

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 53703 | Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

<u>A F</u>	or the	2022 calendar year, or tax year beginning $JUL 1$ ,	2022 and	ending J	<u>UN 30, 2023</u>									
	Check if pplicable	C Name of organization			D Employer identific	cation number								
Г	Addres	S CURE CHILDHOOD CANCER ASSOC	IATION											
	Name change Initial				51-02150									
	return Final return/	Number and street (or P.0. box if mail is not delivered to s 200 WESTFALL ROAD	treet address)	Room/suite	(585) 473-0180									
	termin ated	, , , , , , , , , , , , , , , , , , , ,	eign postal code		G Gross receipts \$ 990,527.									
	Ameno return	ROCHESIER, NI 14020			H(a) Is this a group return									
	Application		TCHER		for subordinates	? Yes X No								
	pendin	SAME AS C ABOVE			<b>H(b)</b> Are all subordinates in	cluded? Yes No								
<u> 1 1</u>	ax-exe	empt status: X 501(c)(3) 501(c)( ) (insert	t no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions								
	<b>Nebsit</b>				H(c) Group exemptio									
		organization: Corporation Trust X Association	Other	L Year	of formation: 1976 N	A State of legal domicile; NY								
Pa	art I	Summary												
Ð		Briefly describe the organization's mission or most significan												
anc		RESEARCH AND EDUCATION IN THE A												
Activities & Governance	l	heck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  umber of voting members of the governing body (Part VI, line 1a)												
ŏ		Number of voting members of the governing body (Part VI, li				14								
<u>«</u>		Number of independent voting members of the governing bo				14								
es		Total number of individuals employed in calendar year 2022				6								
Σį		Total number of volunteers (estimate if necessary)				75								
Act	1	Total unrelated business revenue from Part VIII, column (C),				0.								
	b	Net unrelated business taxable income from Form 990-T, Pa	rt I, line 11			0.								
	_				Prior Year	Current Year								
ē		Contributions and grants (Part VIII, line 1h)			493,235.	794,557.								
Je n	1				14 611	17 222								
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			14,611. 165,570.	17,333.								
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,				-91,189. 720,701.								
		Total revenue - add lines 8 through 11 (must equal Part VIII,			673,416.									
	I	Grants and similar amounts paid (Part IX, column (A), lines 1		45,018.	54,261. 0.									
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0. 156,913.										
es	15	Salaries, other compensation, employee benefits (Part IX, co		156,913.										
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	49,7		0.	0.								
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25)			181,302.	185,652.								
_	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			383,233.	424,469.								
		Total expenses. Add lines 13-17 (must equal Part IX, column			290,183.	296,232.								
	19	Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year								
ts o		Tatal accests (Dark V. Para 40)			1,643,483.	2,004,770.								
SSE	20	Total assets (Part X, line 16)			57,892.	53,811.								
Net Assets or	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20			1,585,591.	1,950,959.								
Pa	22 art II	Signature Block			1,303,331.	1,730,737.								
		Ities of perjury, I declare that I have examined this return, including a	accompanying scheduler	e and stateme	inter and to the heet of my	knowledge and helief it is								
		t, and complete. Declaration of preparer (other than officer) is based			•	Knowledge and boller, it is								
ii uo,	, correc	t, and complete. Declaration of preparer (other than officer) is based	on an information of wi	non proparor	ilas any knowledge.									
Sigi	_	Signature of officer			Date									
Her		BRENDA INDELICATO, TREASURER												
пе	•	Type or print name and title												
		<del></del>	s signature	I	Date Check C	PTIN								
Paid			S SIGNATURE	n	5/15/24 if self-employ									
	arer	-	& CO. LLP	ļo	Firm's FINI 1	6-1092347								
-	Only	Firm's address 100 CHESTNUT STREET, S			THIH S CHIV T	<u> </u>								
030	Jy	ROCHESTER, NY 14604	J_1_ 1200		Phone no 58	5-423-1860								
Mav	the IF	RS discuss this return with the preparer shown above? See in	nstructions		Trilone no. 3 0	X Yes No								

