# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 125743

## Return of Organization Exempt From Income Tax

**Form 990**

**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.**

**2021**

**Open to Public Inspection**

### A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

### B Check if applicable:

- Address change
- Name change
- Initial return
- Final return terminated
- Amended return
- Application pending

### C Name of organization

**ST. BALDRICK'S FOUNDATION, INC**

- Doing business as
- Number and street (or P.O. box if mail is not delivered to street address)
- City or town, state or province, country, and ZIP or foreign postal code

**1333 SOUTH MAYFLOWER AVE**

**MONROVIA, CA 91016**

### D Employer identification number

15-17173024  

### E Telephone number

(626) 792-8247

### F Name and address of principal officer: KATHLEEN RUDDY

SAME AS C ABOVE

### G Gross receipts $ 22,642,266.

**H(a)** Is this a group return for subordinates? **[ ] Yes **[ ] No

**H(b)** Are all subordinates included? **[ ] Yes **[ ] No

**If "No," attach a list. See instructions**

### J Website: [WWW.STBALDRICKS.ORG](http://WWW.STBALDRICKS.ORG)


**L Year of formation:** 2004  
**M State of legal domicile:** NJ

## Part I Summary

1. Briefly describe the organization's mission or most significant activities: **FUNDING CHILDHOOD CANCER RESEARCH TO CURE CHILDREN AND GIVE SURVIVORS LONG & HEALTHY LIVES.**

2. Check this box:  

   - [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3. Number of voting members of the governing body (Part VI, line 1a)

4. Number of independent voting members of the governing body (Part VI, line 1b)

5. Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6. Total number of volunteers (estimate if necessary)

7. Total unrelated business revenue from Form 990-T, Part I, line 12

8. Contributions and grants (Part VIII, line 1h)

9. Program service revenue (Part VIII, line 2g)

10. Investment income (Part VIII, column A, lines 3, 4, and 7d)

11. Other revenue (Part VIII, column A, lines 5, 6d, 8c, 9c, 10c, and 11e)

12. Total revenue - add lines 8 through 11 (must equal Part VIII, column A, line 12)

13. Grants and similar amounts paid (Part IX, column A, lines 1-3)

14. Benefits paid to or for members (Part IX, column A, line 4)

15. Salaries, other compensation, employee benefits (Part IX, column A, lines 5-10)

16a Professional fundraising fees (Part IX, column A, line 11e)

17. Total fundraising expenses (Part IX, column D, line 26)

18. Total expenses (Part X, column A, lines 11a-11d, 11f-24a)

19. Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25)

20. Revenue less expenses. Subtract line 18 from line 12

### Revenue

**Prior Year**  **Current Year**

17,686,300  22,550,575

0  0

2,031,266  27,904

0  0

19,517,566  22,578,479

7,693,267  12,976,014

3,631,603  3,693,998

0  0

5,040,201  4,545,601

16,367,071  21,215,613

3,150,495  1,362,866

### Expenses

**Beginning of Current Year**  **End of Year**

20,802,666  22,964,801

12,036,815  12,835,661

8,765,851  10,128,820

### Net Assets or Fund Balances

**Part II Signature Block**

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

**Sign Here**

**JENNIFER MCCABE, COO/CFO**

**Type or print name and title**

**Date** 07/01/23

**Paid**

**Preparer's name** KATY BROWN  
**Preparer's signature** KATY BROWN

**Date** 02/08/23  
**Check** [ ]  
**PTIN** 900650274

**Preparer** ARMANINO LLP

**Use Only**

**Firm's address** 12657 ALCOSTA BLVD, STE. 500 SAN RAMON, CA 94583-4600

**Phone no.** 925-790-2600

**May the IRS discuss this return with the preparer shown above?** **[ ] Yes  **[ ] No

**LHA** 12-09-21

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Form 990 (2021)**
Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III: [X]

1 Briefly describe the organization's mission:
   THE ST. BALDRICK'S FOUNDATION IS A VOLUNTEER AND DONOR POWERED CHARITY
   COMMITTED TO SUPPORTING THE MOST PROMISING RESEARCH TO FUND CURES FOR
   CHILDHOOD CANCERS AND GIVE SURVIVORS LONG AND HEALTHY LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the
   prior Form 990 or 990-EZ? [X] Yes  No
   If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes  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 $14,559,823. including grants of $12,976,014.) (Revenue $______) 
   THE ST. BALDRICK'S FOUNDATION IS THE LARGEST NON-GOVERNMENT FUNDER OF
   CHILDHOOD CANCER RESEARCH GRANTS, WITH A RIGOROUS SCIENTIFIC REVIEW
   PROCESS, THESE GRANT TYPES WERE FUNDED: NEXT GENERATION
   TRAINING/RESEARCH: FELLOWSHIPS, SCHOLARS & INTERNATIONAL SCHOLARS.
   DISCOVERY RESEARCH: INFRASTRUCTURE, COOPERATIVE RESEARCH: CHILDREN'S
   ONCOLOGY GROUP AND OTHER RESEARCH CONSORTIA. OTHERS INCLUDE SPECIFIC
   RESEARCH INITIATIVES FUNDED BY MAJOR DONORS AND AWARDED TO THE HIGHEST
   REVIEWED APPLICANTS, INTERNATIONAL BENEFICIARY AWARDS, A DATA COMMONS
   STRATEGIC INITIATIVE AWARD, AND A ST. BALDRICK'S - STAND UP TO CANCER
   DREAM TEAM FUNDED TO CONTINUE TO USE GENOMIC TO DEVELOP NEW
   IMMUNOTHERAPIES. THE FOUNDATION ALSO PLAYS A LEADING ROLE IN THE
   CHILDHOOD CANCER COMMUNITY, (CONTINUED ON SCHEDULE O)

4b (Code: ________) (Expenses $______ including grants of $______) (Revenue $______)

4c (Code: ________) (Expenses $______ including grants of $______) (Revenue $______)

4d Other program services (Describe on Schedule O.)
   (Expenses $______ including grants of $______) (Revenue $______)

4e Total program service expenses $14,559,823.
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions

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

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

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

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V

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.
   a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
   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
   c 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
   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
   e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
   f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI
   g Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
   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

