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ARMANINO LLP

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 125743 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A I</u>	For the	2022 calendar year, or tax year beginning JU	L 1, 2022 and	ending J	UN 30,	2023			
	Check if applicable	C Name of organization			D Em	ployer iden	tifica	tion number	
	Addres	ST. BALDRICK'S FOUNDATION, INC							
	Name	5			1	20-11738	24		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite					
	Final return/	1333 SOUTH MAYFLOWER AVE		626) 792-		7			
	termin ated	City or town, state or province, country, and	G Gross	s receipts \$		23,9	95,381.		
	Ameno		.		H(a) Is	this a grou	p retu	ırn	
	Applic tion	F Name and address of principal officer: AATHI	EEN RUDDY		7	r subordina	-		X No
	pendir	SAME AS C ABOVE			H(b) Ar	e all subordinat	es inclu	ıded? Yes	☐ No
1	Гах-ех	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	lf	"No," attac	h a lis	st. See instruct	ions
J	Websit	e: WWW.STBALDRICKS.ORG			H(c) G	roup exemp	otion r	number	
K	orm of	organization: X Corporation Trust As	sociation Other	L Year	of format	ion: 2004	M S	State of legal dor	nicile: NJ
Pa	art I	Summary							
•	1	Briefly describe the organization's mission or most	significant activities: FUNDIN	G CHILDHO	OOD CAN	ICER			
Governance		RESEARCH TO CURE CHILDREN AND GIVE SU	RVIVORS LONG & HEALTHY	LIVES.					
r	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25	% of its net	asset	s.	
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)				3		16
	1 .	Number of independent voting members of the gov					4		15
es 8		Total number of individuals employed in calendar y					5		50
₹		Total number of volunteers (estimate if necessary)					6		27188
Activities &		Total unrelated business revenue from Part VIII, col					7a		0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	······			7b		0.
						r Year	_	Current Y	
ē	8				2	22,550,57		23,4	26,662.
ēn	9						0.		0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,				27,90	0.	4	90,394.
_	יין		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
		Total revenue - add lines 8 through 11 (must equal				22,578,47	-		17,056.
	1	Grants and similar amounts paid (Part IX, column (1	.2,976,01	_	13,7	96,198.
	1	Benefits paid to or for members (Part IX, column (A					0.	4.0	0.
es	15	Salaries, other compensation, employee benefits (F		3,693,998.			4,0	13,567.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			0.			0.	
X	_ b	Total fundraising expenses (Part IX, column (D), line	The state of the s			4,545,60	1	1 7	61,908.
_	''	Other expenses (Part IX, column (A), lines 11a-11d,				21,215,60			71,673.
		Total expenses. Add lines 13-17 (must equal Part I)				1,362,86	_	•	45,383.
9	19	Revenue less expenses. Subtract line 18 from line	12	Be		of Current Ye		End of Ye	
sts o	20	Total assets (Part X, line 16)				22,964,48	_		94,418.
Net Assets or	21	Total link:liting (Dout V. ling OC)				2,835,66	-		20,357.
let,	22	Net assets or fund balances. Subtract line 21 from	line 20			0,128,82	_		74,061.
Pa	art II	Signature Block				, ,			, -
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and i	to the best of	f mv kr	nowledge and be	lief, it is
		t, and complete. Declaration of preparer (other than office						J	,
			,						
Sign		Signature of officer				Date			
Her		JENNIFER MCCABE, COO/CFO							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Check		PTIN	
Paid	i	*	KATY BROWN	0	1/12/2	4 self-er	nployed		
Pre	parer	Firm's name ARMANINO LLP				Firm's EIN	94	-6214841	
Use	Only	Firm's address 2700 CAMINO RAMON, STE. 35	50						
		SAN RAMON, CA 94583-5004				Phone no. 9	<u> 25-</u> 7	790-2600	
May	the IF	RS discuss this return with the preparer shown above	ve? See instructions					X Yes	No

	1990 (2022) ST. BALDRICK'S FOUNDATION, INC	20-1173824	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Х
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?	Yes	X No
_	If "Yes," describe these new services on Schedule O.		₩
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	L ^X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.	, trie totai expenses, ai	ıu
 4а	15 600 101	Φ.	0.)
40	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: RESEARCH AND 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 EPICC TEAM		
	(EMPOWERING PEDIATRIC IMMUNOTHERAPIES FOR CHILDHOOD CANCERS) FUNDED TO		
	CONTINUE TO USE GENOMICS TO DEVELOP NEW IMMUNOTHERAPIES. (CONTINUED ON		
	SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	·		
			`
4c	(Code:) (Expenses \$) (Revenue	.\$)
	Other program services (Describe on Schedule O.)		
4d		1	
40	45 600 404		
<u>4e</u>	Total program service expenses 15,623,401.		000 (