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IMPROVING THE LIVES OF CHILDREN AND THEIR FAMILIES COPING WITH
	CHILDHOOD CANCER OR CHRONIC BLOOD DISORDER BY PROVIDING EDUCATIONAL,
	EMOTIONAL, SOCIAL AND FINANCIAL ASSISTANCE; PROMOTING AND FUNDING
	RESEARCH TOWARD A CURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 157,512 • including grants of \$) (Revenue \$)
	PARENT ADVOCATE PROGRAM: PROVIDING PEER-TO-PEER SUPPORT TO FAMILIES
	COPING WITH CHILDHOOD CANCER OR CHRONIC BLOOD DISORDER, INCLUDING BUT
	NOT LIMITED TO PARKING PASSES FOR THE HOSPITAL, FOOD VOUCHERS SO
	PARENTS CAN EAT ALONGSIDE THEIR INPATIENT CHILD, EMOTIONAL SUPPORT,
	VARIOUS OTHER FINANCIAL SUPPORT.
	VINCOOD CINER I INIMICIAL BOILOUIV
4b	(Code:) (Expenses \$ 54,261. including grants of \$ 54,261. ) (Revenue \$)
40	(Code:) (Expenses \$54, 261 including grants of \$54, 261) (Revenue \$)  AGNES K. MACKEY PROGRAM & ANGEL FUND PROGRAM: PROVIDING EMERGENCY
	FINANCIAL ASSISTANCE TO FAMILIES FOR THEIR NON-MEDICAL NEEDS.
	I IMMCIAL ADDIDIANCE TO TAMILLED TOK THEIR NON MEDICAL MEEDS.
4c	(Code:) (Expenses \$ 77,044. including grants of \$) (Revenue \$)
-	EDUCATIONAL ASSISTANCE TO CHILDREN, ENSURING THEY DO NOT FALL BEHIND IN
	SCHOOL AND ARE ABLE TO SUCCEED SCHOLASTICALLY GIVEN THEY MAY BE OUT OF
	SCHOOL FOR PROLONGED PERIODS OF TIME OR HAVE LATE-TERM AFFECTS OF
	TREATMENT.
	<del></del>
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 288,817.
	Form <b>990</b> (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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		х
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
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,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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CURE CHILDHOOD CANCER ASSOCIATION 51-0215037 Page 4 Form 990 (2022) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV ..... Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? |f "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	chiest in content of containing a respective of fileto to any line in time fact to					$\Box$
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	10			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		1

232004 12-13-22

Form 990 (2022)

Form 990 (2022) CURE CHILDHOOD CANCER ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	(	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority ov	er, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		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 Advanced in the Financi	ccounts (FE	BAR).			
				<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	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	e organizat	ion solicit			, .
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			۱		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	vicas provid	ad to the navor	7-	Х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a 7b	X	
				10	- 22	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		x
А		7d		70		
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		s required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			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	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			120		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2022) 232005 12-13-22

CURE CHILDHOOD CANCER ASSOCIATION 51-0215037 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

# in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

12220515 781764 01043.0

17 List the states with which a copy of this Form 990 is required to be filed NY

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

The organization's CEO, Executive Director, or top management official

taxable entity during the year?

Other officers or key employees of the organization

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records HOLLY DUTCHER - (585) 473-0180

200 WESTFALL ROAD, ROCHESTER, NY 14620

Form **990** (2022)

Х

Х

Х

15a

15b

16a

16h

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

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

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

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

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

- 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) Name and title	(B) Average hours per	(do box	not c	Posi heck i	ition	than o	one n an	(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer B	Key employee	Highest compensated snat/ac	ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) HOLLY DUTCHER	40.00									0.454
EXECUTIVE DIRECTOR	0 50			Х				77,487.	0.	2,474.
(2) JACOB ADAMS	0.50	ļ								
BOARD MEMBER - RESIGNED DURING YEAR	1 00	Х						0.	0.	0.
(3) MELISSA STURGE-APPLE, PHD SECRETARY	1.00	х		х				0.	0.	0.
(4) JOSEPH DIFABIO	0.50									
BOARD MEMBER		X						0.	0.	0.
(5) SEAN FICO	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) SARAH KERNS	1.00									
VICE CHAIR - RESIGNED DURING YEAR		Х		Х				0.	0.	0.
(7) JACKIE GIGLIOTTA	0.50									
BOARD MEMBER - RESIGNED DURING YEAR		Х						0.	0.	0.
(8) CHRISTOPHER PUSATERI	0.50									
BOARD MEMBER - RESIGNED DURING YEAR		Х						0.	0.	0.
(9) KEVIN WOODWORTH	1.00									
TREASURER - RESIGNED DURING YEAR		Х		Х				0.	0.	0.
(10) ANTHONY ARBORE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) WILLIAM LEINEN	1.00									
VICE CHAIR		X		Х				0.	0.	0.
(12) DANIELLE WILSON	1.00									
CHAIR		Х		Х				0.	0.	0.
(13) DANIEL DETTORRE	1.00									
AT LARGE		Х		Х				0.	0.	0.
(14) DIANE BACON	0.50									
BOARD MEMBER		Х						0.	0.	0.
(15) BRENDA INDELICATO	1.00									
TREASURER		Х		Х				0.	0.	0.
(16) BRIAN WAINWRIGHT	0.50								_	_
BOARD MEMBER		Х						0.	0.	0.
(17) DANIEL KUHN	0.50	_						_	_	_
BOARD MEMBER - JOINED DURING YEAR		X						0.	0.	990 (2022)

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Form 990 (2022)