13 Is the organization a school described in section 170(b)(1)(A)(vi)? If "Yes," complete Schedule E

14 Did the organization maintain an office, employees, or agents outside of the United States?
   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

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

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

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

18 Did the organization report more than $15,000 of total fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27? If &quot;Yes,&quot; complete Schedule I, Parts I and III</td>
<td>22</td>
<td>x</td>
</tr>
<tr>
<td>23. Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J</td>
<td>23</td>
<td>x</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No,&quot; go to line 25a</td>
<td>24a</td>
<td>x</td>
</tr>
<tr>
<td>b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>24b</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>24c</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>24d</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>25a</td>
<td>x</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule L, Part I</td>
<td>25b</td>
<td>x</td>
</tr>
<tr>
<td>26. Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part II</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If &quot;Yes,&quot; complete Schedule L, Part III</td>
<td>27</td>
<td>x</td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>28a</td>
<td>x</td>
</tr>
<tr>
<td>b. A family member of any individual described in line 28a? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>28b</td>
<td>x</td>
</tr>
<tr>
<td>c. A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If &quot;Yes,&quot; complete Schedule L, Part IV</td>
<td>28c</td>
<td>x</td>
</tr>
<tr>
<td>29. Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>31. Did the organization liquidate, terminate, or dissolve and cease operations? If &quot;Yes,&quot; complete Schedule N, Part I</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>34. Was the organization related to any tax-exempt or taxable entity? If &quot;Yes,&quot; complete Schedule R, Part II, III, or IV, and Part V, line 1</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If &quot;Yes&quot; 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 &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>35a</td>
<td>x</td>
</tr>
<tr>
<td>35b. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If &quot;Yes,&quot; complete Schedule R, Part V, line 2</td>
<td>35b</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>37. Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</td>
<td>37</td>
<td></td>
</tr>
</tbody>
</table>

Note: All Form 990 filers are required to complete Schedule O.

### 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

<table>
<thead>
<tr>
<th>Section</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable</td>
<td>1a</td>
<td>s</td>
</tr>
<tr>
<td>b. Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable</td>
<td>1b</td>
<td>0</td>
</tr>
<tr>
<td>c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gambling (gambling) winnings to prize winners?</td>
<td>1c</td>
<td>x</td>
</tr>
</tbody>
</table>

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1323034 12-30-21

16350208 701245 04230.003 2021.05040 ST. BALDRICK'S FOUNDATION 04230.01
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.  
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 
3a Did the organization have unrelated business gross income of $1,000 or more during the year? 
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. 
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 
4b If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 
7 Organizations that may receive deductible contributions under section 170(c). 
7a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? 
7b Did the organization notify the donor of the value of the goods or services provided? 
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 
7d If "Yes," indicate the number of Forms 8282 filed during the year. 
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 
9 Sponsoring organizations maintaining donor advised funds. 
9a Did the sponsoring organization make any taxable distributions under section 4966? 
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 
10 Section 501(c)(7) organizations. Enter: 
10a Initiation fees and capital contributions included on Part VIII, line 12 
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 
11 Section 501(c)(12) organizations. Enter: 
11a Gross income from members or shareholders 
11b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 
13a Is the organization licensed to issue qualified health plans in more than one state? 
Note: See the instructions for additional information the organization must report on Schedule O. 
13b 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 
13c Enter the amount of reserves on hand 
14a Did the organization receive any payments for indoor tanning services during the tax year? 
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 
15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 
15b 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? 
16b If "Yes," complete Form 4720, Schedule O. 
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 
17b If "Yes," complete Form 6069.
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

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. 1a

b Enter the number of voting members included on line 1a, above, who are independent 1b

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5

6 Did the organization have members or stockholders? 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? 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? 7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? 8a

b Each committee with authority to act on behalf of the governing body? 8b

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 9

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

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? 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11b

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a

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 on Schedule O how this was done 12c

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official 15a

b Other officers or key employees of the organization 15b

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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

Jennifer McCabe - (626) 782-8247

1333 South Maiflower Ave Suite 400, Monrovia, CA 91016

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2021)
### 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KATHLEEN RUDY</td>
<td>40.00</td>
<td>X</td>
<td>251,669.</td>
<td>0.</td>
<td>16,898.</td>
</tr>
<tr>
<td>CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) JENNIFER MCCABE</td>
<td>40.00</td>
<td>X</td>
<td>201,781.</td>
<td>0.</td>
<td>18,930.</td>
</tr>
<tr>
<td>CCO/CFO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) REBECCA WEAVER</td>
<td>40.00</td>
<td>X</td>
<td>175,974.</td>
<td>0.</td>
<td>30,481.</td>
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<tr>
<td>CMO/CDO/SEC</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(4) MARK ARREDONDO</td>
<td>40.00</td>
<td>X</td>
<td>151,396.</td>
<td>0.</td>
<td>23,190.</td>
</tr>
<tr>
<td>DIR OF TECHNOLOGY</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(5) SARAH MILBERG</td>
<td>40.00</td>
<td>X</td>
<td>103,984.</td>
<td>0.</td>
<td>8,500.</td>
</tr>
<tr>
<td>DIR OF ADVOCACY/GOV</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) KATHERINE LUGAR</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRMAN (THROUGH 06/22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) TIM KENNY</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER/TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) JOHN R. BENDER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) SUB COHN, MD</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) JEFF LIPTON, MD, PHD</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER (THROUGH 10/21)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) TOM SELQUIST</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) PHIL RALSTON</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) FRANK NUTTER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) JILL CETINA</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) BOB MARTIN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) JOHN SMITH</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) JASON YUSTEIN</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name and title</td>
<td>(B) Average hours per week (list any hours for related organizations below line)</td>
<td>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</td>
<td>(F) Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>(18) SKITA BHATIA BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) JOHN McMANUS BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) RYAN BROWN BOARD MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Subtotal .................................................................................................................. 884,804. 0. 97,999.  

\[1c \text{Total from continuation sheets to Part VII, Section A} \] .................................................................................................................. 0. 0. 0.  

1d Total (add lines 1b and 1c) ....................................................................................... 884,804. 0. 97,999.  