20-1173824

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	┝╌		
3		5		x
6	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			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а				
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C				x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>. </u>		
		16		x
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	مد ا		🖫
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form 990 (FOUNDATION,
Part IV	Checklist of	Requi	red Schedu	les (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (M), line 27 // "Yes," complete Schedule (, Part I and III 2	1 0.11	Continued)		Vaa	Na			
Part IX, column (A), line 2? (if Yes, "complete Schedule I, Parts I and III 2 Did the organization assert "Yes" to Part IVI, School And, Ind. 3, 4, or 5, a bout compensation of the organization sourcett and former officient, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IVI. 28 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arosever insex 2bb through 2dd and complete Schedule K II "No." go to lime 25s. 29 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 20 Did the organization marked any an excover account of the than a returning secrow at any time during the year? 21 Did the organization are an an 'on behalf of' issuer for bonds outstanding at any time during the year? 22 Did the organization are an an 'on behalf of' issuer for bonds outstanding at any time during the year? 23 Section 901(x)3, 901(x)4), and 901(x)29 organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction what a disqualified person in a prior year, and that the transaction was the adjustment of the organization proper any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, furstee, key employee, creator or founder, substantial contributor, or 35% controlled entity of rounder, substantial contributor, or 35% controlled entity of rounder, substantial contributor, or 35% controlled entity of rounder, substantial contributor or employee thereof, a grain selection committee member, or to a 35% controlled entity of rounder, substantial contributor? 28 Was the organization in enceive contributions or employee, creator or founder, substantial contributor? 29 Yes, complete Schedule II, Part IV. 29 A 35% controlled entity of rounder banks and cease ope	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No			
23 bit the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization surrent and former offices, directors, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax excerned bond issue with an outstanding principal amount of more than \$100,000 as of the basis day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a. 24b Did the organization invest are yeroceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization marks an ascrow account other than a refunding escow at any time during the year to declase any tax exempt bonds? 24d Did the organization marks and as an "on behalf of" issuer for bonds outstanding at any time during the year to declase any tax exempt bonds? 24d Did the organization marks and the regagad in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I 25a Section 501(58), 501(614), and 501(6)(29) organizations. Did for expanization goes a new scess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I 25b Is the organization aware that it engagad in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I "Yes," complete Schedule L Part I "Yes," complete Schedule L Part I "Yes," complete Schedule L Part II" 25c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L Part II" 27d In the organization provide a put or other assistance to any current or former officer, director, trustee, key and transaction with one of the following parties level the Schedule L Part II" 27d In the organization provide a part or other assistance with an exploration of the schedule Par			22		Х			
and formar officers, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2th through 24d and complete Schedule K II "No." go to line 25s. Did the organization mixed any proceeds of fax exempt bonds beyond a temporary period exception? 24b	23							
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to live 25a. 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Characteristic Child the comparization market an ascrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization enables are secretary than a secrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization enables that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization prior Forms 900 or 900-E27 (if "Yes," complete Schedule L, Part I (if the organization expert any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II (instructions for applicable filling members of any of these persons? If "Yes," complete Schedule L, Part II (instructions for applicable filling thresholds, conditions, and exceptions; andeed any exceptions; and exceptions; and exceptions; and exception								
size day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Mo," go to line 25a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization animatian an scrow account other than a refunding scrow at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 2 25a Section 501(5), 501(6)49, and 501(6)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person to a special property of the organization are provided and that the transaction has not been reported on any of the organizations proof Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, or substantial contributor, or a 39% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25c Was the organization accepted to be business transaction with one of the following parties (see the Schedule L, Part IV b A family immember of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 25a A 39% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule II and III and III and II		, , , , , , , , , , , , , , , , , , ,	23	Х				
Schedule K. If 'No.' go to line 25a	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maritaria an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(5), 501(6)4, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
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? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d		, g	24a		X			
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a 25c 25			24b					
d Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(2(3), 501(4)4), and 501(2(39) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1"Yes," complete Schedule L, Part I 25a X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization short promises of the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) of tamily member of any of these persons? If "Yes," complete Schedule L, Part II 26	С							
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25b X 15 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 spiror Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 26	_							
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compilete Schedule L, Part I 25b X 25b 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," compilete Schedule L, Part III 26b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," compilete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," compilete Schedule L, Part IV 28b X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28b X X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV X X X X X X X X X			24d					
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		05-		v			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule I. Part II 25 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 of reality member of any of these persons? // "Yes," complete Schedule I., Part II	L	, , ,	25a					
Schedule L, Part II 25b X 27b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26	D							
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, fusitee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family imember of any of these persons? If I*Ves, "complete Schedule L, Part III 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?" If I*Ves, "complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part III 28 X 29 A C and Schedule L, Part IV 28 X 28 C A 35% controlled entity of one or more individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 28 Did the organization receive more than \$250,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization orelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1 3 A X 33 Did the organization have a controlled entity within the meaning of section 5			256		x			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27	26		230					
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20							
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) or a grant selection committee member, or to a 35% controlled entity (including an employee) thereof or any of these persons? if "res," complete Schedule L, Part IV, instructions for applicable filing of thresholds, conditions, and exceptions): 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 of thresholds, conditions, and exceptions): 29 A Acturent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28 A A Side controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-28 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and t			26		Х			
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? // "Yes," complete Schedule L, Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // If "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV. 28 A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M. 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M. 20 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule N. Part I. 21 Did the organization individual, etminate, or dissolve and cease operations? // "Yes," complete Schedule N. Part I. 23 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N. Part I. 23 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N. Part I. 24 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III, or IV, and Part V, line 1 25 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 26 Section 501(c)(3) organizations to apartnership for federal income tax purposes? // "Yes," complete Schedule R. Part IV, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? // "Yes," complete Schedule R. Part I	27							
entity (including an employee thereof) or family member of any of these persons? # "Yes," complete Schedule L, Part IV, instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV								
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 filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X 29 b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule IA. 30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 30 Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 31 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 "Yes," complete Schedule R, Part II. 32 Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule A, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule B, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			27		Х			
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? # "Yes," complete Schedule L, Part IV 28b	28	, , , , , , , , , , , , , , , , , , , ,						
"Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c		instructions for applicable filing thresholds, conditions, and exceptions):						
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c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 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 "Yes," complete Schedule R, Part I 33 Ax 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b Id the organization base a controlled entity within the meaning of section 512(b)(13)? 35c Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations on Schedule O for Part VI, Iine 1 11b and 19? 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 C Did the organization comply with backup withholding rules for reportable payments to		"Yes," complete Schedule L, Part IV	28a		Х			
"Yes," complete Schedule L, Part IV 28c X 29	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 37 Did the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 39 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 20 Did the organization complete Schedule O in In a Enter O- if not applicable 30 Check if Schedule O contains a response or note to any line in this Part V 31 Dia Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 32 C Did the or	С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
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32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II S2 X X		contributions? If "Yes," complete Schedule M						
Schedule N, Part II 32			31					
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 "Yes," complete Schedule R, Part I 33	32	,	20		v			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33	22	,	32					
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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36			35b					
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38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1b V 1c X	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
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(gambling) winnings to prize winners?		Enter the number of Forms w-2d included of fine ra. Enter-0-11 not applicable						
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Part V	Statements Regarding	Other IRS Filings and Tax Compliance (continued)	

