Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 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. Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For th	e 2022 calendar year, or tax year beginning and e	ending				
Β	Check if applicab	C Name of organization D Employer identification number					
	Addre	BEAT CHILDHOOD CANCER FOUNDATION, INC.	,				
	Name		27-23145	49			
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	P.O. BOX 850804		(414) 37			
_	terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,682,993.		
	Amen	BRAINIREE, MA 02185		H(a) Is this a group re			
	Appli tion pendi	Finance and address of principal oncer. Dratting Dratt OD 2		for subordinates? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in			
-		tempt status: X 501(c)(3) 5 501(c)() (insert no.) $4947(a)(1)$ o	r 🛄 527	1	list. See instructions		
	Websi			H(c) Group exemption			
	-	f organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	State of legal domicile: MA		
P	art I	Summary	CUTTD	UCOD CANCER	הסדעפס		
e	1	Briefly describe the organization's mission or most significant activities: BEAT CHILDHOOD CANCER RESEARCH AND RAISES AWAR	VENEGG	MAKING A			
Governance	2	Check this box if the organization discontinued its operations or dispos					
ver	3	, , , , , , , , , , , , , , , , , , ,		I - I	4 <u>4</u>		
ဗီ	4	Number of independent voting members of the governing body (Part VI, line 1a)			3		
Š	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4		
itie	6	Total number of volunteers (estimate if necessary)			20		
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		1,741,917.	4,682,993.		
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-113,581.	-194,152.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,628,336.	4,488,841.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,450,000.	1,250,000.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		198,908.	236,220.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 100, 21		0.	0.		
Ä				260,317.	175,445.		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,909,225.	1,661,665.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-280,889.	2,827,176.		
- SS	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total accests (Dart X, line 16)		1,950,018.	4,666,448.		
Asse Bal	20 21	Total assets (Part X, line 16)	······	1,363,487.	1,252,741.		
Net /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		586,531.	3,413,707.		
		Signature Pleak		500,551.	5,415,7078		

| Part II | Signature Block

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

Sign	Signature of officer		Date			
	SARAH BARTOSZ, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	SANDRA M. BROWN, CPA	SANDRA M. BROWN,	CPA10/18/23 if self-employed P016141			
Preparer	Firm's name SMITH, SULLIVAN &		Firm's EIN 43-1985162			
Use Only	Jse Only Firm's address 80 FLANDERS ROAD - SUITE #302					
WESTBOROUGH, MA 01581 Phone no. (508) 871-717						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🛄 No					
232001 12-1	3-22 LHA For Paperwork Reduction Act Not	ice, see the separate instruction	s. Form 99	0 (2022)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	BEAT CHILDHOOD CANCER FOUNDATION, INC. 27-2314549 Pager 10 Statement of Program Service Accomplishments
1 01	
1	
'	Briefly describe the organization's mission: BEAT CHILDHOOD CANCER DRIVES CHILDHOOD CANCER RESEARCH AND RAISES
	AWARENESS, MAKING A DIFFERENCE IN KIDS' SURVIVAL TODAY. OUR VISION IS
	TO CHANGE THE STORY FOR THE NEXT FAMILY BY FINDING VIABLE TREATMENTS
	AND ULTIMATELY, CURES FOR CHILDHOOD CANCERS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,445,610. including grants of \$ 1,250,000.) (Revenue \$
	BEAT CHILDHOOD CANCER DRIVES CHILDHOOD CANCER RESEARCH AND RAISES
	AWARENESS, MAKING A DIFFERENCE IN KIDS' SURVIVAL TODAY. THE
	ORGANIZATION AIMS TO CHANGE THE STORY FOR THE NEXT FAMILY BY FINDING
	VIABLE TREATMENTS AND ULTIMATELY, CURES FOR CHILDHOOD CANCERS. THE
	PRIMARY PURPOSE AND ACTIVITY OF BEAT CHILDHOOD CANCER IS TO RAISE FUND
	TO FACILITATE RESEARCH GRANTS TO BEAT CHILDHOOD CANCER RESEARCH
	CONSORTIUM.
	BEAT CHILDHOOD CANCER DRIVES PATIENT-AFFECTING CHILDHOOD CANCER
	CLINICAL TRIALS, EXPANDING HOW RESEARCH IS DONE. PRECISION MEDICINE IS
	THE FUTURE OF CANCER TREATMENT. WE ARE HELPING KIDS NOW WITH TARGETED
	THERAPIES AND ORAL DRUGS WITH LOW SIDE EFFECTS AIMED AT PREVENTING OR
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,445,610.
4e	Total program service expenses 1,445,610. Form 990 (;
32004	Form 990 (2 2 12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)
	3
61	018 807818 BEA4549 2022.04030 BEAT CHILDHOOD CANCER FOUND BEA454

Farm	000	(0000)
⊢orm	990	(2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•		
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	21	
19		19		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	ļ	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00	<u> </u>	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
				L

232003 12-13-22

Form **990** (2022)

12261018 807818 BEA4549

2022.04030 BEAT CHILDHOOD CANCER FOUND BEA45491

4

			V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
~ ~	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
Ь	any tax-exempt bonds? 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			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			37
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
~ 1	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N. Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
00000	(gambling) winnings to prize winners?	Form	990	(2022)
20200	\$ 12-13-22	TUDIT	550	(2022)

12261018 807818 BEA4549 2022.04030 BEAT CHILDHOOD CANCER FOUND BEA45491

022)	BEAT	CHILDHOOD	CANCER	FOUNDATION,	INC.
Statements R	egardin	g Other IRS Fili	ngs and Ta	ax Compliance (con	tinued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 23	
C	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders	-		
U	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
23200	5 12-13-22	Form	990	(2022)

232005 12-13-22

Form 990 (2022)

Part V

12261018 807818 BEA4549

Form	990	(2022)
------	-----	--------

BEAT CHILDHOOD CANCER FOUNDATION, INC.