Part VII   Section A. Officers, Directors, Tru (A)	(C)						(D)	(E)		(F)		
Name and title	(B) Average	Position						Reportable	Reportable	,	(F) Estimate	ed
ramo una uno	hours per	(do not check more than one box, unless person is both an						compensation	compensation	- 1	amount	
	week			d a dire				from	from related		other	
	(list any	ctor						the	organizations	СО	mpensa	ation
	hours for	r dire			1	ted		organization	(W-2/1099-MISC/		from th	ie
	related	steec	ruste			ensa		(W-2/1099-MISC/	1099-NEC)	- 1	rganizat	
	organizations	al trus	nal t		loyee	comb		1099-NEC)		- 1	nd relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizati	ions
(40)		ii.	Ë	₹	Ā.	를, F	요			+		
(18) ERIN SACKETT	0.50	.,							0			^
BOARD MEMBER - JOINED DURING YEAR	0.50	Х			$\dashv$		_	0.	0	•		0.
(19) SCOTT DEVINNEY	0.50	.,							0			^
BOARD MEMBER - JOINED DURING YEAR	0.50	Х	Ш	_	-			0.	0	<u>-</u>		0.
(20) RAVEN REYNOLDS	0.50								•			•
BOARD MEMBER - JOINED DURING YEAR		Х		_	4			0.	0	•		0.
		1										
			Ш									
		1										
			Ш									
					T							
		L	$\lfloor \rfloor$									
1b Subtotal	-	•				•		77,487.	0		2,4	74.
c Total from continuation sheets to Part \								0.	0		•	0.
d Total (add lines 1b and 1c)								77,487.	0		2,4	
2 Total number of individuals (including but							re			•	•	
compensation from the organization					,							0
· · · · · · · · · · · · · · · · · · ·											Yes	No
3 Did the organization list any former office	r. director. trust	ee. k	ev e	olam	vee	. or l	niał	nest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for		-	•	•	•		•		•	3		х
4 For any individual listed on line 1a, is the s												
and related organizations greater than \$15										4		х
5 Did any person listed on line 1a receive or										•		
rendered to the organization? If "Yes." co.	•				,			· ·		5		Х
Section B. Independent Contractors	<u>rripiete Scrieduit</u>	<del>2</del> J 10	or su	CH D	erso	)//		<u></u>				
Complete this table for your five highest c	omnensated inc	lene	nder	nt cor	ntra	ctor	th	at received more than ¢	100 000 of company	ation f	from	
the organization. Report compensation for	•	•							,	auom	0111	
(A)	ti le caleridar ye	Jai t	, iuli l	y wit	u 1 01	vviti	<del>" </del>	(B)	Jai.		(C)	
(A) Name and busines	s address	MC	ONE	:				Description of se	ervices		(C) ensatio	n
		147	> = 4 T.				+					
							+					
							+					
							+					
							+					
	Contraction of the contraction	1:	niton			- 1:-+			and the same			
2 Total number of independent contractors	(including but n	ot III	IIILEC	to tr	_	e iist	ea a	above) who received mo	ore than			
2 Total number of independent contractors \$100,000 of compensation from the organ		ot III	mec	to tr	nose 0	e iist	ea a	above) who received mo	ore than		n <b>990</b> (	

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and	27,002. 350,030.				
Q tr	~	similar amounts not included above 1f  Noncash contributions included in lines 1a-1f  1g \$	417,525. 59,356.				
Con	_	Total. Add lines 1a-1f		794,557.			
			Business Code				
မွ	2 a						
ervi Ie	b						
n Se	С						
grar Rev	d	-					
Program Service Revenue	e •	All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere					
		other similar amounts)		22,437.			22,437.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b  Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 152,579.					
	b	Less: cost or other basis					
ne		and sales expenses 75 157,683.					
e		Gain or (loss) 7c -5,104.		F 104			F 104
ther Revenue		Net gain or (loss)		-5,104.			-5,104.
Othe	8 а	Gross income from fundraising events (not including \$ 350 , 030 of					
١		contributions reported on line 1c). See					
		Part IV, line 18	20,954.				
	b	Less: direct expenses 8b	112,143.				
		Net income or (loss) from fundraising events		-91,189.			-91,189.
	9 a	Gross income from gaming activities. See					
	L	Part IV, line 19 9a Less: direct expenses 9b					
		Less: direct expenses	l				
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
ST	4.4		Business Code				
Miscellaneous Revenue	11 a						
ellar Ven	b c						
isce		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		720,701.	0.	0.	-73,856.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 54,261. 54,261. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 68,207. 84,949. 1,896. 14,846. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 84,834. 63,256. 15,002. 6,576. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 14,773. 11,449. 1,463. 1,861. 10 Payroll taxes Fees for services (nonemployees): Management Legal 6,250. 6,250. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,791. 5,791. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 17,285. 17,285. column (A), amount, list line 11g expenses on Sch O.) 7,291. 8,101. 810. Advertising and promotion 12 4,388. 1,695. 2,693. Office expenses 13 10,887. 10,887. Information technology 14 15 Royalties 11,360. 4,194. 7,166. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 170. 850. 680. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 7,697. 7,697. Depreciation, depletion, and amortization 22 1,835. 1,835. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 52,991. 26,567. 26,424. GIFTS-IN-KIND ACTIVITIES 39,517. 39,517. 9,167. 9,167. **MISCELLANEOUS** 7,000. 7,000. d BAD DEBT EXPENSE 2,533. 2,533. All other expenses 424,469. 288,817. 85,945. 49,707. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		235,453.	1	296,000.	
	2	Savings and temporary cash investments			131,786.	2	288,208.
	3	Pledges and grants receivable, net			25,919.	3	27,002.
	4	Accounts receivable, net			53,519.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ß	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
ğ	9	Duran did a conservation and defended defended			18,052.	9	19,806.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	308,084.			
	b	Less: accumulated depreciation	10b	213,528.	102,253.	10c	94,556.
	11	Investments - publicly traded securities		905,147.	11	1,279,198.	
	12	Investments - other securities. See Part IV, lin	171,354.	12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			1,643,483.	16	2,004,770. 3,761.
	17	Accounts payable and accrued expenses			12,142.	17	3,761.
	18	Grants payable			45 550	18	F0 0F0
	19	Deferred revenue	45,750.	19	50,050.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
ia b		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin				05	
	06				57,892.	25 26	53,811.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or	hook hor	e X	31,032.	20	33,011.
S		and complete lines 27, 28, 32, and 33.	Heck Her	e <u>1</u>			
ng E	27				1,513,577.	27	1 848 834.
ala	28				72,014.	28	1,848,834. 102,125.
ē	20	Organizations that do not follow FASB ASC		ock here	72,011.	20	102,123
臣		and complete lines 29 through 33.	<i>3</i> 330, CIN	sck liefe			
<u></u>	29	Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				1,585,591.	32	1,950,959.
Ž	33	Total liabilities and net assets/fund balances			1,643,483.	33	2,004,770.
	_ 55	Total habilities and not assets/fully baidfices			_, , , , , , , , , , , , , , , , , , ,	55	Form <b>990</b> (2022)