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	50						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).						
5a			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	zation solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gi							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).		_		17			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prov		7a		Х			
b			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require	ed	_					
	to file Form 8282?		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year		7-		Х			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e 7f		X			
f		oo roquirod?						
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1 OIIII 1096-C?	711					
Ü	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	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?		12a					
b	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.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand				v			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		45		х			
	excess parachute payment(s) during the year?		15		A			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	2	16		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income If "Yes," complete Form 4720, Schedule O.	·	16					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

232005 12-13-22

Form **990** (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 16									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
2										
	officer, director, trustee, or key employee?									
3										
-	of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u> 4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 4								
b	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0								
		8a	Х							
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X							
9		OD								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3								
	This Section B requests information about policies not required by the internal nevenue code.)		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	110								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
ŭ	on Schedule O how this was done	12c	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	Х							
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AL,AR,CA,FL,GA,HI,IL,KS,KY,MA,MD,MI									
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)	availal	ole						
	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	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JENNIFER MCCABE - (626) 792-8247									
	1333 SOUTH MAYFLOWER AVE SUITE 400, MONROVIA, CA 91016									

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATHLEEN RUDDY CEO	40.00	x		х				251 422	0.	17 575
(2) JENNIFER MCCABE	40.00	Λ		_				251,423.	0.	17,575.
COO/CFO	40.00	1		х				200,213.	0.	19,672.
(3) REBECCA WEAVER	40.00							200,213.	· ·	13,072.
CMO/CDO/SEC	10,00	1		x				176,018.	0.	31,266.
(4) MARK ARREDONDO	40.00									7 - 7 - 7 - 7
DIR OF TECHNOLOGY		1				x		159,392.	0.	23,732.
(5) MARIELA CASTILLO	40.00							,		,
DIR OF SPECIAL EVENTS						x		103,486.	0.	10,546.
(6) SARAH MILBERG	40.00									
DIR OF ADVOCACY/GOVT						х		101,733.	0.	8,797.
(7) FRANK NUTTER	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) TIM KENNY	1.00									
BOARD MEMBER/TREASURER		Х						0.	0.	0.
(9) JOHN R. BENDER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SUE COHN, MD	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(11) TOM SELQUIST	1.00	-								
BOARD MEMBER		Х						0.	0.	0.
(12) PHIL RALSTON	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) JILL CETINA	1.00	-							_	
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) BOB MARTIN	1.00	.,							_	
BOARD MEMBER (THRU 06/23)	1 00	Х						0.	0.	0.
(15) JOHN SMITH BOARD MEMBER	1.00	x						0.	0.	0.
(16) JASON YUSTEIN	1.00	Α				\vdash		0.	<u> </u>	· ·
BOARD MEMBER	1.00	x						0.	0.	0.
(17) SMITA BHATIA	1.00		\vdash		\vdash				· · ·	· · ·
BOARD MEMBER		х						0.	0.	0.
	1							1	1	Form 990 (2022)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(18) JOHN MCMANUS	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(19) RYAN BROWN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(20) JULIA GLADE BENDER	1.00										
BOARD MEMBER (AS OF 04/23)		х						0.	0.	0.	
(21) RICHARD BUCHER	1.00									_	
BOARD MEMBER (AS OF 06/23)		х						0.	0.	0.	
1b Subtotal	1	·						992,265.	0.	111,588.	
c Total from continuation sheets to Part VI	I. Section A						•	0.	0.	0.	
d Total (add lines 1b and 1c)								992,265.	0.	111,588.	