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ........................................................................................................ 5  

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If “Yes,” complete Schedule J for such individual .............................................................................. Yes  No 3 x  

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If “Yes,” complete Schedule J for such individual ......................................................................................... Yes  No 4 x  

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If “Yes,” complete Schedule J for such person ......................................................................................... Yes  No 5 x  

Section B. Independent Contractors  
1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.  

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRESPRING, INC</td>
<td>CUSTOM OPERATING SYSTEM,</td>
<td>1,852,934</td>
</tr>
<tr>
<td>1201 INFINITY COURT, LINCOLN, NE 68512</td>
<td>FULFILLMENT</td>
<td></td>
</tr>
<tr>
<td>ICEBOX-COOL STUFF, LLC</td>
<td>FULFILLMENT</td>
<td>203,720</td>
</tr>
<tr>
<td>720 LAKE AVE, ATLANTA, GA 30307</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUMSP DBA NETFUSION, 6640 SHADY OAK ROAD, STE 255, EDEN PRAIRIE, MN 55344</td>
<td>IT SERVICES</td>
<td>148,530</td>
</tr>
<tr>
<td>THE MARKETING DEPARTMENT, 359 HORTON STREET, EAST LONDON, ONTARIO, CANADA N5B</td>
<td>MARKETING STRATEGY, DEV. AND DEPLOYMENT</td>
<td>120,000</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ........................................................................................................ 4
### Part VIII | Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Total revenue</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>22,550,575</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>22,550,575</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>73,854</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total, Add lines 1a-1f</strong></td>
<td>22,550,575</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td><strong>g Total, Add lines 2a-2f</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) | **27,808.** | **27,808.** |

| Income from investment of tax-exempt bond proceeds | |

| Royalties | |

| Gross rents | 6a |
| Less: rental expenses | 6b |
| Rental income or (loss) | 6c |
| **d Net rental income or (loss)** | |

| Gross amount from sales of assets other than inventory | |
| Less: cost or other basis and sales expenses | 7b |
| Gain or (loss) | 7c |
| **d Net gain or (loss)** | 96. | 96. |

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 | |
| Less: direct expenses | 8b |
| **c Net income or (loss) from fundraising events** | |

| Gross income from gaming activities. See Part IV, line 19 | |
| Less: direct expenses | 9b |
| **c Net income or (loss) from gaming activities** | |

| Gross sales of inventory, less returns and allowances | |
| Less: cost of goods sold | 10b |
| **c Net income or (loss) from sales of inventory** | |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
</tr>
<tr>
<td><strong>e Total, Add lines 11a-11d</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Total revenue, See instructions | 22,578,479. | 0. | 0. | **27,904.** |

*Form 990 (2021)*
## 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:   

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service Expenses</th>
<th>Management and General Expenses</th>
<th>Fundraising Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>12,726,272</td>
<td>12,726,272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>249,742</td>
<td>249,742</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>712,615</td>
<td>195,603</td>
<td>310,728</td>
<td>206,284</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>2,266,365</td>
<td>510,014</td>
<td>368,438</td>
<td>1,387,913</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>89,641</td>
<td>20,562</td>
<td>16,121</td>
<td>52,958</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>406,999</td>
<td>92,241</td>
<td>87,407</td>
<td>227,351</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>218,376</td>
<td>51,705</td>
<td>49,511</td>
<td>117,162</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td>9,900</td>
<td>3,267</td>
<td>3,366</td>
<td>3,267</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>16,956</td>
<td>16,956</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>36,219</td>
<td>27,164</td>
<td>9,055</td>
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</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>156,026</td>
<td>156,026</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>8,606</td>
<td>8,606</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O)</td>
<td>14,823</td>
<td>4,826</td>
<td>2,227</td>
<td>7,770</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>2,335,427</td>
<td>321,810</td>
<td>463,025</td>
<td>1,550,592</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>389,784</td>
<td>92,288</td>
<td>88,373</td>
<td>209,123</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>60,746</td>
<td>55,887</td>
<td>3,541</td>
<td>9,317</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>565,350</td>
<td>21,378</td>
<td>21,265</td>
<td>522,707</td>
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<tr>
<td>23</td>
<td>Insurance</td>
<td>67,568</td>
<td>4,730</td>
<td>35,811</td>
<td>27,027</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>BANK AND CREDIT CARD FE</td>
<td>414,892</td>
<td>8,801</td>
<td>406,091</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>EVENT PROMOTION COSTS</td>
<td>313,566</td>
<td>313,566</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>OTHER OPERATING COSTS</td>
<td>146,269</td>
<td>53,159</td>
<td>30,776</td>
<td>62,334</td>
</tr>
<tr>
<td>d</td>
<td>MKTS &amp; PUBLIC RELATIONS</td>
<td>1,470</td>
<td>313</td>
<td>55</td>
<td>1,102</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses Add lines 1 through 24e</td>
<td>21,215,613</td>
<td>14,559,823</td>
<td>1,542,171</td>
<td>5,113,619</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here ▶ if following SOP 98-2 (ASC 958-730)
### Balance Sheet

For Form 990 (2021)

**Part X**

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Beginning of year</th>
<th>End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>762,738</td>
<td>622,855</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>18,127,000</td>
<td>20,246,513</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>381,323</td>
<td>714,920</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Loans and other receivables from any current or former officer,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>director, key employee, creator or founder, substantial contributor,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>defined under section 4958(f)(1)), and persons described in section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4958(c)(3)(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>268,123</td>
<td>400,677</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part VI of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>426,888</td>
<td>6,011</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>1,257,471</td>
<td>961,405</td>
</tr>
<tr>
<td>16 Total assets, Add lines 1 through 15 (must equal line 33)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>354,297</td>
<td>370,524</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to any current or former officer,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>director, key employee, creator or founder, substantial contributor,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or 35% controlled entity or family member of any of these persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>related third parties, and other liabilities not included on lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-24). Complete Part X of Schedule D</td>
<td>168,019</td>
<td>195,277</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Net assets without donor restrictions</td>
<td>7,712,826</td>
<td>8,448,633</td>
</tr>
<tr>
<td>28 Net assets with donor restrictions</td>
<td>1,053,025</td>
<td>1,680,187</td>
</tr>
<tr>
<td>29 Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Total net assets or fund balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Total liabilities and net assets/fund balances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2021)

132011 12-09-21

16350208 701245 04230.003 2021.05040 ST. BALDRICK'S FOUNDATION 04230.01

Page 11
### Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>Accrual</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>b If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</td>
<td>X</td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

**Name of the organization:** ST. BALDRICK'S FOUNDATION, INC

**Employer identification number:** 20-1173824

### Part I: Reason for Public Charity Status

(All organizations must complete this part. See instructions.)