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Pa	rt XI Reconciliation of Net Assets				J				
	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	72	0,7	01.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	42	4, 4	<u>69.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3	29	6,2	32.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,58	5,5	91.				
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	1,95	0,9	<u>59.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		CURE	CHILDHOOD	CANCER ASSO	CIATIO	N		5	1-0215037
Pa	rt I	Reason for Public C	Charity Status. (	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
he o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza					-	(iii). Enter	the hospital's name,
		city, and state:	•						•
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	-					e general ı	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to ca	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section :	509(a)(2).	See <b>section 5</b>	609(a)(3). (	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connec	ion with its	s supporte	d organization	n(s), by hav	/ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manaç	ge the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	ion with, a	and functional	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete	Part IV, Se	ctions A,	D, and E.		
d								-	* *
		that is not functionally into	-		-		=	an attentiv	veness
		requirement (see instructi	,	• '	,				
е		☐ Check this box if the orga					Type I, Type I	I, Type III	
_		functionally integrated, or		nally integrated supporti	ng organiz	ation.			
t		er the number of supported o	•						
g		vide the following information  i) Name of supported	ii) EIN	d organization(s).  (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization	.,	(described on lines 1-10	in your governi Yes	No No	support (see in	,	support (see instructions)
				above (see instructions))	100	110			
-ota									

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.)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	611,368.	549,403.	513,346.	493,235.	705,138.	2872490.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	611,368.	549,403.	513,346.	493,235.	705,138.	2872490.
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)						
6	Public support. Subtract line 5 from line 4.						2872490.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	611,368.	549,403.	513,346.	493,235.	705,138.	2872490.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,088.	13,350.	10,167.	11,876.	22,437.	71,918.
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	<b>Total support.</b> Add lines 7 through 10						2944408.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	574,889.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	97.56 %
	Public support percentage from 2021					15	97 <b>.</b> 93 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	<b>stop here.</b> The organization qualifies		-				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		·	-	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • •			
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2022