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

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

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

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

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.

the organization. Report compensation for the calcindar year ending with	or within the organization of tax year.	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
FIRESPRING, INC	CUSTOM OPERATING SYSTEM,	
1201 INFINITY COURT, LINCOLN, NE 68512	FULLFILLMENT	2,138,422.
ICEBOX-COOL STUFF, LLC		
700 LAKE AVE, ATLANTA, GA 30307	FULFILLMENT	243,553.
MATHIS STRATEGIES, 166 E 92ND STREET,		
SUITE 6EF, NEW YORK, NY 10128	LOBBYING SERVICES	150,000.
NUMSP DBA NETFUSION, 6640 SHADY OAK ROAD,		
STE 255, EDEN PRAIRIE, MN 55344	IT SERVICES	146,109.
MILLER KAPLAN ARASE LLP, 4123 LANKERSHIM		
BLVD, NORTH HOLLYWOOD, CA 91602	IS SERVICES	108,765.
2 Total number of independent contractors (including but not limited to the	ose listed above) who received more than	
\$100,000 of compensation from the organization	5	
		- 000 (sees)

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Form 990 (2022) ST. BALDRIO Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse	or note to anv lin	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a						
ant		Membership dues 1b						
جَ جَ		Fundraising events 1c						
ffs,		I Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts				210,683.				
Sir.		Government grants (contributions) 1e		210,003.				
utio	T	All other contributions, gifts, grants, and		23,215,979.				
^듩		similar amounts not included above 1f		68,315.				
o d	_	Noncash contributions included in lines 1a-1f			22 426 662			
O g	n	Total. Add lines 1a-1f		1	23,426,662.			
				Business Code				
Se	2 a	·						
e Z	b							
Program Service Revenue	С	·						
ev ev	d	· -						
F	е	·						
٩.	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends,	intere	st, and				
		other similar amounts)			490,240.			490,240.
	4	Income from investment of tax-exempt b	ond p	roceeds				
	5	Royalties						
		(i) Rea	al	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	L Not rental income or (loca)						
		Gross amount from sales of (i) Secur		(ii) Other				
			479.					
	b	Less: cost or other basis						
<u>o</u>	-		325.					
Revenue	c		154.					
ě		Net gain or (loss)			154.			154.
		Gross income from fundraising events (not						
Other	0 a	including \$ of						
١		contributions reported on line 1c). See						
		Part IV, line 18	8a					
	h							
		Less: direct expenses						
		Net income or (loss) from fundraising eve						
	o a	Gross income from gaming activities. Se	- 1					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activitie	, s	<u> </u>				
	то а	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold		•				
\longrightarrow	С	Net income or (loss) from sales of inventor	ory					
<u>0</u>				Business Code				
e e	11 a							
lan en	b	·						
Miscellaneous Revenue	С							
Ais	d	I All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions	<u></u>		23,917,056.	0.	0.	490,394.

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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 respon		(=)	(C)	
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	ants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21	13,688,304.	13,688,304.		
	rants and other assistance to domestic				
inc	dividuals. See Part IV, line 22				
3 Gr	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16	107,894.	107,894.		
4 Be	enefits paid to or for members				
	ompensation of current officers, directors,				
tru	ustees, and key employees	725,337.	192,705.	236,751.	295,881
6 Co	empensation not included above to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)				
7 Ot	ther salaries and wages	2,506,374.	592,570.	575,591.	1,338,213
	nsion plan accruals and contributions (include				
sec	ction 401(k) and 403(b) employer contributions)	123,683.	29,451.	28,589.	65,643
9 Ot	ther employee benefits	425,158.	101,236.	98,275.	225,647
	ayroll taxes	233,015.	55,484.	53,861.	123,670
	ees for services (nonemployees):				
a Ma	anagement	67,000.	5,610.	5,780.	55,610
	egal	16,747.		16,747.	
	ccounting	45,600.		34,200.	11,400
	bbying	125,826.	125,826.		
	ofessional fundraising services. See Part IV, line 17				
f Inv	vestment management fees	13,051.		13,051.	
	ther. (If line 11g amount exceeds 10% of line 25,				
col	lumn (A), amount, list line 11g expenses on Sch O.)	16,863.	5,063.	2,973.	8,827
12 Ad	dvertising and promotion				
	ffice expenses				
	formation technology	2,192,229.	288,044.	398,170.	1,506,015
	oyalties				
	ccupancy	333,297.	79,363.	77,041.	176,893
	avel	103,432.	65,396.	11,489.	26,547
	ayments of travel or entertainment expenses				
for	r any federal, state, or local public officials				
	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
	epreciation, depletion, and amortization	599,403.	20,382.	18,881.	560,140
	surance	74,894.	5,402.	36,887.	32,605
24 Oth	her expenses. Itemize expenses not covered		•	·	
abo line	ove. (List miscellaneous expenses on line 24e. If e 24e amount exceeds 10% of line 25, column (A),				
TO 7	nount, list line 24e expenses on Schedule 0.)	400 017		7 541	400 25
. 1777	ANK AND CREDIT CARD FE	409,917.		7,541.	402,376
~	VENT PROMOTION COSTS	397,349.	255 001	20 646	397,349
. 1/77	THER OPERATING COSTS	343,890.	255,081.	30,646.	58,163
	TTG & PUBLIC RELATIONS	22,410.	5,590.	12.	16,808
	l other expenses	00 584 680	15 602 404	1 (46 405	E 204 E25
	tal functional expenses. Add lines 1 through 24e	22,571,673.	15,623,401.	1,646,485.	5,301,787
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
Ch	leck here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022) Part X Balance Sheet