<table>
<thead>
<tr>
<th></th>
<th>Reason for Public Charity Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990)).</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12f that describes the type of supporting organization and complete lines 12a, 12b, and 12c.</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations:</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization described on lines 1-10 above (see instructions)</th>
<th>(iv) Support from Gross Investment Income or Unrelated Business Taxable Income (less section 511 tax) in the previous taxable year (see instructions)</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
</table>

**Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 122021 01-04-22 Schedule A (Form 990) 2021
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)
- **1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")**
  - (a) 2017: 35,507,351
  - (b) 2018: 36,775,933
  - (c) 2019: 25,145,310
  - (d) 2020: 17,486,300
  - (e) 2021: 22,550,575
  - (f) Total: 137,465,469

- **2 Tax revenues levied for the organization'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**
  - (a) 2017: 35,507,351
  - (b) 2018: 36,775,933
  - (c) 2019: 25,145,310
  - (d) 2020: 17,486,300
  - (e) 2021: 22,550,575
  - (f) Total: 137,465,469

- **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**
  - (a) 2017: 35,507,351
  - (b) 2018: 36,775,933
  - (c) 2019: 25,145,310
  - (d) 2020: 17,486,300
  - (e) 2021: 22,550,575
  - (f) Total: 137,465,469

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)
- **7 Amounts from line 4**
  - (a) 2017: 35,507,351
  - (b) 2018: 36,775,933
  - (c) 2019: 25,145,310
  - (d) 2020: 17,486,300
  - (e) 2021: 22,550,575
  - (f) Total: 139,286,975

- **8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources**
  - (a) 2017: 463,894
  - (b) 2018: 514,155
  - (c) 2019: 593,835
  - (d) 2020: 221,813
  - (e) 2021: 27,808
  - (f) Total: 1,821,506

- **9 Net income from unrelated business activities, whether or not the business is regularly carried on**

- **10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)**

- **11 Total support, Add lines 7 through 10**

- **12 Gross receipts from related activities, etc. (see instructions)**

- **13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here**

### Section C. Computation of Public Support Percentage

- **14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))**
  - (a) 2021: 98.69%

- **15 Public support percentage from 2020 Schedule A, Part II, line 14**
  - (a) 2020: 98.46%

- **16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization**

- **16b 33 1/3% support test - 2020. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization**

- **17a 10% facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization**

- **17b 10% facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization**

- **18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions**
### Part III  Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Public support. (Add line 7b from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2017</th>
<th>(b) 2018</th>
<th>(c) 2019</th>
<th>(d) 2020</th>
<th>(e) 2021</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | % |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | % |

19a. 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | |

19b. 33 1/3% support tests - 2020. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | |

20. Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | |
### Part IV  Supporting Organizations

(Complete only if you checked a box in line 12 on 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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3a</td>
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<td>3d</td>
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<td>4a</td>
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<td>4b</td>
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<td>4c</td>
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<td>5a</td>
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<td>5b</td>
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<td>5c</td>
<td></td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9a</td>
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<td>9b</td>
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<tr>
<td>9c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 used 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 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.)
Part IV | Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
   b A family member of a person described on line 11a above?
   c 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.

Section B. Type I Supporting Organizations

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

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a The organization satisfied the Activities Test. Complete line 2 below.
   b The organization is the parent of each of its supported organizations. Complete line 3 below.
   c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.
   a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.
   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

   All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

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

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year);</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI);</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year from Section A, line 8, column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year from Section B, line 8, column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
</tbody>
</table>

7. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
## Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

### Section D - Distributions

<table>
<thead>
<tr>
<th></th>
<th>Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td>10</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Excess Distributions</th>
<th>Underdistributions Pre-2021</th>
<th>Distributable Amount for 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2021 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total of lines 3a through 3e</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2016 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2021 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2021 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2021, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2022. Add lines 3j and 4c.</td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2018</td>
<td></td>
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<tr>
<td>c</td>
<td>Excess from 2019</td>
<td></td>
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<tr>
<td>d</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2021
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ.
- Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. BALDRICK'S FOUNDATION, INC</td>
<td>20-1173824</td>
</tr>
</tbody>
</table>

#### Part I-A
Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures... $
3. Volunteer hours for political campaign activities...

#### Part I-B
Complete if the organization is exempt under section 501(c)(3).

1. Enter the amount of any excise tax incurred by the organization under section 4955... $
2. Enter the amount of any excise tax incurred by organization managers under section 4955... $
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a. Was a correction made? Yes No

#### Part I-C
Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities... $
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities... $
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b... $
4. Did the filing organization file Form 1120-POL for this year? Yes No
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter -0-.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.
Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check □ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check □ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td></td>
</tr>
<tr>
<td>1b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
</tr>
<tr>
<td>1c Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
</tr>
<tr>
<td>1d Other exempt purpose expenditures</td>
<td></td>
</tr>
<tr>
<td>1e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
</tr>
<tr>
<td>1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1f, column (a) or (b) is:</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1f.</td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
</tr>
</tbody>
</table>

| g Grassroots nontaxable amount (enter 25% of line 1f) |                           |
| h Subtract line 1g from line 1a. If zero or less, enter 0. |                           |
| i Subtract line 1f from line 1c. If zero or less, enter 0. |                           |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | Yes □ No □ |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990) 2021
Part II-B  Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

1. Were substantially all (90% or more) dues received nondeductible by members?  
   - Yes  
   - No  

2. Did the organization make only in-house lobbying expenditures of $2,000 or less?  
   - Yes  
   - No  

3. Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  
   - Yes  
   - No  

Part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1. Dues, assessments and similar amounts from members
   - 1

2. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
   - 2a
   - 2b
   - 2c

3. Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
   - 3

4. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditure next year?
   - 4

5. Taxable amount of lobbying and political expenditures. See instructions.
   - 5

Part IV - Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, LOBBYING ACTIVITIES:

WE LED THE EFFORT TO PASS THE CHILDHOOD CANCER STAR ACT AND WORKED WITH

ADVOCATES AND THE CONGRESSIONAL CHILDHOOD CANCER CAUCUS TO SECURE

CONTINUED FUNDING FROM CONGRESS. WE FURTHER WORKED WITH CONGRESSIONAL

STAFF TO SECURE CONTINUED FUNDING FOR THE CHILDHOOD CANCER DATA

INITIATIVE AND ENSURE THE FUNDS WERE APPROPRIATED. THESE EFFORTS
RESULTED IN $80 MILLION IN ADDITIONAL FEDERAL FUNDS FOR CHILDHOOD CANCER RESEARCH FOR THE NCI AND CDC. WE WORKED WITH COALITIONS OF OTHER NONPROFITS SUPPORTIVE OF CHILDHOOD CANCER AND JOINTLY TRAINED VOLUNTEER ADVOCATES TO EDUCATE ELECTED OFFICIALS, LEGISLATIVE STAFF AND FEDERAL AGENCIES AS TO THE NEEDS OF CHILDREN WITH CANCER AND THE WORK OF THE RESEARCHERS ENDEAVORING TO SAVE THEM.
**SUPPLEMENTAL FINANCIAL STATEMENTS**

**ST. BALDRICK'S FOUNDATION, INC**

**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.

<table>
<thead>
<tr>
<th>1</th>
<th>Total number at end of year</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  

   - Yes  
   - No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 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?  

   - Yes  
   - No

**PART II: Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   - a Total number of conservation easements
   - b Total acreage restricted by conservation easements
   - c Number of conservation easements on a certified historic structure included in (a)
   - d Number of conservation easements included in (c) acquired after 7/26/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4. Number of states where property subject to conservation easement is located.

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  

   - Yes  
   - No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  

   - Yes  
   - No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**PART III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X
Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   a □ Public exhibition  
   b □ Scholarly research  
   c □ Preservation for future generations  
   d □ Loan or exchange program  
   e □ Other  

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  □ Yes □ No

Part IV: Escrow and Custodial Arrangements. Complete if the organization answered “Yes” on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Yes □ No  

b If “Yes,” explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

Part V: Endowment Funds. Complete if the organization answered “Yes” on Form 990, Part IV, line 10.

1a Beginning of year balance  

b Contributions  

c Net investment earnings, gains, and losses  

d Grants or scholarships  

e Other expenditures for facilities and programs  

f Administrative expenses  

g End of year balance  

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

<table>
<thead>
<tr>
<th></th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Board designated or quasi-endowment</td>
<td></td>
</tr>
<tr>
<td>b Permanent endowment</td>
<td></td>
</tr>
<tr>
<td>c Term endowment</td>
<td></td>
</tr>
</tbody>
</table>

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) Unrelated organizations  
   (ii) Related organizations  

b If “Yes” on line 3a(i), are the related organizations listed as required on Schedule R?  □ Yes □ No  

Part VI: Land, Buildings, and Equipment. Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>426,888</td>
<td>408,887</td>
<td>10,001</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (b), line 10c.)  18,001.

Schedule D (Form 990) 2021
**Part VII: Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IX: Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**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. **Description of liability**

<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
</tbody>
</table>

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. □
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1. Total revenue, gains, and other support per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a. Net unrealized gains (losses) on investments  
   b. Donated services and use of facilities  
   c. Recoveries of prior year grants  
   d. Other (Describe in Part XIII.)  
   e. Add lines 2a through 2d
3. Subtract line 2e from line 1

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>23,975,785.</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>103.</td>
</tr>
<tr>
<td>2b</td>
<td>505,809.</td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>505,912.</td>
</tr>
<tr>
<td>3</td>
<td>22,569,873.</td>
</tr>
</tbody>
</table>

### Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1. Total expenses and losses per audited financial statements
2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a. Donated services and use of facilities  
   b. Prior year adjustments  
   c. Other losses  
   d. Other (Describe in Part XIII.)  
   e. Add lines 2a through 2d
3. Subtract line 2e from line 1

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22,712,816.</td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>505,809.</td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td>505,809.</td>
</tr>
<tr>
<td>3</td>
<td>21,207,007.</td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information

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

**ST. BALDRICK'S FOUNDATION, INC.**

**Name of the organization:**

**Employer identification number:** 20-1173624

---

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

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

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

3. **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,</td>
<td>0</td>
<td>5</td>
<td>FUNDRAISING AND GRANTMAKING RESEARCH</td>
<td>PEDIATRIC CANCER</td>
<td>96,188</td>
</tr>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM</td>
<td>0</td>
<td>1</td>
<td>FUNDRAISING AND GRANTMAKING RESEARCH</td>
<td>PEDIATRIC CANCER</td>
<td>38,554</td>
</tr>
<tr>
<td>NORTH AMERICA</td>
<td>0</td>
<td>1</td>
<td>FUNDRAISING AND GRANTMAKING RESEARCH</td>
<td>PEDIATRIC CANCER</td>
<td>115,000</td>
</tr>
</tbody>
</table>

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**3 a Subtotal ................ 0 7 249,742**

**b Total from continuation sheets to Part I ........ 0 0 0**

**c Totals (add lines 3a and 3b) ................ 0 7 249,742**

---

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

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*Schedule F (Form 990) 2021*
**Part II. Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td>96,188</td>
<td>WIRE TRANSFER</td>
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<tr>
<td></td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND) - ALBANIA, ANDORRA,</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td>38,524</td>
<td>WIRE TRANSFER</td>
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<td></td>
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<td>CENTRAL AMERICA AND THE CARRIBEAN</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td>115,000</td>
<td>WIRE TRANSFER</td>
<td>0</td>
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</tbody>
</table>

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

3. Enter total number of other organizations or entities
<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>
1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 926) .............................................................. [ ] Yes [X] No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) .............................................................. [ ] Yes [X] No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) .............................................................. [ ] Yes [X] No

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8621) .............................................................. [ ] Yes [X] No

5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) .............................................................. [ ] Yes [X] No

6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) .............................................................. [ ] Yes [X] No
Part V Supplemental Information

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT AN ANNUAL REPORT DETAILING THE RESULTS OF THE PROJECT FUNDED AND EXPENDITURES INCURRED. THESE REPORTS ARE REVIEWED AND MONITORED BY STAFF AND SCIENTIFIC ADVISORS. ANY INCONSISTENCIES OR LATE REPORTS ARE REPORTED TO MANAGEMENT FOR RESOLUTION.
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.

