Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

16 Inspection

OMB No. 1545-0047

Α	For th	e 2016 calendar year, or tax year beginning and endir	ng	_	
В	Check if applicab	C Name of organization THE CHILDREN'S ONCOLOGY GROUP		D Employer identific	cation number
	Addre	FOUNDATION, INC.			
	Name chang	Doing business as		45-3	083156
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone numbe	
	Final return			(215	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,662,660.
L	Amen	FILLADEDFILA, FA 19104		H(a) Is this a group re	
	Application pendi		•	for subordinates	
		SAME AS C ABOVE	_	H(b) Are all subordinates in	
		empt status: X 501(c)(3)	<u> 527</u>	1	list. (see instructions)
		te: WWW.COG-FOUNDATION.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other L Summary	. Year (of formation: ZUII N	State of legal domicile: PA
P	$\overline{}$		<u>አ ጥ ፐ</u>	ON DEMONED	EVCI HOTUEL V
Governance	1	Briefly describe the organization's mission or most significant activities: $\frac{A}{FOUND}$ TO CHILDHOOD AND ADOLESCENT CANCER RESEARCH	•	ON DEVOIED	EXCLOSIVELL
ern	2	Check this box if the organization discontinued its operations or disposed o			_
Š	3	Number of voting members of the governing body (Part VI, line 1a)			6
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			6
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			0
₹	6	Total number of volunteers (estimate if necessary)		6	10
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	·········	•	0.
		Out that is a said words (DutAVIII lies 41s)		Prior Year 9,927,823.	Current Year 8,847,315.
ne	8	Contributions and grants (Part VIII, line 1h)		107,430.	557,777.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,095.	5,010.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,036,348.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	6,965,777.	7,206,460.
	13	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ses	162	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 26,139.			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		973,506.	1,101,182.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,939,283.	8,307,642.
		Revenue less expenses. Subtract line 18 from line 12	·	2,097,065.	1,102,460.
Or Soci	3	Tovoldo loco experiedo. Cabrado inte la nomina 12	Be	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		16,241,983.	17,277,501.
ASS	21	Total liabilities (Part X, line 26)	·	284,224.	217,831.
Set	22	Net assets or fund balances. Subtract line 21 from line 20		15,957,759.	17,059,670.
P	art II		•		
Und	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which pr	eparer		
		1.1. C. Goleron		10 Augus	t 2017
Sig	ın	Signature of officer		Date	
He	re	PETER C. ADAMSON, M.D., PRESIDENT & DIRE	СТО	<u>R</u>	
		Type or print name and title	- 10	Noto I I	II DTIN
		Print/Type preparer's name Preparer's signature		O 11 F 11 F if	PTIN
Pai		FRANK H. SMITH	υ	8/15/17 if self-employs	P00639053
	parer	Firm's name RAFFA, P.C.		Firm's EIN	52-1511275
US	Only	Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Dk / 2	US/ 833 EUU U
_		·		Phone no. (2	
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No
632	001 11-	11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2016)

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: The Children's Oncology Group Foundation (the Foundation), helps
	support the research of the Children's Oncology Group (COG), which is
	the world's largest organization devoted exclusively to childhood and
	adolescent cancer research.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any for each program service reported
4a	(Code:) (Expenses \$ 8,265,078 · including grants of \$ 7,206,460 ·) (Revenue \$ 557,777 ·)
	The Children's Oncology Group Foundation enables COG's leadership,
	comprised of a team of doctors, nurses, laboratory scientists and other
	allied professionals, the ability to direct the resources raised for
	childhood cancer research to the areas of highest need and opportunity.
	The Foundation allows philanthropic funds from individual supporters
	and organizations to go directly to COG to fund its much needed
	research. In an era of rapid scientific discovery, this direct link
	allows COG researchers to respond quickly to new discoveries with the
	greatest potential to benefit children with cancer.
	The Children's Oncology Group has over 50 active clinical trials open
	at any given time. These trials include front-line treatment for many
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 8,265,078.
4e	Total program service expenses ► 8,265,078. Form 990 (2016)
	Form 330 (2016)