Par	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			622,865.	1	848,767
	2	Savings and temporary cash investments			20,246,613.	2	20,986,989
	3	Pledges and grants receivable, net			714,920.	3	1,285,115
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe				
		under section 4958(f)(1)), and persons descri	bed in sec	ction 4958(c)(3)(B)		6	
y.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B ::			400,677.	9	390,832
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	456,565.			
	b	Less: accumulated depreciation	10b	422,997.	18,001.	10c	33,568
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			961,405.	15	2,149,147
	16	Total assets. Add lines 1 through 15 (must e	22,964,481.	16	25,694,418		
	17	Accounts payable and accrued expenses	370,524.	17	410,173		
	18	Grants payable			12,269,860.	18	12,401,137
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ņ	22	Loans and other payables to any current or f	ormer offi	cer, director,			
iţie		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
<u> </u>	23	Secured mortgages and notes payable to un	related th	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			195,277.	25	1,409,047
	26	Total liabilities. Add lines 17 through 25			12,835,661.	26	14,220,357
		Organizations that follow FASB ASC 958,	check her	e X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			8,448,633.	27	10,203,103
Bal	28	Net assets with donor restrictions			1,680,187.	28	1,270,958
nd		Organizations that do not follow FASB AS					
교		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			10,128,820.	32	11,474,061
-	33	Total liabilities and net assets/fund balances			22,964,481.	33	25,694,418

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23	,917,	056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	,571,	673.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,345,	383.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,128,	820.
5	Net unrealized gains (losses) on investments	5		-	142.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	11	474,	061.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

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SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

ST. BALDRICK'S FOUNDATION INC 20-1173824 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71	1	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	,	` ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	36,775,933.	25,145,310.	17,486,300.	22,550,575.	23,426,662.	125,384,780.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	36,775,933.	25,145,310.	17,486,300.	22,550,575.	23,426,662.	125,384,780.
	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.						125,384,780.
	etion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	36,775,933.	25,145,310.	17,486,300.	22,550,575.	23,426,662.	125,384,780.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	514,155.	593,836.	221,813.	27,808.	490,240.	1,847,852.
9	Net income from unrelated business	,	,	,	,	,	
Ů	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						127,232,632.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 5		
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	98.55 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	98.69 %
	33 1/3% support test - 2022. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization	-	
b	10% -facts-and-circumstances test	-		*	-		
	more, and if the organization meets the	•				•	
	organization meets the facts-and-circu						
18	Private foundation. If the organization				•		s
							(Form 990) 2022

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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sed	etion A. Public Support	clow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not					,	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) = 3 · 3	(2) 20:0	(0) = 0 = 0	(4,) = 0 = 1	(0) = 0 = 0	(1) 1010.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 7 : t
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	hox on line 14 19	a or 19h check th	ns hox and see in	structions	1 1

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
ти		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		L
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Sche	edule A (Form 990) 2022 ST. BALDRICK'S FOUNDATION, INC	20-1173824	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	icers,		
	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 support	ortod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instructio	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2 a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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.	3a		
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.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations							
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.									
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3.	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8								
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other factors									
	(explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d.	3								
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by 0.035.	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, column A)	1								
2	Enter 0.85 of line 1.	2								
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3								
4	Enter greater of line 2 or line 3.	4								
5	Income tax imposed in prior year	5								
6	Distributable Amount. Subtract line 5 from line 4, unless subject to									
	emergency temporary reduction (see instructions).	6								
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see						
	instructions).	, ,		·						

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)					
Secti	on D - Distributions			Current Year				
1								
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3					
4	Amounts paid to acquire exempt-use assets		4					
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5					
_6	Other distributions (describe in Part VI). See instructions.		6					
7	Total annual distributions. Add lines 1 through 6.		7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.		8					
9	Distributable amount for 2022 from Section C, line 6		9					
10	Line 8 amount divided by line 9 amount		10					
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
с	From 2019							
<u>d</u>	From 2020							
<u>e</u>	From 2021							
f_	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2022 distributable amount							
<u>_i</u>	Carryover from 2017 not applied (see instructions)							
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
u	Excess from 2021 Excess from 2022							

Schedule A (Form 990) 2022

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

2022

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No. 1545-0047

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.