27-2314549 Page 6

Х

Ves No

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

Check if Schedule O contains a response or note to any line in this Part V	
Section A. Governing Body and Management	

		1	1	. —	100			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	4	<u>I</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		3				
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							
	of officers, directors, trustees, or key employees to a management company or other person?			3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х		
6	Did the organization have members or stockholders?			6		X		
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		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
5	persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hv th	e following:	7b		X		
				8a	x			
a L	The governing body?				X			
	Each committee with authority to act on behalf of the governing body?			8b				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					x		
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		_ A		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code.)			1		
					Yes	No		
	Did the organization have local chapters, branches, or affiliates?			10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of							
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ .$			10b	37			
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a	X			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe					
	on Schedule O how this was done			12c		X		
13	Did the organization have a written whistleblower policy?			13		X		
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?						
а	The organization's CEO, Executive Director, or top management official			15a	X			
b	Other officers or key employees of the organization			15b	X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga							
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed MA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99)-T (section 501(c)(s)s only	/) avail	lahle		
10	for public inspection. Indicate how you made these available. Check all that apply.			//0 Officy) avai	abic		
	Own website Another's website X Upon request Other (explain	n on Sr	hedule ()					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c			nd fina	ncial			
19		onnict	or interest policy, a	nu iiria	ncial			
00	statements available to the public during the tax year.		ad records					
20	State the name, address, and telephone number of the person who possesses the organization's be SARAH BARTOSZ - (414) 378-4420	JOKS ar	iu records					
	P.O. BOX 850804, BRAINTREE, MA 02185							
				-	. 000	(0000)		
23200	5 12-13-22 7			Forn	990	(2022)		
2261		~ ~ ~			. <i></i>	101		
.2261	018 807818 BEA4549 2022.04030 BEAT CHILDHOOD	CAI	NCER FOUND	BE	A45	491		

Part VII	Compensation of Off	icers, Directors,	Trustees,	Key Employees,	Highest Compensa	ated
	Employees, and Inde	pendent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) (B) (C) (D) (E) (F) (F) Name and title Average week Average fours per (list and a directivitate) Position from the and a directivitate) (D) (E) Reportable compensation from related (E) Estimates amount o other (1) SARAH BARTOSZ 40.000 Image for the standard structure Image for the standard structure Image for the standard related Image for the standard structure Image for the standard related Image for t	
Industry per week (list any hours for related organizations below line) Industry per meek (list any hours for related organizations below line) Industry per meek (list any hours for related organizations below line) Industry per meek (list any hours for related organizations below line) Industry per meet below line) Industry per	b
Week (list any hours for related organizations below line) week (list any hours for related organizations below line) inom related asymption below line) inom related	f
(1) SARAH BARTOSZ 40.00 X X 101,440. 0.25,98 EXECUTIVE DIRECTOR/CLERK X X 101,440. 0.25,98 (2) PATRICK LACEY 20.00 X X 0.00 0. PRESIDENT X X 0.00 0. 0. (3) ERIC CAISSE 5.00 X X 0.00 0. TREASURER X X 0.00 0. 0. (4) JOHN FOLEY 5.00 0 0 0. 0.	
(1) SARAH BARTOSZ 40.00 X X 101,440. 0.25,98 EXECUTIVE DIRECTOR/CLERK X X 101,440. 0.25,98 (2) PATRICK LACEY 20.00 X X 0.00 0. PRESIDENT X X 0.00 0. 0. (3) ERIC CAISSE 5.00 X X 0.00 0. TREASURER X X 0.00 0. 0. (4) JOHN FOLEY 5.00 0 0 0. 0.	
(1) SARAH BARTOSZ 40.00 X X 101,440. 0.25,98 EXECUTIVE DIRECTOR/CLERK X X 101,440. 0.25,98 (2) PATRICK LACEY 20.00 X X 0.00 0. PRESIDENT X X 0.00 0. 0. (3) ERIC CAISSE 5.00 X X 0.00 0. TREASURER X X 0.00 0. 0. (4) JOHN FOLEY 5.00 Image: constraint of the second	
(1) SARAH BARTOSZ 40.00 X X 101,440. 0.25,98 EXECUTIVE DIRECTOR/CLERK X X 101,440. 0.25,98 (2) PATRICK LACEY 20.00 X X 0.00 0. PRESIDENT X X 0.00 0. 0. (3) ERIC CAISSE 5.00 X X 0.00 0. TREASURER X X 0.00 0. 0. (4) JOHN FOLEY 5.00 Image: constraint of the second	
(1) SARAH BARTOSZ 40.00 X X 101,440. 0.25,98 EXECUTIVE DIRECTOR/CLERK X X 101,440. 0.25,98 (2) PATRICK LACEY 20.00 X X 0.00 0. PRESIDENT X X 0.00 0. 0. (3) ERIC CAISSE 5.00 X X 0.00 0. TREASURER X X 0.00 0. 0. (4) JOHN FOLEY 5.00 Image: constraint of the second	
(1) SARAH BARTOSZ 40.00 X X 101,440. 0.25,98 EXECUTIVE DIRECTOR/CLERK X X 101,440. 0.25,98 (2) PATRICK LACEY 20.00 X X 0.0. 0. PRESIDENT X X 0. 0. 0. (3) ERIC CAISSE 5.00 X X 0. 0. (4) JOHN FOLEY 5.00 Image: Construct of the second secon	ns
EXECUTIVE DIRECTOR/CLERK X X X 101,440. 0. 25,98 (2) PATRICK LACEY 20.00 X X 0. 0. 25,98 PRESIDENT X X 0. 0. 0. 0. (3) ERIC CAISSE 5.00 X X 0. 0. TREASURER X X 0. 0. 0. (4) JOHN FOLEY 5.00 Image: Construction of the second sec	
(2) PATRICK LACEY 20.00 X X 0. 0. PRESIDENT X X X 0. 0. (3) ERIC CAISSE 5.00 X X 0. 0. TREASURER X X 0. 0. 0. (4) JOHN FOLEY 5.00 Image: Constraint of the second s	88.
(3) ERIC CAISSE 5.00 X X 0. 0. TREASURER 5.00 X X 0. 0. 0. (4) JOHN FOLEY 5.00 Image: Constraint of the second se	
TREASURER X X O. O. (4) JOHN FOLEY 5.00	0.
(4) JOHN FOLEY 5.00 5.00	
	0.
DIRECTOR X 0.0.0.	-
	0.
232007 12-13-22 Form 990 (2	0000

8

232007 12-13-22

Form **990** (2022)

12261018 807818 BEA4549

		DHOOD (CAI	ICE	ER	FC	JUI	1D)	ATION, INC.	27-23	314	549	Paç	ge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week (list any				(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				compensation compensation from from relate the organization			other compensation		
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	iC/	orga and	m the nizatic relate nizatio	d
 1b	Subtotal								101,440.		0.	25	,98	8.
c Total from continuation sheets to Part VII, Section A 0. 0									0. 0. e	25	,98	0.		
	compensation from the organization												Yes	<u>1</u> No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual								•		3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4	_	x
	rendered to the organization? If "Yes," com	-				-			-			5		Х
<u> </u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of com	pensa	ation fro	om	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)									(0)					
Name and business address NONE Description of services								C	(C) ompen:					
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lii	mite	d to	tho: (•	stec	d above) who received r	nore than		Form 9	90 (20	022)