# 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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	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		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Soot	super	vised, or controlled the supporting organization.	2		
Seci	.1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	ion I	upported organization(s). D. All Type III Supporting Organizations	1		
		Divin Typo in Supporting SiguinEutions		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	CI.		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	u u	to organization occided a depotential adgree of another ever the policies, programs, and activities of Cacil			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.  Section A - Adjusted Net Income (B) Current Year (optional)  1	1	Check here if the organization satisfied the Integral Part Test as a qualifying	ig trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (B) Current Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 ta b Average monthly cash balances 1 ta b Average monthly cash balances 1 ta c Fair market value of other non-exempt-use assets 1 ta d Total (add lines 1a, tb, and 1c) 1 to e Discount claimed for blockage or other factors (explain in debtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Alignsted net income for prior year (from Section A, line 8, column A) 7 Enter 0.85 of line 1. 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructional) integrated Type III supporting organization (see	Sect		t complete s		
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Portion of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Portion of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract tines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax, year or assets held for part of year): a Average monthly value of securities 1 ha	1	Net short-term capital gain	1		
4 Add lines 1 through 3.   5 Depreciation and depletion   6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   7 Other expenses (see instructions)   7 A   8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)   8 Section B - Minimum Asset Amount   (A) Prior Year (B) Current Year (optional)   1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):     a Average monthly value of securities       b Average monthly cash balances   1    c Fair market value of all non-exempt-use assets   1    c Fair market value of other non-exempt-use assets   1    c Total (add lines 1a, 1b, and 1c)   1    d Total (add lines 1a, 1b, and 1c)   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    Cash deemed held for exempt use assets (subtract line 4 from line 3)   5    Net value of non-exempt-use assets (subtract line 4 from line 3)   5    Net value of non-exempt use assets (subtract line 4 from line 3)   5    Net value of non-exempt use assets (subtract line 4 from line 3)   5    Net value of non-exempt use assets (subtract line 4 from line 3)   5    Net value of non-exempt use assets (subtract line 8)   6    Nultiply line 5 by 0.035.   7    Recoveries of prior-year distributions   7    Alimimum Asset Amount (add line 7 to line 6)   8    Section C - Distributable Amount (add line 7 to line 6)   8    Section C in a 2 or line 3.   5    Income tax imposed in prior year (from Section B, line 8, column A)   4    Enter 0.85 of line 1.   5    Income tax imposed in prior year (from Section B, line 8, column A)   5    Income tax imposed in prior year (from Section B, line 8, column A)   6    Income tax imposed in prior year (from Section B, line 8, c	2	Recoveries of prior-year distributions	2		
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A Recoveries of prior-year distributions 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 4 from line 4, unless subject to emergency temporary reduction (see instructions) length of the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	3	Other gross income (see instructions)	3		
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 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly cash balances 1 b Average monthly cash balances c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	4	Add lines 1 through 3.	4		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7	5	Depreciation and depletion	5		
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 b C Fair market value of other non-exempt-use assets 1 b C Fair market value of other non-exempt-use assets 1 c d Total (add lines 1a, 1b, and 1c) 1 d d 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. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 A Recoveries of prior-year distributions 1 Adjusted net income for prior year (from Section A, line 8, column A) 5 Income tax imposed in prior year 1 Adjusted net income for prior year (from Section B, line 8, column A) 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	6	Portion of operating expenses paid or incurred for production or			
7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities b Average monthly value of other non-exempt-use assets 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) d 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 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 2 Income tax imposed in prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year (from Section B, line 8, column A) 5 Income tax imposed in prior year (from Section B, line 8, column A) 6 Enter greater of line 2 or line 3. 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		collection of gross income or for management, conservation, or			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets c Fair market value of non-ex			6		
Section B - Minimum Asset Amount  (A) Prior Year (B) Current Year (optional)  1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly value of securities  1 to  c Fair market value of other non-exempt-use assets  1 to  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (explain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 A Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  5 Distributable Amount. Subtract line 4 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	7	Other expenses (see instructions)	7		
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  a Average monthly value of securities  b Average monthly value of securities  c Fair market value of other non-exempt-use assets  1 to  d Total (add lines 1a, 1b, and 1c)  e Discount claimed for blockage or other factors (applain in detail in Part VI):  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  2 Acquisition indebtedness applicable to non-exempt-use assets  3 Subtract line 2 from line 1d.  4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
instructions for short tax year or assets held for part of year):  a Average monthly value of securities b Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Acash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use sests (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Acquised net income for prior year (from Section A, line 8, column A) 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	Sect	ion B - Minimum Asset Amount		(A) Prior Year	
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4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).  5 Net value of non-exempt-use assets (subtract line 4 from line 3)  6 Multiply line 5 by 0.035.  7 Recoveries of prior-year distributions  7 Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount  Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	3	Subtract line 2 from line 1d.	3		
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8 Minimum Asset Amount (add line 7 to line 6)  8 Current Year  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Current Year  Current Year	6	Multiply line 5 by 0.035.	6		
Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, column A)  2 Enter 0.85 of line 1.  3 Minimum asset amount for prior year (from Section B, line 8, column A)  4 Enter greater of line 2 or line 3.  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Current Year  Current Year	7	Recoveries of prior-year distributions	7		
1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	8	Minimum Asset Amount (add line 7 to line 6)	8		
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4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	2	Enter 0.85 of line 1.	2		
5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	4	Enter greater of line 2 or line 3.	4		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  6  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see	5		5		
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	6				
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see			6		
instructions).	7		lly integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

c Excess from 2020d Excess from 2021e Excess from 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

2022

Name of the organization **Employer identification number** 

CURE CHILDHOOD CANCER ASSOCIATION 51-0215037 Organization type (check one): F

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

# CURE CHILDHOOD CANCER ASSOCIATION

51-0215037

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 43,830.	Person X Payroll
(a) No.	(b) Name, address, and <b>ZI</b> P + 4	(c) Total contributions	(d) Type of contribution
3		\$ 27,002.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Nume, address, and En 1 7	\$\$21,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# CURE CHILDHOOD CANCER ASSOCIATION

51-0215037

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/153 11-15	00	<u> </u>	Schedule B (Form 990) (2022)

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** CURE CHILDHOOD CANCER ASSOCIATION 51-0215037 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CURE CHILDHOOD CANCER ASSOCIATION

**Employer identification number** 51-0215037

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.		·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advi	sed funds			
	are the organization's property, subject to the organization's exclusive	ve legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be	e used only			
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	conferring			
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the organizati	on answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (chec					
	Preservation of land for public use (for example, recreation or example)	education) Preservation o	of a historically important land area			
	Protection of natural habitat	Preservation of	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
_						
b						
C	Number of conservation easements on a certified historic structure in	( )	2c			
d	Number of conservation easements included in (c) acquired after Jul					
_						
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the	e organization during the tax			
	year	:- Itd				
4	Number of states where property subject to conservation easement		-			
5	Does the organization have a written policy regarding the periodic m violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin					
Ū	Ctan and volunteer nours devoted to morntoning, inspecting, nandim	g of violations, and emoreing con	iscreation casements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conserva	ation easements during the year			
-	, and an experience in carried in the intering, interesting, that taking ex		and your			
8	Does each conservation easement reported on line 2(d) above satisf	the requirements of section 170	)(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation ease					
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statem	nents that describes the			
	organization's accounting for conservation easements.	· ·				
Par	t III Organizations Maintaining Collections of Art, I	listorical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form 990, P.	art 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 exhi	bition, education, or research in f	urtherance of public			
	service, provide in Part XIII the text of the footnote to its financial sta	tements that describes these iter	ms.			
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furt	herance 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 treasures, $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$	or other similar assets for financia	al gain, provide			
	the following amounts required to be reported under FASB ASC 958	relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$			
<u>b</u>	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.	Schedule D (Form 990) 2022			