Name of the organization: ST. BALDRICK'S FOUNDATION, INC

Employer identification number: 20-1173824

---

**Part I**

**General Information on Grants and Assistance**

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

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

---

**Part II**

**Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Name of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST 17TH FL - PHILADELPHIA, PA 19106</td>
<td>23-6251648</td>
<td>501(C)(3)</td>
<td>75,000</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>AARON CHILDREN'S HOSPITAL ONE PERKINS SQUARE AKRON, OH 44308</td>
<td>34-0714357</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>ALBANY MEDICAL CENTER FOUNDATION 43 NEW SCOTLAND AVE MC 119 ALBANY, NY 12208</td>
<td>14-1338310</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030</td>
<td>74-1613878</td>
<td>501(C)(3)</td>
<td>142,864</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS - 28395 NETWORK PLACE - CHICAGO, IL 60673</td>
<td>37-6000511</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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</tr>
<tr>
<td>BOSTON CHILDREN'S HOSPITAL CORPORATION - PO BOX 414413 - BOSTON, MA 02241</td>
<td>10-4277444</td>
<td>501(C)(3)</td>
<td>114,997</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 47

3. Enter total number of other organizations listed in the line 1 table: 0

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENTRO MEDICO DEL TURABO PO BOX 4980 CAGUAS, PR 00726</td>
<td>66-0465905</td>
<td>501(c)(3)</td>
<td>$42,889.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>CHILDREN'S MINNESOTA FOUNDATION 5901 LINCOLN DRIVE EDINA, MN 55436</td>
<td>41-1754276</td>
<td>501(c)(3)</td>
<td>$50,000.00</td>
<td>0.00</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>CHILDREN'S HOSPITAL - NEW ORLEANS 200 HENRY CLAY AVENUE NEW ORLEANS, LA 70118</td>
<td>72-0967503</td>
<td>501(c)(3)</td>
<td>$50,000.00</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>CHILDREN'S HOSPITAL OF MICHIGAN FOUNDATION - 3011 EST GRAN BLVD STE 218 - DETROIT, MI 48202</td>
<td>32-0087353</td>
<td>501(c)(3)</td>
<td>$50,000.00</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>CHILDREN'S HOSPITAL OF PHILADELPHIA - 100 E401 PENN SQUARE - PHILADELPHIA, PA 19107</td>
<td>23-1352166</td>
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<td>0.00</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - 4401 PENN AVENUE - PITTSBURGH, PA 15224</td>
<td>25-0402510</td>
<td>501(c)(3)</td>
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<tr>
<td>CHILDREN'S ONCOLOGY GROUP FOUNDATION - 3720 SPRUCE STREET $506 - PHILADELPHIA, PA 19104</td>
<td>45-3083156</td>
<td>501(c)(3)</td>
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<tr>
<td>COOK CHILDREN'S HEALTH FOUNDATION 801 SEVENTH AVE FORT WORTH, TX 76104</td>
<td>75-2051664</td>
<td>501(c)(3)</td>
<td>$42,900.00</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>DANA-FABER CANCER INSTITUTE, INC 450 BROOKLINE AVE BP411 BOSTON, MA 02215</td>
<td>04-2263040</td>
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<td>$415,000.00</td>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<tr>
<td>DUKE UNIVERSITY</td>
<td>56-0532129</td>
<td>501(C)(3)</td>
<td>97,242</td>
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<tr>
<td>PO BOX 602651  CHARLOTTE, NC 28260</td>
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<td>EL PASO CHILDREN'S HOSPITAL</td>
<td>26-3075429</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
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<tr>
<td>4845 ALAMEDA AVE  EL PASO, TX 79905</td>
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<tr>
<td>EMBRY UNIVERSITY</td>
<td>58-0566256</td>
<td>501(C)(3)</td>
<td>577,056</td>
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<tr>
<td>1599 CLIFTON ROAD 4TH FLR ATLANTA, CA 30322</td>
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<tr>
<td>ENTERTAINMENT INDUSTRY FOUNDATION</td>
<td>95-1644609</td>
<td>501(C)(3)</td>
<td>1,000,000</td>
<td>0</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>10880 WILSHIRE BLVD STE 1400  LOS ANGELES, CA 90024</td>
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<tr>
<td>HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION - 160 ESSEX STREET STE 101 - LOD, NJ 07644</td>
<td>22-1487576</td>
<td>501(C)(3)</td>
<td>50,000</td>
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<tr>
<td>HSNS ST. VINCENT HOSPITAL FOUNDATION - PO BOX 11705 - GREEN BAY, WI 54307</td>
<td>39-0817529</td>
<td>501(C)(3)</td>
<td>48,325</td>
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<tr>
<td>JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693</td>
<td>52-0595110</td>
<td>501(C)(3)</td>
<td>288,437</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>KAPI‘OLANI HEALTH FOUNDATION 55 MERCHANT ST, 24TH FL HONOLULU, HI 96813</td>
<td>99-1077350</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241</td>
<td>04-2697983</td>
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Schedule I (Form 990)
<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of noncash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
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<tbody>
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<td>LANDON PEDIATRIC FOUNDATION 340 HILLMONT VENTURA, CA 93003</td>
<td>93-1097216</td>
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<td>49,990.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<td>REGENTS OF THE UNIVERSITY OF CA - SAN FRANCISCO - PO BOX 748872 - LOS ANGELES, CA 90074</td>
<td>94-6036493</td>
<td>501(C)(3)</td>
<td>744,461.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>REGENTS OF THE UNIVERSITY OF CA - LOS ANGELES - PO BOX 741539 - LOS ANGELES, CA 90074</td>
<td>95-6096144</td>
<td>501(C)(3)</td>
<td>445,000.</td>
<td>0.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>REGENTS OF THE UNIVERSITY OF MINNESOTA - MN 55457, PO BOX 1450 - MINNEAPOLIS, MN 55485</td>
<td>41-607513</td>
<td>501(C)(3)</td>
<td>305,967.</td>
<td>0.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>RENOWN HEALTH FOUNDATION 245 E LIBERTY ST, STE 400, MS 02 RENO, NV 89501</td>
<td>94-2972749</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td>0.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>RESEARCH FOUNDATION OF THE STATE UNIVERSITY OF NEW YORK - PO BOX 9 - ALBANY, NY 12201</td>
<td>14-1368361</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td>0.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - PO BOX 78000 - DETROIT, MI 48278</td>
<td>31-6056230</td>
<td>501(C)(3)</td>
<td>335,000.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<td>CARDINAL GLENNON CHILDREN'S FOUNDATION - 3800 PARK AVE - ST LOUIS, MO 63110</td>
<td>43-0738490</td>
<td>501(C)(3)</td>
<td>50,000.</td>
<td>0.</td>
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<td>PEDIATRIC CANCER RESEARCH</td>
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<tr>
<td>ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL MS 509 - MEMPHIS, TN 38105</td>
<td>16-2064601</td>
<td>501(C)(3)</td>
<td>557,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
</tr>
<tr>
<td>Name and address of organization or government</td>
<td>EIN</td>
<td>IRC section if applicable</td>
<td>Amount of cash grant</td>
<td>Amount of noncash assistance</td>
<td>Method of valuation (book, FMV, appraisal, other)</td>
<td>Description of non-cash assistance</td>
<td>Purpose of grant or assistance</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------</td>
<td>---------------------------</td>
<td>----------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>UNITPOINT HEALTH 1415 WOODLAND AVE, STE E-200 DES MOINES, IA 50309</td>
<td>42-1467682</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF ALABAMA AT BIRMINGHAM 801 5TH AVENUE SOUTH BIRMINGHAM, AL 35233</td>
<td>16-3600539</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF CHICAGO 5235 S HARPER COURT 4TH FL CHICAGO, IL 60615</td>
<td>36-21177139</td>
<td>501(C)(3)</td>
<td>600,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF COLORADO DENVER PO BOX 910238 DENVER, CO 80291</td>
<td>84-6000555</td>
<td>501(C)(3)</td>
<td>550,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - PO BOX 113001 - GAINESVILLE, FL 32611</td>
<td>59-6002052</td>
<td>501(C)(3)</td>
<td>99,980</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131</td>
<td>85-6000642</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384</td>
<td>56-6001393</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALLEY CHILDREN’S HEALTHCARE FOUNDATION - 9300 VALLEY CHILDREN’S PLACE - MADERA, CA 93636</td>
<td>94-1294954</td>
<td>501(C)(3)</td>
<td>25,000</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157</td>
<td>22-3849199</td>
<td>501(C)(3)</td>
<td>49,999</td>
<td>0</td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of noncash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
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<td>-----------------------------------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>WEILL MEDICAL COLLEGE AT CORNELL UNIVERSITY - PO BOX 22371 - NEW YORK, NY 10087</td>
<td>15-0532082</td>
<td>501(C)(3)</td>
<td>220,000</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>AMERICAN CANCER SOCIETY PO BOX 1120 FARMINGHAM, MA 01701</td>
<td>13-1788491</td>
<td>501(C)(3)</td>
<td>94,103</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION - 3550 BARRON WAY #9A - RENO, NV 89511</td>
<td>20-8623503</td>
<td>501(C)(3)</td>
<td>74,895</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>KEATON'S CHILD CANCER ALLIANCE 2260 DOUGLAS BLVD STE 140 ROSEVILLE, CA 95661</td>
<td>68-0406980</td>
<td>501(C)(3)</td>
<td>143,297</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
<tr>
<td>CHILDREN'S HOSPITAL OF THE KING'S DAUGHTER, INC - 601 CHILDREN'S LANE - NORFOLK, VA 23507</td>
<td>54-0506321</td>
<td>501(C)(3)</td>
<td>50,000</td>
<td>0</td>
<td></td>
<td>PEDIATRIC CANCER RESEARCH</td>
<td></td>
</tr>
</tbody>
</table>
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