2016.04013 The Children's Oncology Croper

10150814 786783 COGF

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	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	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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	40		X
	complete concouncing, rait iii	19	1	1



	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	N ₀
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
•		04	х	
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	- 21	
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
3	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		Σ
1a	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			
	Schedule K. If "No", go to line 25a	24a		Σ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			Т
-u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		2
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		_
D	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		2
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		ر ا
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		ľ
•				
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		2
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Ľ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			Ι,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		2
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		- 2
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30]
l	Did the organization liquidate, terminate, or dissolve and cease operations?			١.
	If "Yes," complete Schedule N, Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32]
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I	33]
ŀ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34]
ā	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ 2
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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		2
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Г
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		2
	and and a state of a partitioning for roading modifie tax parpodoof in 100, somption outload in 1,1 art vi	⊢ ٽ⊢		⊢
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			



	Check if Schedule O contains a response or 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	1a	2		100	140			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming						
	(gambling) winnings to prize winners?			1c	Х				
2a	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 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		nts (FBAR).						
				5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and the state of the s	action	?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с					
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the contributions that were not toy deductible as charitable contributions?			6a		Х			
h	any contributions that were not tax deductible as charitable contributions?			0a					
b	were not tax deductible?		or gires	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 se	rvices p	provided to the payor?	7a		Х			
				7b					
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X			
f	3 , 3 , 11 , 1			7f		Х			
g				7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are activated funds. Bid a depart advised fund maintained			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	а бу ш	е	8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	? I	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l						
l3 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a					
a	Note. See the instructions for additional information the organization must report on Schedule O.			134					
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
~	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	Did the approximation promise any property for indeed towards a public of the tay years.			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	eО		14b					
				Form	990	(2016)			

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

	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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision			
	of officers, directors, or 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 as	sets?	. 5		X
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 a				
	more members of the governing body?		. 7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		. 7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F		•	•	•
	, , , , , , , , , , , , , , , , , , , ,	,		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 or				
	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 boo			Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,			
12a	Did the appropriation have a written and first of interest as line 0.6 like II are to line 10.		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?				Х
14	Did the organization have a written document retention and destruction policy?				Х
15	Did the process for determining compensation of the following persons include a review and approx				
	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		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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 evaluation				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic				
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure		. 102		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	/) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.	. (= 222 23 ((0)(0)0 0111	,, a.a.ia		
	TT TT	n in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	and fina	ncial	
	statements available to the public during the tax year.	or or interest policy, a		.0.41	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records:			
	Peter C. Adamson - (215) 590-6359				
	3501 Civic Center Blvd., CTRB 10060, Philadelphia	PA 19104			

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization ne	or any related	orga	aniza	ation	COI	mpe	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	⊢—	CCI ai	lu a u	liecio	Jiraus	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***100)	organization
	organizations	trust	Institutional trustee)yee	Highest compensated employee		,		and related
	below	vidua	itutior	Ser	Key employee	nest c	ner			organizations
	line)	lndi	Inst	Officer	Key	High	Por			
(1) Peter C. Adamson, M.D.	2.00	l		l						
President & Director	0 50	Х		Х				0.	0.	0.
(2) Joseph Neglia, M.D., MPH	0.50	l		l						
Secretary	0 50	Х		Х				0.	0.	0.
(3) Naomi Winick, M.D.	0.50			l					•	
Treasurer	0 50	Х		Х				0.	0.	0.
(4) Carola Arndt, M.D.	0.50									
Director (until 09/2016)	0 50	Х						0.	0.	0.
(5) M. Brooke Bernhardt, PharmD MS B	0.50	,,							0	•
Director	0 50	Х				_		0.	0.	0.
(6) Susan M. Blaney, M.D.	0.50	ν,							0	0
Director	0 50	Х				-		0.	0.	0.
(7) Vikramjit Singh Kanwar, MBBS	0.50	х						0.	0.	0
Director W. D.	0.50	^				-		0.	0.	0.
(8) John Perentesis, M.D. Director (until 09/2016)	0.50	х						0.	0.	0.
Director (until 09/2016)		^						0.	0.	0.
						\vdash				
						\vdash				
						\vdash				
				\vdash		T				
						t				
						T				
				_		_				