Name of orga	anization	iono. Compieto i dit iii.		Empl	loyer identification number
		CK'S FOUNDATION, INC			20-1173824
Part I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 or	ganization.
2 Political		ation's direct and indirect polition ures gn activities			·
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3).	
2 Enter th 3 If the or 4a Was a c	e amount of any excise tax ganization incurred a section	incurred by the organization un incurred by organization manag n 4955 tax, did it file Form 4720	gers under section 4955 ofor this year?	\$	Yes No
Part I-C	Complete if the org	anization is exempt und	ler section 501(c).	except section 501(c	3)(3).
 Enter the exempt Total exempt Did the Enter the made percontribution 	te amount of the filing organ function activities tempt function expenditures filing organization file Form the names, addresses and en ayments. For each organizations received that were professional filing organizations activities and filing organizations filing organizations activities activit	by the filing organization for section's funds contributed to one. Add lines 1 and 2. Enter here an	ther organizations for sea and on Form 1120-POL, IN) of all section 527 po id from the filing organiz a separate political orga	stion 527 \$ stickly a state of the state of	Yes No n the filing organization e amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Pa	rt II-A Complete if the org section 501(h)).	anizatio	n is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ection under
	Check if the filing organiza expenses, and shar	e of excess	s lobbying e	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
В	Limi	ts on Lobb	ying Expe	nd "limited control" pro nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
	Total lobbying expenditures to influ	•		, 0,			
	Total lobbying expenditures to influence (add li						
C							
d				 \	[
e	Lobbying nontaxable amount. Enter						
'	If the amount on line 1e, column (a) o			bying nontaxable am			
	Not over \$500,000	1 (0) 13.		the amount on line 1e.	ount is.		
	Over \$500,000 but not over \$1,000	000		00 plus 15% of the exc	ess over \$500 000		
	Over \$1,000,000 but not over \$1,5			00 plus 10% of the exc	·		
	Over \$1,500,000 but not over \$17,			00 plus 5% of the exce			
	Over \$17,000,000	000,000	\$1,000,	•	33 Ονεί ψ1,300,000.		
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ļ.	Ψ1,000,				
	Grassroots nontaxable amount (en	ter 25% of	line 1f)				
	Subtract line 1g from line 1a. If zero						
	Subtract line 1f from line 1c. If zero						
i i		•			•		
,	reporting section 4911 tax for this			_			Yes No
	(Some organizations th	nat made a	4-Year Ave	eraging Period Under	Section 501(h) nave to complete all o		elow.
		Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		_
	Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
_2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
	Total lobbying expenditures						
	Grassroots nontaxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(k)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?	Х			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x	Х		125 026
	Direct contact with legislators, their staffs, government officials, or a legislative body?	^	Х		125,826.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
_	Other activities?		Λ		125,826.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		123,020.
	If "Yes," enter the amount of any tax incurred under section 4912		21		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	o), or sec	tion	
	501(c)(6).	` ` ` ` ` ` `	••		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		•		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-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 expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		2b		
С	Total		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 exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	• • • • • • • • • • • • • • • • • • • •				
	de 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 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PARI	II-B, LINE 1, LOBBYING ACTIVITIES:				
WE I	ED THE EFFORT TO PASS THE CHILDHOOD CANCER STAR ACT AND WORKED WITH				
ADVO	CATES AND THE CONGRESSIONAL CHILDHOOD CANCER CAUCUS TO SECURE				
CONT	INUED FUNDING FROM CONGRESS. DURING THE YEAR WE ALSO LED THE				
SUCC	ESSFUL EFFORT TO REAUTHORIZE THE CHILDHOOD CANCER STAR ACT FOR AN				
ADDI	TIONAL FIVE YEARS. WE FURTHER WORKED WITH CONGRESSIONAL STAFF TO				

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

BALDRICK'S FOUNDATION INC

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	uriting that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
Ŭ	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	· —	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b	-		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
-			2d
3	Number of conservation easements modified, transferred, rele		
	year	,g,	9
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther 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 956	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 956	8, 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 furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

232051 09-01-22

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Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar		orical Tre	easures, or	Other	Similar A	Assets	Contin	ued)	age Z
3	Using the organization's acquisition, accession								COITE	idea)	
•	collection items (check all that apply):	on, and other record	o, oncon	arry or the	ionownig triat	mano oig	imount do	01 110			
а	Public exhibition	d		l oan or exc	change progra	m					
b	Scholarly research	е			mange progra						
c	Preservation for future generations		·	Oti 101							
4	Provide a description of the organization's co	allections and explain	how th	ev further th	ne organizatio	n's evem	nt nurnosa	in Part	XIII		
5	During the year, did the organization solicit o							iiii ait	XIII.		
J	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par)	or gar neare	orr arioworda	100 0111	01111 000, 1	art iv, i			
	Is the organization an agent, trustee, custodi	an or other intermed	iary for c	ontribution	s or other asso	ets not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII										
-	, ee, explain the arrangement in a training	and complete and le							Amount		
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		Ī
Pai											
	·	(a) Current year		rior year	(c) Two years		d) Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	I Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	, column (a)) held as:	•					
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
С		 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
За	Are there endowment funds not in the posses	•	tion that	are held a	nd administere	ed for the					
	organization by:	J							ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulated		(d) Bool	k valu	ie
		basis (investr	nent)		(other)	dep	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				456,565.		422,99	7.		33,	568.
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1	Oc.)					33,	568.
	<u> </u>	<u> </u>	, 1 - 1 - 1	, _ , 					D (Earm	. 000	1 2022

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ST. BALDRICK'S F	OUNDATION INC	20-1173824 Page
Part VII Investments - Other Securities.	oonbiiiion, inc	20 1170021 Fage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>		
(2)		
(3)		
(4)		
(5)		
(6)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(7) (8) (9)

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

(a) Description	(b) Book value
(1) WEBSITE AND CRM COSTS, NET	920,606.
(2) OPERATING LEAS ROU ASSET	1,228,541.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,149,147.

Other Liabilities. Part X

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OTHER CURRENT LIABILITIES	57,430.
(3)	OPERATING LEASE CURRENT LIABILITY	308,085.
(4)	OPERATING LEASE LONG-TERM LIABILITY	1,043,532.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,409,047.