PART I, LINE 2:

ALL GRANT RECIPIENTS ARE REQUIRED TO SUBMIT AN ANNUAL REPORT DETAILING THE RESULTS OF THE PROJECT FUNDED AND EXPENDITURES INCURRED. THESE REPORTS ARE REVIEWED AND MONITORED BY STAFF AND SCIENTIFIC ADVISORS. ANY INCONSISTENCIES OR LATE REPORTS ARE REPORTED TO MANAGEMENT FOR RESOLUTION.
### Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (such as maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If “No,” complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<table>
<thead>
<tr>
<th>Method</th>
<th>X</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>X Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If “Yes” to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

### Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If “Yes” on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If “Yes” on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If “Yes,” describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If “Yes,” describe in Part III.

9 If “Yes” on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-4(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(C)</th>
<th>(F) Compensation reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KATHLEEN RUDDY</td>
<td>(i) 251,669. 0. 0.</td>
<td>7,725. 9,173.</td>
<td>268,567. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>CSO</td>
<td>(ii) 0. 0. 0.</td>
<td>0. 0.</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(2) JENNIFER MCCABE</td>
<td>(i) 201,781. 0. 0.</td>
<td>6,150. 12,780.</td>
<td>226,711. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>CCO/CFO</td>
<td>(ii) 0. 0. 0.</td>
<td>0. 0.</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(3) REBECCA WEAVER</td>
<td>(i) 175,974. 0. 0.</td>
<td>5,483. 24,998.</td>
<td>206,455. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>CMO/CDO/SEC</td>
<td>(ii) 0. 0. 0.</td>
<td>0. 0.</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>(4) MARK ARREDONDO</td>
<td>(i) 151,396. 0. 0.</td>
<td>4,560. 18,630.</td>
<td>174,586. 0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>DIR OF TECHNOLOGY</td>
<td>(ii) 0. 0. 0.</td>
<td>0. 0.</td>
<td>0. 0.</td>
<td>0.</td>
<td></td>
</tr>
</tbody>
</table>

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.
Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
### Noncash Contributions

**Part I | Types of Property**

<table>
<thead>
<tr>
<th></th>
<th>Check if applicable</th>
<th>Number of contributions or items contributed</th>
<th>Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>13</td>
<td>73,854</td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ........................................ 29

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period? Yes No 30a X

b If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Yes X

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Yes X

b If "Yes," describe in Part II.