	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	Continu	ıed)	_
3									
	collection items (check all that apply):								
а									
b Scholarly research e Other									
c	Preservation for future generations	_							_
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organization's ex	empt purpo	se in Part	XIII		
5	During the year, did the organization solicit or	·	•	ŭ		oo iii i ai c	,		
	to be sold to raise funds rather than to be mair						Yes		lo
Par	rt IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Part		3			,	,		
1a	Is the organization an agent, trustee, custodiar	n or other intermedi	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?						Yes	N	10
b	If "Yes," explain the arrangement in Part XIII ar								
	•	•	-				Amount		
С	Beginning balance				1c				
d	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on For						Yes		10
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	olanation has been	provided on Part XI	II				
Pai	rt V Endowment Funds. Complete if t	the organization and	swered "Yes" on Fo	orm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years bac	k
1a	Beginning of year balance	1,104,363.	912,815.	669,614.		556,273.		413,81	1.
b		100,542.	290,000.	120,268.	, :	L15,000.		120,00	0.
С	Net investment earnings, gains, and losses	87,258.	-90,336.	132,422		3,197.		24,75	4.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	9,023.	8,116.	9,489.		4,856.		2,29	2.
g	End of year balance	1,283,140.	1,104,363.	912,815	. 6	69,614.		556,27	3.
2	Provide the estimated percentage of the current	nt year end balance	(line 1g, column (a)	)) held as:					
а		98.0300	_%						
b	Permanent endowment 1.9700	%							
С	Term endowment%	)							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held ar	nd administered for	the		_		
	organization by:							Yes N	
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)	X	ζ_
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the o		vment funds.						
Pai	rt VI Land, Buildings, and Equipme							-	
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or of	, , ,	1 ' '	Accumulat		(d) Book	value	
		basis (investm	<u> </u>	` '	lepreciation	1			_
4.	l and		1 2	0.000			7) (	000	

94,556. Schedule D (Form 990) 2022

68,475.

6,081.

e Other

159,285.

128,799.

c Leasehold improvements

d Equipment

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

90,810.

122,718.

Schedule D (Form 980), 2022   CURE CHILDHOOD CANCER ASSOCIATION   51-0215037 Page   Part IV, line vistments - Other Securities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.	QUIDE QUIT DU	OD GANGED AG	GOGTATION F1	. 0215027 -
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of Security or Calegory including raise of security (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Sees held equity interests (c) Closely (c) (c) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		DOD CANCER AS	SUCTATION 5	L-0215037 Page
(a) Description of security or calegory incurrence security. (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (4) (5) (6) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10		on Form 000 Part IV line	11b Soc Form 990 Part V line 12	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (B) (B) (C) (D) (D) (C) (D) (D) (C) (D) (C) (D) (D) (C)				id-of-vear market value
(2) Closely held equity interests (3) Other (4) (5) (6) (7) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		(b) Book value	(c) Method of Valuation. Cost of en	id-or-year market value
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(0) 01 1 1 1 1 1 1 1 1 1			
(A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(B) (C) (C) (D) (C) (D) (C) (D) (C) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D				
C    C    C    C    C    C    C    C				
(b) (c) (c) (d) must equal Form 990, Part X, col. (B) line 12.)    Part VIII   Investments - Program Related.	• • •			
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII   Investments - Program Refated.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX   Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X col. (B) line 15.)  Part X   Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	- ; /			
F  (G) (G) (H) (G) (D) must equal Form 990, Part X, col. (B) line 12.				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part XI Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2)	· · ·			
Column   C				
Total. (Col. (n) must equal Form 990, Part X, col. (8) line 12.)   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (1)				
Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (1)				
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Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX   Other Assets.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part IX				
Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value				
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(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(a) [	Description		(b) Book value
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(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)	(5)			
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)	(6)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)	(8)			
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)	(9)			
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1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)	Part X Other Liabilities.			5.
(1) Federal income taxes (2)	(15 10 100	5 555,1 41617,1110		1
(2)	······································			(-, - 35 1553