9 2022.04030 BEAT CHILDHOOD CANCER FOUND BEA45491

12261018 807818 BEA4549

						100	D CANCER	FOUNDATIO	N, INC.	27-2314	5 49 Pag	ge 9
Pa	πν	/111					or poto to opy lin	o in this Dart VIII			Г	
			Check if Schedule O	conta	ins a respo	nse	or note to any in	(A)	(B)	(C)	L	
								Total revenue	Related or exempt function revenue		Revenue exclu from tax und	
									lanotion revenue		sections 512 -	
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns									
Gra			Membership dues									
fts, rAn			Fundraising events				621,048.					
nilai Gi			Related organizations									
ons Sin			Government grants (cont All other contributions, gifts,									
her		'	similar amounts not included				4,061,945.					
d di		a	Noncash contributions included in			\$						
and		-	Total. Add lines 1a-1f					4,682,993.				
			· · · · · · · · · · · · · · · · · · ·				Business Code	· · ·				
e	2	а										
ervi		b										
n Si		С										
grar Rev		d										
Program Service Revenue		е	<u> </u>									
-			All other program service									
	3		Total. Add lines 2a-2f Investment income (inclu-	dina c	hividende i	ntor	et and					
	Ŭ											
	4		Income from investment									
	5 Royalties											
					(i) Rea		(ii) Personal					
	6	а	Gross rents	6a								
			Less: rental expenses \ldots	6b								
			Rental income or (loss)	6c								
	-		((i) Securit		(ii) Other					
	'	а	Gross amount from sales of assets other than inventory	7a		162						
		h	Less: cost or other basis	14								
ne			and sales expenses	7b								
venue		с	Gain or (loss)									
Re			Net gain or (loss)			. <u>.</u>						
Other R	8	а	Gross income from fundraisi	-								
õ			including \$									
			contributions reported on									
		h	Part IV, line 18			8a 8b	0. 194,152.					
			Net income or (loss) from					-194,152.			-194,1	52.
	9		Gross income from gamir					,			,_	
	-		Part IV, line 19			9a						
		b	Less: direct expenses			9b						
		С	Net income or (loss) from	gamii	ng activitie	s <u>.</u> .						
	10	а	Gross sales of inventory,									
			and allowances			10a						
			Less: cost of goods sold			10b						
		С	Net income or (loss) from	sales	ot invento	ry	Business Code					
snc	11	а					Dusiness Coue					
Miscellaneous Revenue		a b										
sells eve		c										
Misc		d	All other revenue									
-			Total. Add lines 11a-11d									
	12		Total revenue. See instruction	ons .				4,488,841.	٥.	0.	-194,1	
23200	9 12	-13	-22								Form 990 (2	(022)

12261018 807818 BEA4549

Form 990 (2022) BEAT CHILDHOOD CANCER FOUNDATION, INC. 27-2314549 Page 10 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	se or note to any line in	this Part IX		
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,250,000.	1,250,000.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees	127,429.	76,457.	25,486.	25,486
	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	93,990.	29,598.	40,593.	23,799.
	Pension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 (Other employee benefits				
10 F	Payroll taxes	14,801.	6,851.	4,611.	3,339.
	Fees for services (nonemployees):				
	Management				
	_egal	11 000		11 00	
		11,600.		11,600.	
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	69,658.	34,250.	26,158.	9 250
	Advertising and promotion	6,130.	3,065.	20,150.	9,250.
	Difice expenses	33,227.	5,753.	6,307.	21,167
	nformation technology	,			, -
	Royalties				
	Decupancy				
	Fravel	24,760.	12,380.		12,380.
	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	1			~ - ~
	Depreciation, depletion, and amortization	1,900. 3,113.	950.		950
		3,113.	1,441.	970.	702
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), imount, list line 24e expenses on Schedule 0.)				
	PROGRAM EXPENSES	24,700.	24,700.		
ьΙ	PROFESSIONAL DEVELOPMEN	357.	165.	111.	81.
c _					
d					
e A	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,661,665.	1,445,610.	115,836.	100,219.
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

232010 12-13-22

12261018 807818 BEA4549

_11

Form 990 (2022)

12261018 807818 BEA4549

BEAT CHILDHOOD CANCER FOUNDATION, INC.