**33** If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

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

Schedule M (Form 990) 2021
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTORS, NOT THE NUMBER OF ITEMS CONTRIBUTED.
ST. BALDRICK’S FOUNDATION, INC

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

**ADVOCATING FOR MORE EFFECTIVE POLICIES AND INCREASED FEDERAL FUNDING**

**FOR CHILDHOOD CANCER RESEARCH, THE FOUNDATION MAKES DISEASE-SPECIFIC GRANTS AS WELL AS GRANTS AIMED AT MULTIPLE CHILDHOOD CANCERS AS WELL AS GRANTS AIMED AT TRAINING AND SUPPORTING THE WORK OF YOUNG INVESTIGATORS, DATA SHARING AND CANCER DISCIPLINES.**

**IN FY 2022, GRANTS WERE AWARDED IN THE FOLLOWING CATEGORIES:**

- **SCHOLARS (YOUNG INVESTIGATOR AWARDS)** 2,300,944
- **INTERNATIONAL SCHOLARS** 775,000
- **CONSORTIUM RESEARCH GRANTS** 999,556
- **FELLOWSHIPS** 895,963
- **INFRASTRUCTURE** 1,159,102
- **CHILDREN’S ONCOLOGY GROUP** 4,427,000
- **PEDIATRIC CANCER DATA COMMONS** 600,000
- **OSTEOSARCOMA RFA AWARDS** 500,000

- **ST. BALDRICK’S STAND UP TO CANCER GRANT** 1,000,000
- **ST. BALDRICK’S EPICC TEAM (FORMERLY ST. BALDRICK’S STAND UP TO CANCER GRANT)** 574,115
- **INTERNATIONAL BENEFICIARIES & DOMESTIC PARTNERS** 354,953
- **ACS PARTNERSHIP GRANT** 94,103
- **AACR ST. BALDRICK’S FOUNDATION AWARD** 75,000

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

**LINE 11A EXPLANATION - THE ORGANIZATION HAS CONTRACTED WITH AN OUTSIDE CPA**

LHA  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2021

16350208 701245 04230.003 2021.05040 ST. BALDRICK’S FOUNDATION 04230.01
TO PREPARE ITS FORM 990 FROM INFORMATION FURNISHED BY THE ORGANIZATION.

AFTER RECEIVING THE DRAFT RETURN FROM THE OUTSIDE ACCOUNTANTS,

ORGANIZATIONS EXECUTIVE LEADERSHIP TEAM, INCLUDING THE ORGANIZATION’S CFO

AND CHIEF EXECUTIVE OFFICER, REVIEWED THE DRAFT. THE DRAFT WAS THEN

DISTRIBUTED TO THE ORGANIZATION’S BOARD OF DIRECTORS FOR A PERIOD OF

COMMENT BEFORE MANAGEMENT AND THE CPA FIRM FINALIZED THE RETURN.

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

ALL BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST

DISCLOSURE FORM AND NOTIFY THE CHAIRMAN OF THE BOARD IF CIRCUMSTANCES

CHANGE DURING THE YEAR.

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

THE BOARD OF DIRECTORS REVIEWS THE CHIEF EXECUTIVE OFFICER’S JOB

PERFORMANCE AND ACCOMPLISHMENTS AGAINST THE RELATED GOALS AND PERFORMANCE

EXPECTATIONS SET EVERY YEAR. ANY SALARY ADJUSTMENT IS FORWARDED TO THE

COMPENSATION COMMITTEE (INCLUDING THE CHAIRMAN OF THE BOARD) FOR REVIEW AND

APPROVAL, AS PER THE BOARD-APPROVED COMMITTEE CHARTER. ADDITIONALLY, THE

COO/CFO’S AND THE CMO/CDO’S COMPENSATION IS REVIEWED ANNUALLY BY THE CHIEF

EXECUTIVE OFFICER AND THE COMPENSATION COMMITTEE. ANY ADJUSTMENTS TO THEIR

COMPENSATION ARE FORWARDED TO THE COMPENSATION COMMITTEE AS RECOMMENDATIONS

AND REQUIRE APPROVAL FROM THE COMPENSATION COMMITTEE.

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

AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, OH, OK, OR, PA

RI, SC, TN, UT, WA

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION PROVIDES ITS AUDITED FINANCIAL STATEMENTS TO THE PUBLIC ON ITS WEBSITE AND IS AVAILABLE TO BE DOWNLOADED, MAILED, OR E-MAILED UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
Form 8868
(Rev. January 2022)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print

Name of exempt organization or other filer, see instructions.

ST. BALDRICK’S FOUNDATION, INC

Taxpayer identification number (TIN)

20-1173824

Number, street, and room or suite no. If a P.O. box, see instructions.

1333 SOUTH MAYFLOWER AVE, 400

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

MONROVIA, CA 91016

Enter the Return Code for the return that this application is for (file a separate application for each return)

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
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<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8970</td>
<td>12</td>
</tr>
<tr>
<td>Form 990-T (corporation)</td>
<td>07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

JENNIFER MCCABE

Telephone No. ☑ (626) 792-8247 Fax No. ☑ (310) 289-8186

☒ If the organization does not have an office or place of business in the United States, check this box ☑. If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ☑. If this is for the whole group, check this box ☑. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

I request an automatic 6-month extension of time until MAY 15, 2023 ☑, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

☒ calendar year ☑ or

☒ tax year beginning JUL 1, 2021 ☑, and ending JUN 30, 2022 ☑.

If the tax year entered in line 1 is for less than 12 months, check reason:

☒ Initial return ☑ Final return ☐ Change in accounting period

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a ☑ $ 0.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b ☑ $ 0.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c ☑ $ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)