Foundation, Inc. 45-3083156 Form 990 (2016) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 0. 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from enization. Report compensation for the calendar year ending with or within the organization's tay year

the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services	(C) Compensation							
	Consulting services	224,726.							
Public Health Institute, 555 12th Street, 10th Floor, Oakland, CA 94607	Research services	135,290.							
2 Total number of independent contractors (including but not limited to those liste									

Form 990 (2016)

0

\$100,000 of compensation from the organization

			Children'		gy Group			
			lation, I	nc.			45-3083	156 Page 9
Pai	rt VII				=			
		Check if Schedule O conf	tains a response	or note to any lii	ne in this Part VIII	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut	1b 1c 1d					
Contribution and Other Si	f g	All other contributions, gifts, gran similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	nts, and ove 1f 8 ,	847,315.	8,847,315.			
	2 a	B		Business Code		557,777.		
Program Service Revenue	b c d e							
٦	f	All other program service reve						
\dashv		Total. Add lines 2a-2f			557,777.			
	3 4 5	other similar amounts)	Investment income (including dividends, interest, and other similar amounts)					4,476.
	6 -	Our results	(i) Real	(ii) Personal				
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		•				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 253,092.	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss)	554.	>	534.			534.
Other Revenue	b	Gross income from fundraisin including \$	of e 1c). See a b					

632009 11-11-16

11 a b

5,010. Form **990** (2016)

9,410,102.

Business Code

9 a Gross income from gaming activities. See

10 a Gross sales of inventory, less returns

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities

and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 6,674,460. 6,674,460. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 532,000. 532,000. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal 32,563. 32,563. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 993,662 132,147. 861,515. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 3,397. 655. 4,688. 636. Office expenses 13 44,756. 42,642. 2,114. Information technology 14 Royalties 15 16 Occupancy 11,937. 11,937. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 11,451. 11,451. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 691. 691. Depreciation, depletion, and amortization 22 1,184. 1,184. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 250. 250. State registration fee -155,921Indirect cost alloc. 0. 130,418. 25,503. С All other expenses 8,307,642. 8,265,078. 16,425 26,139. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

01111 330 (2010)	
Part X	Balance	Sheet

Part 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	1	Cash - non-interest-bearing	585,834.	1	131,123
2		Savings and temporary cash investments	5,087,504.	2	9,414,633
3		Pledges and grants receivable, net		3	7,026,027
4		Accounts receivable, net		4	
5		Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
6	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ng		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots}$		6	
Assets	7	Notes and loans receivable, net		7	
₹ 8	3	Inventories for sale or use		8	
9		Prepaid expenses and deferred charges		9	449,340
10)a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,072 Less: accumulated depreciation 10b 1,036	2.		
	b	Less: accumulated depreciation 10b 1,036	1,727.	10c	1,036 253,092
11		Investments - publicly traded securities		11	253,092
12	2	Investments - other securities. See Part IV, line 11		12	
13	3	Investments - program-related. See Part IV, line 11		13	
14	4	Intangible assets		14	
15	5	Other assets. See Part IV, line 11	2,250.	15	2,250
16	3	Total assets. Add lines 1 through 15 (must equal line 34)		16	17,277,501
17		Accounts payable and accrued expenses		17	62,237
18	3	Grants payable		18	
19	9	Deferred revenue	192,570.	19	155,594
20)	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ 22	2	Loans and other payables to current and former officers, directors, trustees,			
┋		key employees, highest compensated employees, and disqualified persons.			
Liabilities 52		Complete Part II of Schedule L		22	
- 23		Secured mortgages and notes payable to unrelated third parties		23	
24	4	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	04 000		_
		Schedule D	24,883.		017 021
26		Total liabilities. Add lines 17 through 25	284,224.	26	217,831
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 29 29		complete lines 27 through 29, and lines 33 and 34.	(74)50		1 027 420
<u>c</u> 27		Unrestricted net assets		27	1,937,430
ਲ 28 ਅ		Temporarily restricted net assets	15,283,501.	28	15,122,240
<u>e</u> 29		Permanently restricted net assets		29	
년		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
30		Capital stock or trust principal, or current funds		30	
ğ 31		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 32 32		Retained earnings, endowment, accumulated income, or other funds		32	17 050 670
_ 33		Total net assets or fund balances		33	17,059,670
34	1	Total liabilities and net assets/fund balances	16,241,983.	34	17,277,501