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

Schedule D (Form 990) 2022

1		- 10-			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1	24,255,696.
				1	24,233,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-142.		
a	Net unrealized gains (losses) on investments Donated services and use of facilities		351,833.		
b					
c d	Recoveries of prior year grants Other (Describe in Part XIII.)				
e				2e	351,691.
3	Subtract line 2e from line 1			3	23,904,005.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,051.		
b	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	13,051.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	23,917,056.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per F		, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	22,910,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
a	Donated services and use of facilities	2a	351,833.		
b	Prior year adjustments		,		
c	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	351,833.
3	Subtract line 2e from line 1			3	22,558,622.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,051.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	13,051.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	22,571,673.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identi	fication number
ST. BALDRICK'S FOUNDAT:	ION, INC				20-1173824	
		ctivities Out	side the United States. Comple	ete if the organ		Yes" on
Form 990, Part IV	•					
			ds to substantiate the amount of its gra			
the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2 For grantmakers. Desc	riba in Dart V/tha	organization's	are and transfer manifesting the transfer	aranta and atl		oide the
United States.	nbe in Fait v the	organization s p	procedures for monitoring the use of its	granis and ou	ier assistance outs	side trie
	ne following Part	I. line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	agents, and independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
		in the region	recipients located in the region)	Of Service		in the region
EAST ASIA AND THE						
PACIFIC - AUSTRALIA, BRUNEI, BURMA,				מבטבאשטים כ	ANCED	
CAMBODIA,	0	1		PEDIATRIC C RESEARCH	ANCER	8,440.
CAMBODIA,			CONDICATIONS AND GRANTHARING	REDEARCH		0,440.
CENTRAL AMERICA AND				PEDIATRIC C	ANCER	
THE CARIBBEAN	0	1	FUNDRAISING AND GRANTMAKING	RESEARCH		99,454.
						+
3 a Subtotal	0	2				107,894.
b Total from continuation		_				,,,,,,,,,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	2				107,894.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN - ANTIGUA &	PEDIATRIC CANCER					
			RESEARCH	8,440.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC -						
		· '	PEDIATRIC CANCER RESEARCH	99 454	WIRE TRANSFER	0.		
			recognized as charities by the f					
exempt 501(c)(3) orga	nization by the IRS.	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) eau	ivalency letter	•		2

3 Enter total number of other organizations or entities

		tes. Complete if	the organization answered "Yes	" on Form 990, Part	IV, line 16.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	additional space is need	additional space is needed. (c) Number of	additional space is needed. (c) Number of (d) Amount of	additional space is needed. (c) Number of (d) Amount of (e) Manner of	additional space is needed. (c) Number of (d) Amount of (e) Manner of (f) Amount of (ash disbursement noncash (noncash disbursement)	(b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance

Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Page 5

Schedule F (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

ST. BALDRICK'S FOUNDATION, INC 20-1173824	Name of the organization							Employer identification	
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? 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (fi applicable) (d) Amount of cash grant (e) Amount of noncash assistance (fi) Method of valuation (book, FMV, appraisal, other) AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTRUT ST 17TH FL - PHILADELPHIA, PA 19106 23-6251648 501(3) 75,000, 0. PEDIATRIC CANCER RESEAR ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE MC 119 ALBANY, NY 12208 14-1338310 501(3) 50,000, 0. PEDIATRIC CANCER RESEAR BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000, 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE			INC					20-1173	3824
criteria used to award the grants or assistance? 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (c) IRC section (organization or government) (d) Amount of cosh grant organization (book, FMV, appraisal, other) AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST 17TH FL - PHILADELPHIA, PA 19106 23-6251648 501(3) 75,000. 0. PEDIATRIC CANCER RESEAR ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE MC 119 ALBANY, NY 12208 14-1338310 501(3) 50,000. 0. PEDIATRIC CANCER RESEAR BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE									
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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of gr	-					-			
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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST 17TH FL - PHILADELPHIA, PA 19106 23-6251648 501(3) 75,000. 0. PEDIATRIC CANCER RESEAR ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE MC 119 ALBANY, NY 12208 14-1338310 501(3) 50,000. 0. PEDIATRIC CANCER RESEAR BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE	criteria used to award the grants or assis	tance?						Yes	L No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of noncash assistance (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST 17TH FL - PHILADELPHIA, PA 19106 23-6251648 501(3) 75,000. 0. PEDIATRIC CANCER RESEAR ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE MC 119 ALBANY, NY 12208 14-1338310 501(3) 50,000. 0. PEDIATRIC CANCER RESEAR BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE						anization anawarad "V	oo" on Form 000 Part	t IV line 21 for any	
AMERICAN ASSOCIATION FOR CANCER RESEARCH - 615 CHESTNUT ST 17TH FL - PHILADELPHIA, PA 19106 ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE MC 119 ALBANY, NY 12208 BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 T4-1613878 BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE (B) Microsection (if applicable) cash grant on oncash assistance valuation (book, FMV, appraisal, other) valuation (book)						anization answered i	es officialisso, Part	riv, line 21, for any	
RESEARCH - 615 CHESTNUT ST 17TH FL - PHILADELPHIA, PA 19106	``	(b) EIN			noncash	vàluation (book, FMV, appraisal,			
ALBANY MEDICAL COLLEGE 43 SCOTLAND AVE MC 119 ALBANY, NY 12208 14-1338310 501(3) 50,000. 0. PEDIATRIC CANCER RESEAR BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR 400,000. PEDIATRIC CANCER RESEAR 600,000. PEDIATRIC CANCER RESEAR									
AS SCOTLAND AVE MC 119 ALBANY, NY 12208 14-1338310 501(3) 50,000. 0. PEDIATRIC CANCER RESEAR BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE	- PHILADELPHIA, PA 19106	23-6251648	501(3)	75,000.	0.			PEDIATRIC CANCER	RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE	43 SCOTLAND AVE MC 119	14 1220210	501/2)	50,000	0			DEDIAMBIG CANCED	DECEADOU
ONE BAYLOR PLAZA BCM 206 HOUSTON, TX 77030 74-1613878 501(3) 400,000. 0. PEDIATRIC CANCER RESEAR BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 EAST DUARTE	ALDANI, NI 12200	14-1330310	501(3)	30,000.	0.			FEDIATRIC CANCER	RESEARCH
CITY OF HOPE - 1500 EAST DUARTE	ONE BAYLOR PLAZA BCM 206	74-1613878	501(3)	400,000.	0.			PEDIATRIC CANCER	RESEARCH
	CITY OF HOPE - 1500 EAST DUARTE	94-3432210	501(3)	530,000.	0.			PEDIATRIC CANCER	RESEARCH
BLANK CHILDREN'S HOSPITAL 1415 WOODLAND AVE, STE E-200 DES MOINES, IA 50309 42-1467682 501(3) 50,000. 0. PEDIATRIC CANCER RESEAR	1415 WOODLAND AVE, STE E-200	42-1467682	501(3)	50,000.	0.			PEDIATRIC CANCER	RESEARCH
BOARD OF TRUSTEES OF THE LELAND STANDFORD JR. UNIVERSITY - PO BOX 884253 - LOS ANGELES, CA 90088 94-1156365 501(3) 195,000. 0. PEDIATRIC CANCER RESEAR	STANDFORD JR. UNIVERSITY - PO BOX	94-1156365	501(3)	195,000.	0.			PEDIATRIC CANCER	RESEARCH
Enter total number of seed on see (O)(O) and government organizations inseed in the fit table	2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				<u> </u>	56.
3 Enter total number of other organizations listed in the line 1 table	3 Enter total number of other organizations	listed in the line	1 table						0.