<u>1.                                    </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (h) must equal Form 990, Part Y, col. (R) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Pa	rt XI Rec	onciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re	turn.	
	Comp	olete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenu	e, gains, and other support per audited financial statements			1	794,201.
2	Amounts inc	luded on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealize	ed gains (losses) on investments	2a	69,136. 10,790.		
b	Donated ser	vices and use of facilities	2b	10,790.		
С		of prior year grants				
d	Other (Descr	ibe in Part XIII.)	2d	-635.		
е	Add lines 2a	through 2d			2e	79,291. 714,910.
3	Subtract line	2e from line 1			3	714,910.
4		luded on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment e	expenses not included on Form 990, Part VIII, line 7b	4a	5,791.		
b	Other (Descr	ibe in Part XIII.)	4b			
С	Add lines 4a	and 4b			4c	5,791. 720,701.
5	Total revenu	e. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	720,701.
Pa	rt XII Rec	onciliation of Expenses per Audited Financial Statem	nents With	Expenses per F	Return.	
	Comp	plete if the organization answered "Yes" on Form 990, Part IV, line 12	a			
1	Total expens	es and losses per audited financial statements			1	428,833.
2	Amounts inc	luded on line 1 but not on Form 990, Part IX, line 25:				
а	Donated ser	vices and use of facilities	2a	10,790.		
b	Prior year ad	justments	2b			
С	Other losses		2c			
d	Other (Descr	ibe in Part XIII.)	2d	-635.		
е	Add lines 2a	through 2d			2e	10,155.
3	Subtract line	2e from line 1			3	418,678.
4	Amounts inc	luded on Form 990, Part IX, line 25, but not on line 1:				
а	Investment e	expenses not included on Form 990, Part VIII, line 7b	4a	5,791.		
b	Other (Descr	ibe in Part XIII.)	4b			
С	Add lines 4a	and 4b			4c	5,791.
5	Total expens	es. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	424,469.
Pa	rt XIII  Sup	plemental Information.				
	-	otions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par and Part XII, lines 2d and 4b. Also complete this part to provide any add			; Part X, li	ine 2; Part XI,
ъΔΙ	RT 17 T.	INE 4.				

THE PURPOSE OF THE QUASI-ENDOWMENT IS TO PROVIDE SUSTAINABILITY IN THE EVENT THAT THE ORGANIZATION IS IN NEED OF FUNDS. THE GOAL IS FOR THE ORGANIZATION TO GROW AND SELF-SUSTAIN, BUT THE FUNDS ARE AVAILABLE SHOULD THE NEED ARISE.

PART X, LINE 2:

CURE IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ASSOCIATION IS ALSO EXEMPT FOR STATE INCOME TAX PURPOSES. THE ASSOCIATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN NEW YORK STATE.

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
THE ASSOCIATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE
VARIOUS JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO. THE ASSOCIATION
FILES FORM 990 TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN NEW
YORK STATE. WITH FEW EXCEPTIONS, AS OF JUNE 30, 2023, THE ASSOCIATION IS
NO LONGER SUBJECT TO U.S. FEDERAL OR STATE INCOME TAX EXAMINATIONS BY TAX
AUTHORITIES FOR YEARS ENDED PRIOR TO JUNE 30, 2020. THE TAX RETURNS FOR
YEARS ENDED JUNE 30, 2020 THROUGH JUNE 30, 2023 ARE STILL SUBJECT TO
POTENTIAL AUDIT BY THE IRS AND TAXING AUTHORITIES IN NEW YORK STATE.
MANAGEMENT OF THE ASSOCIATION BELIEVES THEY HAVE NO MATERIAL UNCERTAIN TAX
POSITIONS AND, ACCORDINGLY, THEY HAVE NOT RECOGNIZED ANY LIABILITY FOR
UNRECOGNIZED TAX BENEFITS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
BAD DEBT EXPENSE INCLUDED IN REVENUE -7,000.
DIRECT FUNDRAISING EXPENSES 6,365.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -635.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
BAD DEBT EXPENSE INCLUDED IN REVENUE -7,000.
DIRECT FUNDRAISING EXPENSES 6,365.
TOTAL TO SCHEDULE D, PART XII, LINE 2D -635.

## **SCHEDULE G** (Form 990)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 51-0215037 CURE CHILDHOOD CANCER ASSOCIATION Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1		<b>(b)</b> Event #2	(c) Other events	(d) Total events		
			RECIPE FOR A				(add col. (a) through		
			C.U.R.E.	5K	WALK/RUN	4	col. <b>(c)</b> )		
ē			(event type)		(event type)	(total number)	(-)		
Revenue			105 006		60 501	160 540	222 445		
Rev	1	Gross receipts	105,896.		69,701.	162,548.	338,145.		
			100 227		62 214	156 427	220 070		
	2	Less: Contributions	100,327.		63,314.	156,437.	320,078.		
	2	Gross income (line 1 minus line 2)	5,569.		6,387.	6,111.	18,067.		
	3	Gross income (line 1 milius line 2)	3,303.		0,307.	0,111.	10,007.		
	4	Cash prizes				625.	625.		
		•							
	5	Noncash prizes	31,813.		6,387.	4,050.	42,250.		
ses									
ens	6	Rent/facility costs	10,015.		200.	22,952.	33,167.		
Direct Expenses			6 015		0.50	1 010	0.006		
rect	7	Food and beverages	6,815.		262.	1,819.	8,896.		
Ö	0	Entartainment				2,500.	2,500.		
	8 9	Entertainment Other direct expenses	7,269.		843.	13,479.	21,591.		
	10					13/1/50	109,029.		
		Net income summary. Subtract line 10 from lin					-90,962.		
Pa	rt I	Gaming. Complete if the organization a					·		
		\$15,000 on Form 990-EZ, line 6a.							
Ф			(a) Bingo		) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			., ,	bing	o/progressive bingo	(1)	col. (a) through col. (c))		
Rev									
	1	Gross revenue							
	2	Cach prizes							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
: Ex	•								
rect	4	Rent/facility costs							
D									
	5	Other direct expenses							
			Yes %	Щ	Yes %	Yes %			
	6	Volunteer labor	No No		No	No			
	_	D:	<b>5</b>						
	7	Direct expense summary. Add lines 2 through	i 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)						
	<u> </u>	rior garning moonie dammary. Oubtract line r					<u> </u>		
9	En	ter the state(s) in which the organization condu	cts gaming activities:						
		the organization licensed to conduct gaming ac		Yes No					
<b>b</b> If "No," explain:									
	_								
	_								
		ere any of the organization's gaming licenses re				/ear?	Yes No		
b	If "	Yes," explain:							
	_								