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		,41				
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,30				
3	Revenue less expenses. Subtract line 2 from line 1	3		.,10				
4								
5	Net unrealized gains (losses) on investments	5			-5	49.		
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 in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	17	7,05	9,6	70.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
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	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,					
	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 in Sch	edule (Э.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

The Children's Oncology Group

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Foundation, Inc. 45-3083156 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

500	tails to qualify under the test	s listed below, piea	se complete i art	111.)			
	etion A. Public Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	13390695.	0505277	10204963.	9927823.	0017215	51966173.
_	include any "unusual grants.")	13390093.	9595511.	10204963.	994/043.	004/313.	31966173.
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	13390695.	0505277	10204963.	9927823.	00/7215	51966173.
	Total. Add lines 1 through 3	13390693.	9595511.	10204963.	992/823.	884/313.	213001/3.
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,						F2 260
	column (f)						52,360.
	Public support. Subtract line 5 from line 4.						51913813.
	ction B. Total Support	1			_	·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012 13390695.	(b) 2013	(c) 2014 10204963.	(d) 2015 9927823.	(e) 2016	(f) Total 51966173.
	Amounts from line 4	13390695.	9595377.	10204963.	992/823.	884/315.	219001/3.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	660	2 (1 (F70	1 005	4 476	10 400
	and income from similar sources	662.	3,616.	579.	1,095.	4,476.	10,428.
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	٥.	0 577				2 602
	assets (Explain in Part VI.)	25.	2,577.				2,602.
11	Total support. Add lines 7 through 10						51979203.
12	Gross receipts from related activities	, ,	,			12	757,484.
13	First five years. If the Form 990 is fo	-	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
804	organization, check this box and sto		roontago				<u></u>
	· · · · · · · · · · · · · · · · · · ·					l l	99.87 %
	Public support percentage for 2016 (14	
15	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the						
4-	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	~	
_	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets t						
	organization meets the "facts-and-cir						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	5a, 16b, 17a, or 17b		and see instruction	



Schedule A (Form 990 or 990 EZ) 2016 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	etion A. Public Support	slow, picase com	piete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			` ,	` ,		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	- ""						
	Total. Add lines 1 through 5						
16	3 received from disqualified 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.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, 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 five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_							<u></u>
	ction C. Computation of Publi						
15	Public support percentage for 2016 (li	ne 8, column (f) d	divided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organia	zation	▶□
b	33 1/3% support tests - 2015. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	a old not check a	DOX OD IDE 14 19	a origo checkt	rus nox and see ir	ISTRUCTIONS	

632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Voc	No
	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
E.L.		
5b 5c		
6		
7		
8		
9a		
9b		
9с		
100		
10a		
10b		
n 990 or 99	90-EZ	2016

632025 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

За

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.)				
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) 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 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