27-2314549 Page 11

Big (A) Beginning of year Effed of year 1 Cash - non-interest bearing 1, 87.8, 368.1 2, 003, 464. 2 Swings and temporty cash investments 65,000.3 2,656,999. 4 Accounts receivable, net 65,000.3 2,656,999. 4 Accounts receivable, net 4 5 5 Loans and other receivables from any current or former officer, director, trustes, key employse, creator or founder, substantial contributor, or 39% controlled ontity or family member of any to these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(6) 7 7 Notes and loans receivable, net 8 9 9 Prepaid expenses and deferred charges 9 9 10a 10, 735. 5 5 11 Investmets. publicly indiced socurities 11 12 11 Investmets. publicly indiced socurities 11 12 12 Investmets. publicly indiced socurities 11 13 13 Investmets. publicly indiced socurities 11 14 14			Check if Schedule O contains a response or not	e to an	y line in this Part X				
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 65,000.3 2,656,999. 4 Accounts receivable, net 4 65,000.3 2,656,999. 5 Loans and other receivables from other substantial contributor, or 35% controlled entity or family member of any of these persons (a defined under section 4958(f(1)), and persons described in section 4958(c(3)(6) 6 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c(3)(6) 6 7 7 Notes and loans receivable, net 7 7 7 9 Propad expenses and deferred charges 9 10 4,750.6 6,650.10c 5,985.7 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>End of year</th></td<>								End of year	
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 65,000.3 2,656,999. 4 Accounts receivable, net 4 65,000.3 2,656,999. 5 Loans and other receivables from other substantial contributor, or 35% controlled entity or family member of any of these persons (a defined under section 4958(f(1)), and persons described in section 4958(c(3)(6) 6 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(c(3)(6) 6 7 7 Notes and loans receivable, net 7 7 7 9 Propad expenses and deferred charges 9 10 4,750.6 6,650.10c 5,985.7 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 <td< th=""><th></th><th>1</th><td>Cash - non-interest-bearing</td><td></td><td></td><td>1,878,368.</td><td>1</td><td>2,003,464.</td></td<>		1	Cash - non-interest-bearing			1,878,368.	1	2,003,464.	
3 Piedges and grants receivable, net 65,000.3 2,656,999. 4 Accounts receivable, net 4 5 Laans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of a solution described in section 4958(r)(3)(B) 6 7 Notes and loans receivable, net 5 8 9 7 9 repaid expenses and deferred charges 9 10a 10,735. 8 9 Piegad expenses and deferred charges 9 10a 10,735. 8 10b 4,750. 6,650. 11 11 12 12 Investments - program-related. See Part IV, line 11 11 13 Investments - program-related. See Part IV, line 11 13 14 Total assets. Add lines 1 through 15 (must equal line 33) 1,950,018. 16 17 Accounts payable and accrued expenses 11,350,000. 12 18 Total assets. Add lines 1 through 15 (must equal line 33) 1,950,018. 16 4,665,448.		2					2		
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred thrages 9 10a Loand, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10, 735. 10a Lond, subtents- program/sated. See Part IV, line 11 13 13 11 Investments- public part of the securities. See Part IV, line 11 13 14 11 Integrational account lexibility. Complete Part IV of Schedule D 13, 487. 17 2, 741. 13 Investments- public account liability. Complete Part IV of Schedule D 20 20 22 14 To accounts payable and accrued expenses 13, 487. 17 2, 741. 14 Introget account liability. Complet		3				65,000.	3	2,656,999.	
S Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons a 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958)((3)(8) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and defered charges 9 10 Land, buildings, and equipment: cost or other basis. Complete Part V tol Schedule D 10 10, 735 - 11 Investments - publicy traded securities 11 12 11 investments - publicy traded securities 11 12 11 Investments - publicy traded securities 11 12 11 Investments - publicy traded securities 11 13 11 Investments - publicy traded securities 14 14 11 Investments - publicy traded securities 13, 487. 17, 2, 741. 16 Total assets. Add in loans 1 through 15 (must equal ine 33) 1, 950, 0118. 16, 20, 0000. 19 Defered revenue 20 22 23 12 L		4			4				
structure, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 6 Loars and other receivables from other disqualified persons (as defined under section 4958)((7)), and persons described in section 4958)((3)(8) 6 7 Notes and loars receivable, net under disqualified persons (as defined under section 4958)((7)), and persons described in section 4958)((7)(8) 7 10a Land, buildings, and equipment: cost or other basis. Compilete Part V of Schedule D 10a 10, 7, 735. 11 Investments - publicly traded securities 11 12 11 investments - publicly traded securities 11 12 13 Investments - publicly traded securities 11 12 14 Intragible assets 11 13 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 16 (must equal line 33) 1, 950, 018. 16 4, 666, 448 . 17 Accounts payable and accrued expenses 13, 487 · 17 2, 741 . 2, 741 . 18 Grants payable in a darcued expenses 20 20 21 20 Tax exempt bond liabilities 21 22 22 23<		5							
state 5 6 Loans and other receivables from other disqualified persons (as defined under section 4956(k)(3)(b) 6 7 Notes and loans receivable, net 7 8 Investments controled expressons (as defined under section 4956(k)(3)(b) 6 9 Prepaid expenses and deferred charges 9 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 100 10,735. 11 Investments - ublicky traded sacurities 11 12 11 Investments - ublicky traded sacurities 11 12 12 Investments - ublicky traded sacurities 11 12 13 Investments - ublicky traded sacurities 11 12 14 Intragible assets 11 12 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Acid lines 1 through 15 (must equal line 33) 1,950,018. 16 4,666,448. 17 Accounts payable and accrued expenses 13,487. 13,487. 12,250,000. 21 Easewarept bord liabilities 22 <td< th=""><th></th><th></th><td>-</td><td></td><td></td><td></td><td></td></td<>			-						
Section 4958(h(1)), and persons described in section 4958(h(3)(B) 7 Notes and loans receivable, et 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 10, 735. 11 Investments - publicly traded securities 11 12 11 Investments - other securities. See Part IV, line 11 13 13 13 Investments - outpartice See Part IV, line 11 13 14 14 Intragible assets. 11 13 14 16 Total assets. Add Inset: through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 13, 487. 17, 2, 7741. 1, 350, 0000. 18 1, 250, 0000. 19 Deferred revenue 20 21 20 22 22 23 Secured mortigages and notes payable to unrelated third parties 23 24 24 24 20 Tax-exempt bond liabilities not included on lines 17-24). Complete Part X of Schedule D 24 25 1, 363							5		
set under section 4958(0)(13), and persons described in section 4958(0)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and defered charges 9 10a 10, 735. 8 10b 10, 735. 9 11 Investments - publicly traded securities 111 12 Investments - publicly traded securities 111 12 Investments - publicly traded securities 14 13 Investments - publicly traded securities 14 14 Intrajble assets 14 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 13, 487. 17 2, 741. 18 Grants payable and accrued expenses 20 21 25 21 Escrow or custofial account lability. Complete Part IV of Schedule D 21 22 22 22		6							
9 b Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 10, 735. b Less: accumulated depreciation 10a 10, 735. 9 11 Investments - publicly traded securities 111 112 12 Investments - program-related. See Part IV, line 11 13 13 13 Investments - program-related. See Part IV, line 11 13 14 14 Intagible assets 14 4 15 Other assets. See Part V, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 13, 487. 17 2, 741. 18 Grants payable 20 21 20 22 20 Tax-exempt bond liabilities 20 21 20 22 21 Less and other payables to any current or former officer, director, trustee, key employee, creator or fourder, substantial contributor, or 39% controlled entiy or family member of any of th			under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6		
9 b Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part Vi of Schedule D 10a 10, 735. b Less: accumulated depreciation 10a 10, 735. 9 11 Investments - publicly traded securities 111 112 12 Investments - program-related. See Part IV, line 11 13 13 13 Investments - program-related. See Part IV, line 11 13 14 14 Intagible assets 14 4 15 Other assets. See Part V, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 13, 487. 17 2, 741. 18 Grants payable 20 21 20 22 20 Tax-exempt bond liabilities 20 21 20 22 21 Less and other payables to any current or former officer, director, trustee, key employee, creator or fourder, substantial contributor, or 39% controlled entiy or family member of any of th	ŝ	7	Notes and loans receivable, net		7				
9 Prepade expenses and observed charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10, 735. b Less: accumulated depreciation 10a 10, 735. 6, 650. 10c 5, 985. 11 Investments - publicly traded securities. 111 112 11 112 11 112 12 Investments - other securities. See Part IV, line 11 12 13 13 14 13 Investments - program-related. See Part IV, line 11 13 15 16 16 16 Total assets. See Part IV, line 11 13 14 14 13 17 16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 13, 487. 17, 2, 7741. 18 Grants payable and accrued expenses 13, 3, 487. 12 2, 741. 21 Escrew or outsodial account liability. Complete Part IV of Schedule D 21 21 22 22 23 24 24 22 Cother liabilities (including federal income tax, payables to related third parties </th <th>.ess</th> <th>8</th> <td></td> <td></td> <td>8</td> <td></td>	.ess	8			8				
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10, 735. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Investments - program-related. See Part IV, line 11 13 Investments - publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Defered revenue 21 Escrew or custodial account liability. Complete Part IV of Schedule D 22 Loas and other payable to unrelated third parties 23 Secrew of model payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities (including federal income tax, payables to related third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities (including tederal income tax, payables to re	Ř	9					9		
basis. Complete Part VI of Schedule D 10a 10., 735. b Less: accumulated depreciation 10b 4,750. 6,650. 10c 5,985. 11 Investments - polyadited securities. See Part IV, line 11 11 12 11 12 12 Investments - program-related. See Part IV, line 11 13 14 13 14 Investments - program-related. See Part IV, line 11 13 14 14 15 Other assets. See Part IV, line 11 15 44 - 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,950,018. 16 4,666,448. 17 Accounts payable and accrued expenses 1,350,000. 18 1,250,000. 19 Deferred revenue 19 20 21 22 21 Leass and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortsgages and notes payable to unrelated third parties 23 24 24 Unsecured nother liabilities included on lines 17-24). Complete Pa		10a							
