATMENT
ST JUDE CHILDREN'S RESEARCH							TO CURE CHILDREN AND
HOSPITAL INC - 262 DANNY THOMAS PL							IMPROVE CAPACITY AND
- MEMPHIS, TN 38105-3678	62-0646012	501(C)(3)	196,979.	Ο.			QUALITY OF TREATMENT

Schedule I (Form 990) FOUNDATION, INC.

45-3083156 Page 1

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) 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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL LOS ANGELES							TO CURE CHILDREN AND
4650 W SUNSET BLVD							IMPROVE CAPACITY AND
LOS ANGELES, CA 90027-6062	95-1690977	501(C)(3)	219,350.	0.			QUALITY OF TREATMENT
THE RESEARCH INSTITUTE AT	55 1050577	501(0)(3)					
NATIONWIDE CHILDREN'S HOSPITAL -							TO CURE CHILDREN AND
700 CHILDRENS DR - COLUMBUS, OH							IMPROVE CAPACITY AND
43205-2664	31-6056230	501(C)(3)	987,074.	0.			QUALITY OF TREATMENT
THE CHILDREN'S HOSPITAL OF	51 0050250	501(0/(5/	507,074.	•.			DOADITI OF TREATMENT
PHILADELPHIA - 3401 CIVIC CENTER							TO CURE CHILDREN AND
BLVD - PHILADELPHIA, PA							IMPROVE CAPACITY AND
19104–4319	22 1252166	C CORPORATION	1,022,400.	0.			QUALITY OF TREATMENT
19104-4319	23-1352100	C CORPORATION	1,022,400.	· · ·			QUALITY OF TREATMENT
EASTERN MAINE MEDICAL CENTER							TO CURE CHILDREN AND
33 WHITING HILL RD							IMPROVE CAPACITY AND
BREWER , ME 04412-1021	01 0011501	C CORPORATION	12,450.	0.			QUALITY OF TREATMENT
BREWER , ME 04412-1021	01-0211501	C CORPORATION	12,450.	· · ·			QUALITY OF TREATMENT

Schedule I (Form 990) 2022

FOUNDATION, INC.

45-3083156

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE FOUNDATION RECEIVES A FULL ACCOUNTING OF GRANTEE EXPENDITURES ON AT

LEAST ON ANNUAL BASIS, AND REQUIRES GRANTEE ORGANIZATIONS TO RETAIN ALL

FINANCIAL RECORDS, SUPPORTING DOCUMENTS, RESEARCH DATA AND OTHER PERTINENT

RECORDS FOR AT LEAST THREE YEARS FOLLOWING THE DATE OF SUBMISSION OF A

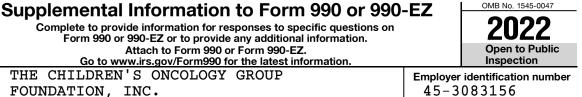
FINAL EXPENDITURE REPORT.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. THE CHILDREN'S ONCOLOGY GROUP



LINE 4A, FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS:

INC.

FOUNDATION,

THESE TRIALS INCLUDE FRONT-LINE TREATMENT FOR MANY AT ANY GIVEN TIME.

TYPES OF CHILDHOOD CANCERS, STUDIES AIMED AT DETERMINING THE UNDERLYING

BIOLOGY OF THESE DISEASES, AND TRIALS INVOLVING NEW AND EMERGING

TREATMENTS, SUPPORTIVE CARE, AND SURVIVORSHIP. THE CHILDREN'S ONCOLOGY

GROUP RESEARCH HAS TURNED CHILDREN'S CANCER FROM A VIRTUALLY INCURABLE

DISEASE 50 YEARS AGO TO ONE WITH A COMBINED 5-YEAR SURVIVAL RATE OF 80%

TODAY. OUR GOAL IS TO CURE ALL CHILDREN AND ADOLESCENTS WITH CANCER

REDUCE THE SHORT AND LONG-TERM COMPLICATIONS OF CANCER TREATMENTS, AND

DETERMINE THE CAUSES AND FIND WAYS TO PREVENT CHILDHOOD CANCER.

PROJECT: EVERYCHILD: CHILDREN'S ONCOLOGY GROUP'S PROJECT: EVERYCHILD IS

OUR AMBITIOUS INITIATIVE TO FIND BETTER CURES FOR EVERY TYPE OF

CHILDHOOD CANCER, NO MATTER HOW RARE. ALL CHILDREN WITH CANCER CARED

FOR AT COG'S MORE THAN 200 PEDIATRIC CANCER PROGRAMS WILL BE ABLE TO

PARTICIPATE IN PROJECT: EVERYCHILD.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERS SHALL CONSIST OF THE VOTING MEMBERS OF THE EXECUTIVE COMMITTEE

OF THE CHILDREN'S ONCOLOGY GROUP

FORM 990, PART VI, SECTION A, LINE 7A:

EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER PRESENTED TO THE

MEMBERS.

FORM	990.	PART	VI.	SECTION	Α.	LINE	7B:
I OILII	,	T T TT / T	• - /	DHOITON	/		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022						
Name of the organization	THE	CHILDREN'S	ONCOLOGY	GROUP	Employer identificati	
	FOUN	DATION, INC	2.		45-308315	

tion number 45-3083156

Page 2

THE MEMBERS SHALL HAVE THE FOLLOWING EXCLUSIVE POWERS:

(A) ADOPT AND AMEND STATEMENTS OF MISSION, PHILOSOPHY OR PURPOSE;

(B) AMEND THE FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS;

(C) ELECT AND REMOVE, WITH OR WITHOUT CAUSE, THE DIRECTORS OF THE

FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 8B:

THE FOUNDATION DOES NOT HAVE THE INSTITUTIONAL CAPACITY FOR SUCH A PROCESS

TO OCCUR, SO THE BOARD OF DIRECTORS FUNCTIONS ON ITS OWN WITHOUT A

SECONDARY COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

UNDER THE DIRECTION OF THE BOARD OF DIRECTORS' PRESIDENT, THE FOUNDATION

CIRCULATES THE DRAFT VERSION OF THE FEDERAL FORM 990 FOR BOARD OF

DIRECTORS' REVIEW BY EMAIL CORRESPONDENCE. SUBSEQUENT DISCUSSION AND REVIEW

TAKES PLACE BY MEANS OF VIDEO AND/OR TELEPHONE CONFERENCE CALLS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED REGULARLY AT THE FOUNDATION'S BOARD MEETINGS. BETWEEN MEETINGS, CONFERENCE CALLS AND EMAIL COMMUNICATIONS ARE UTILIZED FOR ANY INCIDENTIAL CONCERNS. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY PRESENTATION BY THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD OF DIRECTORS' MEETING WHILE THE DETERMINATION OF A CONFLICT OF 232212 10-28-22 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022 Pag							
Name of the organization	THE CHILDREN'S ONCOLOGY GROUP	Employer identification number					
	FOUNDATION, INC.	45-3083156					

INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING DIRECTORS SHALL DECIDE

IF A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, CO, CT, DC, GA, HI, IL, MA, MD, NH, NY, NC, PA, SC, VA

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION POSTS THE FEDERAL FORM 990 AND AUDITED FINANCIAL STATEMENTS

ON ITS WEBSITE: WEBSITE:

HTTPS://WWW.THECOGFOUNDATION.ORG/FORM-990S-AND-AUDITED-FINANCIALS.HTML

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES992,914.MANAGEMENT AND GENERAL EXPENSES99,944.FUNDRAISING EXPENSES12,307.TOTAL EXPENSES1,105,165.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A1,105,165.