1 A 2 A	organizations, in excess of income from activity		,	Current Year			
2 A	Amounts paid to perform activity that directly furthers exemporganizations, in excess of income from activity						
0	organizations, in excess of income from activity	ot purposes of supported					
			2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
3 ^		organizations, in excess of income from activity					
3 /	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร				
4 A	Amounts paid to acquire exempt-use assets						
5 0	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7 T	otal annual distributions. Add lines 1 through 6						
8 0	Distributions to attentive supported organizations to which the	ne organization is responsive	e				
()	provide details in Part VI). See instructions						
9 0	Distributable amount for 2016 from Section C, line 6						
10 L	ine 8 amount divided by Line 9 amount						
	•	(i)	(ii)	(iii)			
		Excess Distributions	Underdistributions	Distributable			
Section	n E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016			
1 0	Distributable amount for 2016 from Section C, line 6						
2 (Inderdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
	excess distributions carryover, if any, to 2016:						
а	, , ,						
b							
C F	From 2013						
d F	From 2014						
e F	From 2015						
f T	otal of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Carryover from 2011 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
	Distributions for 2016 from Section D,						
li	ne 7:						
a A	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
c F	Remainder. Subtract lines 4a and 4b from 4						
	Remaining underdistributions for years prior to 2016, if						
	iny. Subtract lines 3g and 4a from line 2. For result greater						
	han zero, explain in Part VI. See instructions						
	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7 E	xcess distributions carryover to 2017. Add lines 3j						
	and 4c						
8 E	Breakdown of line 7:						
а							
	Excess from 2013						
	Excess from 2014						
	excess from 2015						
	excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Miscellaneous income
2012 Amount: \$ 25.
Fundraising sales
2013 Amount: \$ 2,577.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

The Children's Oncology Group Foundation, Inc.

Employer identification number

45-3083156

Organization type (check one):							
Filers of	:	Section:					
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 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					
Check if	vour organization is	covered by the General Rule or a Special Rule .					
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization
The Children's Oncology Group
Foundation, Inc.

Employer identification number

45-3083156

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 6,734,477.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 370,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
The Children's Oncology Group
Foundation, Inc.

Employer identification number

45-3083156

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number The Children's Oncology Group Foundation, Inc. 45-3083156 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from

Part I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

The Children's Oncology Group

Emplo

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Foundation, Inc.

Employer identification number 45-3083156

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No	
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		Yes No	
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area	
	Protection of natural habitat	Preservation of a cer	tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last	
	day of the tax year.		Held at the End of the Tax Year	
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by th	e organization during the tax	
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it		Yes L No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year	
				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year	
	▶ \$			
8	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for	
Do	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transumas or (Other Similar Assets	
Га	Complete if the organization answered "Yes" on Form		other Sillinai Assets.	
			ment and halance sheet works of ort	
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh			
	•	,	arice of public service, provide, in Part Alli,	
h	the text of the footnote to its financial statements that describe the organization planted as permitted under SEAS 116 (AS		at and halance sheet works of art, historical	
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed			
	relating to these items:	deation, or research in furtherance of pr	ablic service, provide the following amounts	
			▶ φ	
	(i) Revenue included on Form 990, Part VIII, line 1			
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treat			
2	the following amounts required to be reported under SFAS 1:		ai gairi, provide	
•	·	` ,	*	
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$	

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3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a	No No
a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 11 If	
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1f	
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During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Amount 1c 1d Additions during the year 1d 1e 1f Ending balance 1f	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1c 1d 1d 1f	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f	No
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 Yes Amount Amount 1 t 1 t 1 t 1 t 1 t 1 t	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Additions during the year C Distributions during the year	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Additions during the year C Distributions during the year	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1c 1d 1d 1e 1f	_
d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f	
d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f	
e Distributions during the year feeting balance feeting balanc	
f Ending balance 1f	
	No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	ack
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment ▶ %	
b Permanent endowment \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
c Temporarily restricted endowment \bigs\%	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
	No
(i) unrelated organizations 3a(i)	10
(ii) related organizations 3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b	
Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation	
1a Land	
b Buildings c Leasehold improvements	
0.000 1.000 1.00	_
e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,03	6.