b Less: accumulated depreciation 10b 4 , 750 · 6 , 650 · 10c 5 , 985 · 11 Investments - publicly traded securities 11 12 11 12 Investments - program-related. See Part IV, line 11 12 13 14 13 Investments - program-related. See Part IV, line 11 13 14 14 14 Intrangible assets 11 , 950 , 018 · 16 4 , 666 , 448 · 16 Total assets. Add lines 1 through 15 (must equal line 33) 1 , 950 , 018 · 16 4 , 666 , 448 · 17 Accounts payable and accrued expenses 13 , 487 · 17 2 , 741 · 19 Deferred revenue 19 20 21 22 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 23 24 22 Loans and other payable to any current of former officer, director, trustee, key employce, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 24 23 Ceured motes and loans payable to unrelated third parties 24 25 26			basis. Complete Part VI of Schedule D	10a					
11 11 11 11 11 12 11 11 11 12 11 12 12 11 12 11 12 14 12 14 15 14 15 14 15 16 17 Accounts payable and accrued expenses 13 14 16 16 17 Accounts payable and accrued expenses 13 14 13 4 10 14 12 12 12 12 12 12 12 <td cols<="" th=""><th></th><th>b</th><td></td><td></td><td>4,750.</td><td>6,650.</td><td>10c</td><td>5,985.</td></td>	<th></th> <th>b</th> <td></td> <td></td> <td>4,750.</td> <td>6,650.</td> <td>10c</td> <td>5,985.</td>		b			4,750.	6,650.	10c	5,985.
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 1, 950, 018. 16 4, 666, 448. 18 Grants payable and accrued expenses 1, 350, 000. 18 1, 250, 000. 19 Deferred revenue 19 20 21 20 Tax exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Add lines 17 through 25 1, 363, 487. 26 1, 252, 741. 27 Net assets with ot onor restrictions 378, 039. 27 624, 898. 29 Capital stock or tru					11				
14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,950,018. 16 4,666,448. 17 Accounts payable and accrued expenses 13,487. 17 2,741. 18 Grants payable 19 20 20 21 20 Tax exempt bond liabilities 20 21 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured notes and loans payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25. 1,363,487. 26 1,252,741. 7 Net assets with donor restrictions 378,039. 27 624,898. 27 Net a		12	Investments - other securities. See Part IV, line -		12				
15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,950,018.16 4,666,448. 17 Accounts payable and accrued expenses 13,487.17 2,741. 18 Grants payable 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 27 Net assets with donor restrictions 378,039.27 624,898.2 28 Net assets with donor restrictions 208,492.28 2,788,809. 27 Net assets with		13	Investments - program-related. See Part IV, line		13				
16 Total assets. Add lines 1 through 15 (must equal line 33) 1, 950, 018. 16 4, 666, 448. 17 Accounts payable and accrued expenses 13, 487. 17 2, 741. 18 Grants payable 1, 350, 000. 18 1, 250, 000. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to urrelated third parties 23 24 25 Other liabilities including federal income tax, payables to related third parties 24 25 26 Total liabilities. Add lines 17 through 25 1, 363, 487. 26 1, 252, 741. 28 Net assets with donor restrictions 378, 039. 27 624, 898. 28 Net assets with donor restrictions 208, 492. 28 2, 788, 809.		14	Intangible assets				14		
17 Accounts payable and accrued expenses 13,487.17 2,741. 18 Grants payable 1,350,000.18 1,250,000. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 28 Net assets without donor restrictions 378,039.27 624,898.298.2 28 Net assets without donor restrictions 278,039.27 624,898.209.2 29 Capital stock or trust principal, or current funds 29 29 30 Paid-in		15	Other assets. See Part IV, line 11				15		
18 Grants payable 1,350,000.18 1,250,000. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 0 Organizations that follow FASB ASC 958, check here and complete lines 27,28,32, and 33. 378,039.27 624,898.209.27 28 Net assets with donor restrictions 378,039.27 624,898.809.208.499.20		16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	1,950,018.	16		
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 37 Net assets with donor restrictions 378,039.27 624,898. 29 Capital stock or trust principal, or current funds 29 208,492.28 2,788,809. 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 32 Total net assets or fund balances 586,531.32 3,413,707. 31 Total liabilities and net assets/fund balances 586,531.32 3,413,707. <td></td> <th>17</th> <td>Accounts payable and accrued expenses</td> <td></td> <td></td> <td></td> <td>17</td> <td></td>		17	Accounts payable and accrued expenses				17		
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487. 26 1,252,741. 378, 039. 27 624,898. 20 20 27 Net assets with donor restrictions 378,039. 27 624,898. 28 Net assets with donor restrictions 208,492. 28 2,788,809. 29 Capital stock or trust principal, or current funds 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total		18	Grants payable			1,350,000.	18	1,250,000.	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 378,039.27 624,898.208,809. 28 Net assets with donor restrictions 208,492.2 28 2,788,809. 29 Capital stock or trust principal, or current funds 29 29 29 20 Capital stock or trust principal, or current funds 31 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 58		19	Deferred revenue			19			
99 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 0rganizations that follow FASB ASC 958, check here X 25 26 1,252,741. 27 Net assets without donor restrictions 378,039.27 624,898.809. 28 Net assets with donor restrictions 208,492.28 2,788,809. 29 Capital stock or trust principal, or current funds 29 29 20 Paid-in or capital supplus, or land, building, or equipment fund 30 31 31 Total liabilities and net assets/fund balances 586,531.32 3,413,707. 32 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.		20	Tax-exempt bond liabilities		20				
Tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487. 26 1,252,741. 0rganizations that follow FASB ASC 958, check here X 378,039. 27 624,898. 28 Net assets with donor restrictions 208,492. 28 2,788,809. 0rganizations that do not follow FASB ASC 958, check here 378,039. 27 624,898. 29 Capital stock or trust principal, or current funds 29 29 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 32 Total neader annings, endowment, accumulated income, or other funds 31 32 Total assets or fund balances 586,5311. 32 3,413,707. 33 Total liabilities and net assets/fund		21	Escrow or custodial account liability. Complete		21				
23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 27 Organizations that follow FASB ASC 958, check here X 378,039.27 624,898. 27 Net assets without donor restrictions 378,039.27 624,898. 28 Net assets with donor restrictions 208,492.28 2,788,809. 0rganizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 208,492.28 2,788,809. 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.<	es	22	Loans and other payables to any current or form						
23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 27 Organizations that follow FASB ASC 958, check here X 378,039.27 624,898. 27 Net assets without donor restrictions 378,039.27 624,898. 28 Net assets with donor restrictions 208,492.28 2,788,809. 0rganizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 208,492.28 2,788,809. 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.<	iliti								
23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 27 Organizations that follow FASB ASC 958, check here X 378,039.27 624,898. 27 Net assets without donor restrictions 378,039.27 624,898. 28 Net assets with donor restrictions 208,492.28 2,788,809. 0rganizations that follow FASB ASC 958, check here and complete lines 29 through 33. 29 208,492.28 2,788,809. 29 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.<	.iab						22		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. 0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 378,039.27 624,898. 27 Net assets without donor restrictions 378,039.27 624,898. 28 Net assets with donor restrictions 208,492.28 2,788,809. 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 208,492.28 2,788,809. 29 Capital stock or trust principal, or current funds 29 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.	-	23							
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D2526Total liabilities. Add lines 17 through 251,363,487.2626Total liabilities. Add lines 17 through 251,363,487.26378,039.27Organizations that follow FASB ASC 958, check hereXand complete lines 27, 28, 32, and 33.378,039.2727Net assets without donor restrictions378,039.2728Net assets with donor restrictions208,492.2829Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances586,531.3233Total liabilities and net assets/fund balances1,950,018.33							24		
of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 378,039.27 624,898. 27 Net assets with donor restrictions 208,492.28 2,788,809. 28 Net assets with donor restrictions 208,492.28 2,788,809. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 208,492.28 2,788,809. 29 Capital stock or trust principal, or current funds 29 29 1 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.		25							
26 Total liabilities. Add lines 17 through 25 1,363,487.26 1,252,741. Organizations that follow FASB ASC 958, check here X 26 1,252,741. Organizations that follow FASB ASC 958, check here X 27 624,898. 27 Net assets with donor restrictions 378,039.27 624,898. 28 Net assets with donor restrictions 208,492.28 2,788,809. Organizations that do not follow FASB ASC 958, check here 208,492.28 2,788,809. Organizations that do not follow FASB ASC 958, check here 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 586,531.32 3,413,707. 33 Total liabilities and net assets/fund balances 1,950,018.33 4,666,448.				; 17-24)	. Complete Part X				
Source Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 378, 039. 27 27 Net assets without donor restrictions 378, 039. 27 28 Net assets with donor restrictions 208, 492. 28 2, 788, 809. Organizations that do not follow FASB ASC 958, check here 208, 492. 28 2, 788, 809. Organizations that do not follow FASB ASC 958, check here 208, 492. 28 2, 788, 809. Organizations that do not follow FASB ASC 958, check here 29 29 30 Paid-in or capital stock or trust principal, or current funds 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 586, 531. 32 3, 413, 707. 33 Total liabilities and net assets/fund balances 1, 950, 018. 33 4, 666, 448.					······ -	1 262 107			
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions 0rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 20 20 20 21 22 23 24 25 26 27 28 29 20 29 20 20 20 20 20 20 20 21 22 23 24 25 26 27 28 29 29 20 20 21 22 23 24 25 26 27 28 29 20 21		26	y	· · · ·		1,303,407.	26	1,252,741.	
33 Total liabilities and net assets/fund balances	es		-	ck ner	e				
33 Total liabilities and net assets/fund balances	anc	07				378 039	07	624 898	
33 Total liabilities and net assets/fund balances	3ala								
33 Total liabilities and net assets/fund balances	Π	28				200,492.	28	2,700,005.	
33 Total liabilities and net assets/fund balances	Fu		-						
33 Total liabilities and net assets/fund balances	<u>r</u>	20				20			
33 Total liabilities and net assets/fund balances	ets								
33 Total liabilities and net assets/fund balances	Ass								
33 Total liabilities and net assets/fund balances	let					586.531.		3,413,707.	
	z								
						, , • •		Form 990 (2022)	