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 CURE CHILDHOOD CANCER ASSOCIATION 51-0	<u>0215037</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility	13b	
	An outside facility	130	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
_	····-, ·······- ····- ····- ····- ···-		
	Name		
	Addings		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandatow diatributions		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	CURE	CHILDHOOD	CANCER	ASSOCIATION	51-0215037	Page 4
Part IV	G (Form 990)    Supplemental Infor	mation	(continued)				J
			(continued)				
-							
-							
1							
					·		
i							

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization  CURE CHIL	Employer identification numb 51-0215037						
Part I General Information on Grants a							31 022007
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's process.	stance?					stance, and the selecti	
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations	-					1	•

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

(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
					ITEMS TO ASSIST FAMILIES IN NEED INCLUDING CLOTHING, FOOD (IN THE FORM OF VARIOUS GIFT
FINANCIAL ASSISTANCE	400	0.	54,261.	COST	CARDS), SHELTER (ASSISTANCE
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
(F) DESCRIPTION OF NON-CASH ASSISTA	ANCE: ITE	MS TO ASSI	ST FAMILIE	S IN NEED	
INCLUDING CLOTHING, FOOD (IN THE FO	ORM OF VA	RIOUS GIFT	CARDS), S	HELTER	
(ASSISTANCE WITH RENT AND UTILITY I	BILLS) AN	D PARKING	VOUCHERS F	OR THOSE	
ATTENDING VARIOUS MEDICAL CLINICS.					

## **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

CURE CHILDHOOD CANCER ASSOCIATION 51-02150							037	
Pai	rt I Types of Property				<u> </u>			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		26,567.	FAIR MARKET	VA:	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Historic structures  Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			20 500				
25	Other ( NON-CASH ITEMS )	X	0	32,789.	FAIR MARKET	VA.	LUE	
26	Other ()							
27	Other ()							
28	Other (							
29	Number of Forms 8283 received by the organization	-	•					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

232141 09-09-22

LHA

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

Schedule M (Form 990) 2022

232142 09-09-22

# **SCHEDULE 0** (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

CURE CHILDHOOD CANCER ASSOCIATION

**Employer identification number** 51-0215037

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:					
BLOOD DISORDERS.					
FORM 990, PART VI, SECTION B, LINE 11B:					
THE FINANCE COMMITTEE REVIEWS THE 990 IN DETAIL. IT IS THEN FORWARD TO THE					
BOARD FOR FINAL APPROVAL PRIOR TO FILING.					
FORM 990, PART VI, SECTION B, LINE 12C:					
ALL OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD					
GIVE RISE TO CONFLICTS. THIS IS ENFORCED BY HAVING THE ABOVE MENTIONED					
INDIVIDUALS COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST AND ETHICS					
ASSURANCE STATEMENT.					
FORM 990, PART VI, SECTION B, LINE 15:					
THE EXECUTIVE COMMITTEE PERFORMS AN ANNUAL PERFORMANCE REVIEW OF THE					
EXECUTIVE DIRECTOR AND MAKES COMPENSATION RECOMMENDATIONS WHICH ARE					
APPROVED BY THE FULL BOARD.					
THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS AND APPROVES ALL COMPENSATION,					
BONUSES, COST OF LIVING AND OR ANNUAL INCREASES. THESE ARE THEN SUBMITTED					
AS PART OF THE ANNUAL BUDGET AND IS APPROVED BY THE FULL BOARD.					
FORM 990, PART VI, SECTION C, LINE 19:					
THE DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE ASSOCIATION'S MAIN OFFICE					
DURING NORMAL BUSINESS HOURS. THE 990, CONFLICT OF INTEREST POLICY AND					
FINANCIAL STATEMENTS CAN ALSO BE FOUND ON THE ASSOCIATION'S WEBSITE. CURE					

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization CURE CHILDHOOD CANCER ASSOCIATION	Employer identification number 51-0215037
CHILDHOOD CANCER ASSOCIATION HAS MET BETTER BUSINESS BUREA	u's 20 standards
FOR CHARITY ACCOUNTABILITY AND IS A BBB ACCREDITED CHARITY	. THE FULL
CHARITY REPORT IS AVAILABLE AT BBB.ORG OR GIVE.ORG.	
PART XII, LINE 2C EXPLANATION	
THE BOARD HAS NOT CHANGED ITS PROCESS FOR SELECTING THE IN	DEPENDENT
AUDITOR NOR HAVE THEY CHANGED THE OVERSIGHT OF THE AUDIT F	ROM PRIOR
YEARS.	