Schedule D (Form 990) 2016

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016 Foundation,		y Gloup	45-3083156 Page
Schedule D (Form 990) 2016 Foundation, Part VII Investments - Other Securities.	1110.		45-3063136 Page
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	<u>i</u>		
(3) Other	<u> </u>		
(A)	 [
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	5 000 B 1 11/1	" 11 0 E 000 B 1 V I 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
<u>(1)</u>			
(2)	<u> </u>		
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV,	ine 11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	э 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X, li	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016



(8) (9)

Par	rt XI Reconciliation of Revenue per Audited Financial S		Revenue per H	teturn	l.
	Complete if the organization answered "Yes" on Form 990, Part IV				0 446 668
1	Total revenue, gains, and other support per audited financial statements			1	9,446,667.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	F 4 0		
а	3		-549.		
b	Donated services and use of facilities		37,114.	-	
С	Recoveries of prior year grants				
d	/				26 565
е	Add lines 2a through 2d			2e	36,565.
3	Subtract line 2e from line 1			3	9,410,102.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			0
_	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	Statemente With	Evpanasa nar	5	9,410,102.
Pai	rt XII Reconciliation of Expenses per Audited Financial		Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV				8,344,756.
1	Total expenses and losses per audited financial statements			1	0,344,730.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	27 11/		
_			37,114.	-	
b	Prior year adjustments			-	
С.	Other losses				
	Other (Describe in Part XIII.)			-	27 11/
	Add lines 2a through 2d			2e	37,114. 8,307,642.
3	Subtract line 2e from line 1			3	0,307,042.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)				0.
	Add lines 4a and 4b			4c	8,307,642.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin rt XIII Supplemental Information.	ie 18.)		5	0,307,042.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	and 4: Dort IV lines 1h	and Oh: Dort V. line	1. Dort	V line 0: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			4, Fait	Λ, III le 2, Fait Λi,
III IES	20 and 4b, and Part Air, lines 20 and 4b. Also complete this part to provid	ie ariy additional imorn	iation.		
Рат	rt X, Line 2:				
	10 H, 11H0 21				
The	e Foundation accounts for uncertainty	in income	taxes reco	ani	zed in the
	o roundation decodined for directeding	111 111001110	carred rece	9	100 111 0110
fir	nancial statements using a recognition	n threshold	of more 1	ike'	ly than not
	name and season on the season of the season		02 111020 2		-7 011011 1100
as	to whether the uncertainty will be s	ustained upo	on examina	tio	n by the
apr	propriate taxing authority.				
<u>F- F</u>	graphen comments and comments.				

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization

The Children's Oncology Group

Foundation, Inc.

Employer identification number

45-3083156 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (T	(b) Number of	(c) Number of	an be duplicated if additional space is no (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(a) region	offices	`émployees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
East Asia and the		in the region			
Pacific - Australia,					
Brunei, Burma,					
Cambodia,	0	0	Grantmaking		153,000.
North America -					
Canada and Mexico,					
but not the United					
States	0	0	Grantmaking		331,000.
Europe (Including					
Iceland & Greenland)					
- Albania, Andorra,					
Austria, Belgium	0	0	Grantmaking		47,000.
Middle East and					,
North Africa -					
Algeria, Bahrain,					
Djibouti, Egypt,	0	0	Grantmaking		1,000.
, === ,			-		,
					F30 000
3 a Sub-total	0	0			532,000.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			532,000.