Form 990 (2022) Part X Balance Sheet

	1 990 (2022) BEAT CHILDHOOD CANCER FOUNDATION, INC.	27-2	314549	Pa	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,488						
2									
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	580	5,5	31.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,413	3,7	07.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	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,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2022)

232012 12-13-22

SCH	EDU	ILE	Α

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the o	organization
---------------	--------------

Nam	e of t	he organization סביסס	CHILDHOOD	CANCED	FOIN	סדשעם	אז דאז	C.		r identification number 27-2314549		
Pa	rt I	Reason for Public								1-2314349		
									13.			
	organ	ization is not a private found			•		,					
1		A church, convention of ch)(a)UTI n	I)(A)(I).				
2		A school described in sect										
3		A hospital or a cooperative						•				
4		A medical research organiz	ation operated in co	njunction with a	a nospita	i described	a in sectio	n 170(a)(1)(A	(III). Enter	the hospital's name,		
-		city, and state:				-						
5		An organization operated for		liege or univers	ity owne	d or opera	ted by a g	overnmental	unit descrit	bed 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). 										
6	v											
7	Δ	An organization that norma		intial part of its	support	rom a gov	ernmental	unit or from	the general	i public described in		
•		section 170(b)(1)(A)(vi). (C										
8		A community trust describe							11			
9		An agricultural research org										
		or university or a non-land-o	grant college of agric	ulture (see instr	ructions)	. Enter the	name, cit	y, and state c	or the colleg	je or		
10		university:	Illy reacives (1) more	than 22 1/20/	of ito ouro	nort from .	oostributic	no mombor	hin face o	nd areas respire from		
10		An organization that norma	• • • •									
		activities related to its exer										
		income and unrelated busin See section 509(a)(2). (Con		(less section 5	i i taxj ii		sses acqu	lifed by the o	ryanization	alter Julie 30, 1975.		
11		An organization organized	. ,	ively to test for	nublic cr	foty Soo	soction 5(O(a)(A)				
12		• •	•		•				arry out the	a nurnoses of one or		
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 on											
		lines 12a through 12d that	-									
а		Type I. A supporting orga			-		-		-	/ aivina		
ŭ		the supported organization				•						
		organization. You must o				a majority .				sapporting		
b		Type II. A supporting org	-			tion with it	s support	ed organizati	on(s), by ha	avina		
		control or management of	-					-		-		
		organization(s). You mus							5 1	1		
с		Type III functionally inte				in connec	tion with.	and functiona	allv integrat	ed with.		
		its supported organizatio			-				, ,	,		
d		Type III non-functionally		-	-				orted organ	ization(s)		
		that is not functionally int			-				-			
		requirement (see instruct	ions). You must cor	nplete Part IV,	Section	s A and D,	and Part	V.				
е		Check this box if the orga	anization received a	written determir	nation fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III			
		functionally integrated, o										
f	Ente	er the number of supported of	organizations									
g	Pro	vide the following information		d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of orga (described on lin		(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	,	(vi) Amount of other		
		organization		above (see instru		Yes	No	support (see i	nstructions)	support (see instructions)		