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



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 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 of					
		Brunei, Burma,	quality and treatment	153,000.	Check	0.		
		North America -						
		Canada and	To cure children and					
		Mexico, but not	improve capacity of					
		the United States	quality and treatment	331,000.	Check	0.		
		Europe (Including						
		Iceland &	To cure children and					
		Greenland) -	improve capacity of					
		Albania, Andorra,	quality and treatment	47,000.	Check	0.		
			recognized as charities by the n 501(c)(3) equivalency letter	foreign country,	, recognized as tax-e	xempt by		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by
	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

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 noncash assistance assistance



5 –	3	0	8	3	1	5	6	Page

Schedule F (Form 990) 2016

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "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; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "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? If "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? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

2016.04013 The Children's Oncology Cro CogF___1

Schedule F (Form 990) 2016 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
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 Specificially Designated Nationals and Blocked Persons List.
Part I, line 3:
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 I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

The Children's Oncology Group

OMB No. 1545-0047 **2016**

Open to Public Inspection

Employer identification number

Foundatio	n, Inc.						45-3083156
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro-	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	=				anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than			1		(f) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Children's Hospital of							
Philadelphia - Research Institute							
- 3615 Civic Center Boulevard -							Per-Case Reimbursement,
Philadelphia, PA 19104	23-1352166	501(c)(3)	5,158,900.	0.			Project:EveryChild.
The Research Institute at							
Nationwide Children's Hospital -							
700 Children's Drive - Columbus,							Project:EveryChild,
OH 43205	31-6056230	501(c)(3)	1,256,060.	0.			Reference Labs.
University of Florida 219 Grinter Hall, Box 115500 Gainesville, FL 32611	59-2729133	501(c)(3)	37,500.	0.			To cure children and improve capacity of quality and treatments.
University of Chicago							To cure children and
6030 S. Ellis Avenue							improve capacity of
Chicago, IL 60637	36-6056201	501(c)(3)	72,000.	0.			quality and treatments.
Arkansas Children's Research Institute - 1 Children's Way - Little Rock, AK 72202	71-0694931		150,000.	0.			To cure children and improve capacity of quality and treatments.
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization			he line 1 table				5. 0.

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

Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
Part I, Line 2:					
The Foundation receives a full acc	ounting	of grantee	expenditu	res on at	
least an annual basis, and require	es grante	e organiza	tions to r	etain all	
financial records, supporting docu	ments, r	esearch da	ta and oth	er pertinent	
records for at least three years f	ollowing	the date	of submiss	ion of a	
final expenditure report.					

SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

The Children's Oncology Group Emplo Foundation, Inc.

Employer identification number 45-3083156

Form 990, Part III, Line 4a, Program Service Accomplishments: 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 A, line 7b:

The Members shall have the following exclusive powers:

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization The Children's Oncology Group Foundation, Inc.

Employer identification number 45-3083156

- (a) Adopt and amend Statements of mission, philosophy or purpose;
- (b) Amend the the Foundation's Articles of Incorporation and ByLaws;
- (c) Elect and remove, with or without cause, the Directors of the Foundation's.

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 function on their own without a secondary committee.

Form 990, Part VI, Section B, line 11b:

Under the direction of the Board of Director's President, the Foundation circulates the draft version of the federal Form 990 for Board of Directors' review by email correspondence, and then formally at our semi-annual meeting prior to filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest Policy is reviewed regularly at the Foundation's Board Meetings. During the interim of a meeting, conference calls and email communications are utilized for any incidental 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 interest is discussed and voted upon. The remaining Directors

Name of the organization The Children's Oncology Group Foundation, Inc.	Employer identification number 45-3083156
shall decide if a conflict of interest exists.	
Form 990, Part VI, Section C, Line 19:	
	nd other gerronning
The Foundation posts the federal Form 990, COI policy, as	
documents on its website: http://cog-foundation.org/documents	mencs.pnp.
Form 990, Part IX, Line 11g, Other Fees:	
Consulting fees:	
Program service expenses	586,554.
Management and general expenses	132,147.
Fundraising expenses	0.
Total expenses	718,701.
Research:	
Program service expenses	274,961.
Management and general expenses	0.
Fundraising expenses	
	0.
Total expenses	0. 274,961.
Total expenses Total Other Fees on Form 990, Part IX, line 11g, Col A	0. 274,961. 993,662.
	274,961.
	274,961.
	274,961.
	274,961.
	274,961.
	274,961.