BEAT CHILDHOOD CANCER FOUNDATION, INC. 27-2314549 Page 2 Schedule A (Form 990) 2022 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1270889.	1772860.	2162103.	1741917.	4862993.	11810762.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1270889.	1772860.	2162103.	1741917.	4862993.	11810762.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						594,757.
6	Public support. Subtract line 5 from line 4.						11216005.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1270889.	1772860.	2162103.	1741917.	4862993.	11810762.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						11810762.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	41,757.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	p here			· · · · · · · · · · · · · · · · · · ·		
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
14	Public support percentage for 2022 (line 6, column (f), c	livided by line 11,	column (f))		14	94.96 %
15	Public support percentage from 2021	1 Schedule A, Part	II, line 14			15	90.87 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a p	ublicly supported of	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circur	nstances test, che	ck this box and st	t op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t	b, check this box a	and see instruction	ıs
						Schedule A	(Form 990) 2022

232022 12-09-22

Schedule A (Form 990) 2022 BEAT CHILDHOOD CANCER FOUNDATION, INC. 27-2314549 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(1) _ 0 1 0	(1) 2010	(0) = 0 = 0	(0, 202)	(0) = 0 = =	(,, , , , , , , , , , , , , , , , , , ,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for th	ne organization's fi	rst, second. third.	fourth. or fifth tax	vear as a section	501(c)(3) orga	inization,
check this box and stop here	5			·····		,
Section C. Computation of Publ	ic Support Pe					
15 Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2021					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20		nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						/3% , and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	<u></u>
232023 12-09-22					Sched	lule A (Form 990) 2022
			16			

12261018 807818 BEA4549

Schedule A (Form 990) 2022 BEAT

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

12261018 807818 BEA4549

17 2022.04030 BEAT CHILDHOOD CANCER FOUND BEA45491

10a 10b Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Schedule A (Form 990) 2022 BEAT CHILDHOOD CANCER FOUNDATION, INC. 27-2314549 Page 5

га	ונוע	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			

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

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

5	ection	С.	lype l	I Supporting	Organizations	

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

Sec	Section D. All Type III Supporting Organizations					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the					
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in</i> Part VI <i>how</i>					
	the organization maintained a close and continuous working relationship with the supported organization(s).	:	2			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's					

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s *supported organizations played in this regard.*

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

232025 12-09-22

3b | Schedule A (Form 990) 2022

Yes

1

2

3

2a

2b

3a

Yes No

Yes No

No

_18

12261018 807818 BEA4549

	edule A (Form 990) 2022 BEAT CHILDHOOD CANCER F			27-2314549 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

BEAT CHILDHOOD CANCER FOUNDATION, INC. 27-2314549 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and 8; and Part	3; Part IV, S V, Section E	ection E, liı E, lines 2, 5	nes 1c, 2a, 2 5, and 6. Also	2b, 3a, an 5 complet	d 3b; Part V, e this part fo	line 1; Part V, r any addition	, Section B, li nal informatio	ine 1e; Part V n.
(See instructions.)		v, section i	_, in les 2, 3		Complet	e this part to			
22028 12 00 22								Schodule	(Eorm 000)
32028 12-09-22				21				Schedule A	A (Form 990)

(Form	990)
-------	------

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

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

OMB No. 1545-0047
2022
2022
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BEAT CHILDHOOD CANCER FOUNDATION, INC.

Employer identification number 27 - 2314549

Par			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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 wr	-	
~	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?		
Par		nization answered "Yes" on Form 990	
	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreation		f a historically important land area
	Protection of natural habitat	·	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	- · · · · · · · · · · · · · · · · · · ·		
	Number of conservation easements on a certified historic struct		
	Number of conservation easements included in (c) acquired aff		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
0	Does each conservation easement reported on line 2(d) above	actisfy the requirements of eaction 17	
8	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
3	balance sheet, and include, if applicable, the text of the footno	•	
	organization's accounting for conservation easements.		
Par		Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in 1	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under FASB AS	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions 1	or Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	26	

12261018 807818 BEA4549

	dule D (Form 990) 2022 BEAT CH	ILDHOOD CA							1454		ige 2
3	Using the organization's acquisition, accessi									iueu)	
3	collection items (check all that apply):	ion, and other record	is, check	any or the	ioliowing the	at make s	significant u	seorius			
а	Public exhibition	d	. 🗆 .	oan or eycl	nange progra	am					
b	Scholarly research				lange progra						
c	Preservation for future generations	6									
4	Provide a description of the organization's co	ollections and explai	n how th	ov furthor th	ne organizati	ion's eve	mot ouroos	e in Par	· XIII		
5	During the year, did the organization solicit of										
5	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		U								
	reported an amount on Form 990, Pa			organizatio			10111000,	r arc rv,	1110 0, 01		
	Is the organization an agent, trustee, custod		diary for c	contribution	s or other as	sets not	included				
	on Form 990, Part X?		•						Yes		No
h	If "Yes," explain the arrangement in Part XIII							·····			
			nowing a	2010.					Amoun	t	
c	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year		ior year			(d) Three yea	ars back	(e) Four	years l	back
1a	Beginning of year balance								.,	-	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1c	ı. column (a)) held as:						
	Board designated or quasi-endowment	•	%	,,	,,,						
	Permanent endowment	%									
		<u></u> / •									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	•	ation that	t are held a	nd administe	ered for t	he				
	organization by:	0							Ī	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?							
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (ccumulated preciation		(d) Boo	k value	9
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			1	0,735.		4,75	0.		5,98	85.
	Other										
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)	<u></u>				5,98	85.

Schedule D (Form 990) 2022

232052 09-01-22

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	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
art X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	e 25.)		
al. (Column (b) must equal Form 990, Part X, col. (B) lin Liability for uncertain tax positions. In Part XIII, provide			that reports the

BEAT CHILDHOOD CANCER FOUNDATION,

27-2314549 Page 3

INC.

232053 09-01-22

Schedule D (Form 990) 2022

_	edule D (Form 990) 2022 BEAT CHILDHOOD CANCER F			2314549 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,488,841.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			4,488,841.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			4,488,841.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1				
	Total expenses and losses per audited financial statements		1	1,661,665.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	1,661,665.
2 a			1	1,661,665.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1,661,665.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1,661,665.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1,661,665.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		0.
a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	1,661,665. 0. 1,661,665.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	0.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2e	0.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e	0.
a b c d 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	0. <u>1,661,665.</u> 0.
a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 1</i>)	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	0. 1,661,665.
a b c 4 3 4 b 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 	2e 3 3 4c 5	0. 1,661,665. 0. 1,661,665.

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

232054 09-01-22

12261018 807818 BEA4549 2022.04030 BEAT CHILDHOOD CANCER FOUND BEA45491

29

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	drais	ing or Gaming	Activitie	es 🛛 🕬	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19, or i	f the	2022
Department of the Treasury		Attach to Form 990 c	or Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and t	he latest informatio			Inspection
Name of the organization		ILDHOOD CANCER FOU	ערוא	ͲͳϽ	N TNC		ployer ide /-2314	ntification number 549
Part I Fundrais		Complete if the organization answe						
	complete this par		ied i	00 01	rr onn ooo, r arriv,		5111 000 22	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions l email solicitations itations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	s f ☐ Solicitat g ☐ Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	to (or ret fund	ount paid ained by) raiser n col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exe	mpt from re	egistration

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr)-EZ, lines 1 and 6b. List e	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 FALMOUTH	(c) Other events	(d) Total events
			GOLD GALA	ROAD RACE	4	(add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	280,322.	123,371.	212,878.	616,571.
	2	Less: Contributions	280,322.	123,371.	212,878.	616,571.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	45,373.		10,668.	56,041.
Direct Expenses	7	Food and beverages		1,049.	8,435.	9,484.
Δ	8	Entertainment	2,250.		15,181.	17,431.
	9	Other direct expenses			10,960.	17,431. 109,587.
	10	Direct expense summary. Add lines 4 through				192,543.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			-192,543.
Pa	art I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? _ Yes b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022

No

31

Sch	edule G (Form 990) 2022	BEAT	CHILDHOOD	CANCER	FOUNDATION,	INC.	27-2	314549	Page 3
11	Does the organization conduct g							Yes	No
12	Is the organization a grantor, be	neficiary or	trustee of a trust, or	a member of a	a partnership or other en	tity formed			
	to administer charitable gaming							Yes	└── No
	Indicate the percentage of gami						,	10-	0/
	The organization's facility							13a 13b	<u>%</u> %
	An outside facility Enter the name and address of t							130	70
•••				gainzation o ge					
	Name								
	Address								
								V aa	
15a	Does the organization have a co	ontract with a	a third party from wr	nom the organ	ization receives gaming	revenue?		└── Yes	└── No
h	If "Yes," enter the amount of ga	mina revenu	e received by the o	raanization	\$	and the amo	unt		
~	of gaming revenue retained by t				÷		Ciric		
c	If "Yes," enter name and addres	-	-						
	Name								
	Address								
16	Gaming manager information:								
10	daming manager information.								
	Name								
	Gaming manager compensation	۱ \$							
	Description of services provided								
	Director/officer	Emp	loyee	Independe	ent contractor				
	Mandatory distributions:								
а	Is the organization required und				0 01			Vec	
h	retain the state gaming license? Enter the amount of distribution				other exempt organizati		 n tha		
	organization's own exempt activ	•			other exempt organizati	ons or spent i	i uie		
Pa	rt IV Supplemental Info	<u> </u>		tions required	by Part I, line 2b, colum	ns (iii) and (v);	and Par	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable	e. Also provide any a	additional infor	mation. See instructions	s.			
2320	83 10-27-22						Schedu	le G (Form	990) 2022
				32		~~~~~			

Schedule G	(Form 990) Supplemental Info	BEAT CHILDHOOD	CANCER	FOUNDATION,	INC.	27-2314549	Page 4
Part IV	Supplemental Info	ormation (continued)					
232084 04-01-;	22					Schedule G (F	orm 990)
			33				

12261018 807818 BEA4549 2022.04030 BEAT CHILDHOOD CANCER FOUND BEA45491

SCHEDULE I (Form 990) Department of the T Internal Revenue Se		Go	Go to www.irs	nd Individual	ls in the Uni ' on Form 990, Pa n 990.	ted States rt IV, line 21 or 22.		ОМВ №. 15 202 Ореп to I Inspec	22 Public
Name of the or	rganization							Employer identification	
		DHOOD CAN	ICER FOUNDAT	ION, INC.				27-231	
Part I Ge	eneral Information on Grants a	nd Assistance							
criteria u	e organization maintain records t used to award the grants or assis	stance?					sistance, and the selec		No No
	e in Part IV the organization's pro					·	/ " E 000 D I		
	rants and Other Assistance to cipient that received more than \$					anization answered "	res" on Form 990, Par	t IV, line 21, for any	
	e and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gr or assistance	
BLYTHE BLVD	CHILDRENS HOSPITAL 1001 D, SUITE 601 -							FUNDING FOR CLINIC	CAL
CHARLOTTE,	NC 20	38-3382353	501(C)(3)	1,250,000.	0.			TRIALS	

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

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

BEAT CHILDHOOD CANCER FOUNDATION, INC.

27-2314549

Page 2

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

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

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

PART I, LINE 2:

BEAT CHILDHOOD CANCER MANAGEMENT AND DIRECTORS ARE IN FREQUENT

COMMUNICATION WITH THE BCC RESEARCH CONSORTIUM AND PARTICIPATE IN STATUS

CALLS AND MEETINGS WHERE THE PROGRESS AND RESULTS OF CLINICAL TRIALS ARE

DISCUSSED.

SCHEDULE O (Form 990)

(10111390)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



27-2314549

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEAT CHILDHOOD CANCER FOUNDATION,

IN KIDS' SURVIVAL TODAY. OUR VISION IS TO CHANGE THE STORY FOR THE

NEXT FAMILY BY FINDING VIABLE TREATMENTS AND ULTIMATELY, CURES FOR

CHILDHOOD CANCERS.

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

TREATING RELAPSE WITHOUT PUNITIVE, LONG-TERM SIDE EFFECTS. OUR

COMMUNITY OF CLINICIANS, SCIENTISTS, PARENTS, AND SUPPORTERS HAS BUILT

AN INTERNATIONAL INFRASTRUCTURE AND TEAM OF RESEARCH AND CLINICAL

COLLABORATORS TO ENSURE KIDS HAVE ACCESS TO THESE THERAPIES.

SINCE 2010, OUR GROUP HAS OPENED NINETEEN CLINICAL TRIALS, DIRECTLY

AFFECTING MORE THAN 1,000 KIDS. WHERE THE TRADITIONAL CLINICAL TRIAL

MODEL OFTEN TAKES SEVERAL YEARS TO START ENROLLING PATIENTS, THE BEAT

CHILDHOOD CANCER RESEARCH CONSORTIUM USUALLY ENROLLS CHILDREN ON

CLINICAL TRIALS WITHIN ONE YEAR. OUR PATIENT-CENTERED FOCUS IS NOT

BASED ON A SINGLE DOCTOR, HOSPITAL, OR DRUG. IT IS ABOUT HELPING EVERY

CHILD, EVERYWHERE SURVIVE AND THRIVE FOLLOWING A CHILDHOOD CANCER

DIAGNOSIS.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES ALL EMPLOYEE SALARIES.

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

Schedule O (Form 990) 2022

12261018 807818 BEA4549

36 веат сн

Name of	the organ	ization	BEAT	CHILDHOO	D CANCE	R FOUNDAT	TION, I	INC.	Employer	ridentification num 2314549
FORM	990.			SECTION						
	REQU		,							
OFON	KEQ01	101								
	28-22								Sche	dule O (Form 990)