					edule I (Form 990), Par		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BON SECOURS ST. FRANCIS HEALTH							
SYSTEM FOUNDATION - 1 ST. FRANCIS							
DRIVE - GREENVILLE, SC 29601	26-0012031	501(3)	50,000.	0.			 PEDIATRIC CANCER RESEARC
,			,				
BOSTON CHILDREN'S HOSPITAL							
PO BOX 414413							
BOSTON, MA 02241	10-4277444	501(3)	110,716.	0.			PEDIATRIC CANCER RESEARC
CHILDREN'S HEALTHCARE OF ATLANTA,							
INC 1575 NORTHEAST EXPRESSWAY -	E0 0267010	E01/2)	F0 000				DEDIAMBLE GAMEED DEGEARS
ATLANTA, GA 30329	58-2367819	DUI(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
CHILDREN'S HOSPITAL LOS ANGELES							
4650 SUNSET BLVD MS 29							
LOS ANGELES, CA 90027	19-5612191	501(3)	654,916.	0.			 PEDIATRIC CANCER RESEARC
•			,				
CHILDREN'S HOSPITAL MEDICAL CENTER							
3333 BURNET AVENUE ML 4900							
CINCINNATI, OH 45229	13-1083393	501(3)	250,000.	0.			PEDIATRIC CANCER RESEARC
CHILDREN'S HOSPITAL OF MICHIGAN							
FOUNDATION - 3011 EST GRAN BLVD	20 000=252	504 (2)	50.000				L
STE 218 - DETROIT, MI 48202	32-0087353	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
CHILDREN'S HOSPITAL OF ORANGE							
COUNTY - 1201 W LA VETA AVE -							
ORANGE, CA 92868	92-2321786	501(3)	45,684.	0.			 PEDIATRIC CANCER RESEARC
CHILDREN'S HOSPITAL OF							
PHILADELPHIA RESEARCH INSTITUTE -							
100 EAST PENN SQUARE -							
PHILADELPHIA, PA 19107	23-1352166	501(3)	2,885,485.	0.			PEDIATRIC CANCER RESEARC
CHILDREN'S HOSPITAL OF THE KING'S							
DAUGHTERS, INC 601 CHILDREN'S	F4 0=2555	504 (2)		_			
LANE - NORFOLK, VA 23507	54-0506321	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S ONCOLOGY GROUP							
3720 SPRUCE STREET #506							
PHILADELPHIA, PA 19104	45-3083156	501(3)	2,095,952.	0.			 PEDIATRIC CANCER RESEARC
CHILDREN'S RESEARCH INSTITUTE							
801 ROEDER ROAD STE 500							
SILVER SPRING, MD 20910	52-1654453	501(3)	10,593.	0.			PEDIATRIC CANCER RESEARC
CONNECTICUT CHILDREN'S FOUNDATION,							
INC PO BOX 41290 - BOSTON, MA							
02241	06-0646755	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
DANA-FABER CANCER INSTITUTE, INC.							
450 BROOKLINE AVE BP411							
BOSTON, MA 02215	04-2263040	501(3)	629,148.	0.			PEDIATRIC CANCER RESEARC
EL DAGO GULLDDEN'G MOGDIENI							
EL PASO CHILDREN'S HOSPITAL 4845 ALAMEDA AVE							
EL PASO, TX 79905	26-3075429	501/3)	50,000.	0.			PEDIATRIC CANCER RESEARC
EL PASO, 1X /9905	20-3073429	501(3)	30,000.	0.			PEDIATRIC CANCER RESEARC
EMORY UNIVERSITY							
1599 CLIFTON ROAD 4TH FLR							
ATLANTA, GA 30322	58-0566256	501(3)	844,607.	0.			PEDIATRIC CANCER RESEARC
HSHS ST. VINCENT/ST. MARY'S							
FOUNDATION - PO BOX 11706 - GREEN							
BAY, WI 54307	39-0817529	501(3)	49,609.	0.			PEDIATRIC CANCER RESEARC
TACKCOMMITTE CHAME INITEDITATE							
JACKSONVILLE STATE UNIVERSITY							
700 PELHAM RD, NORTH JACKSONVILLE, AL 36265	63-6001099	501(3)	90,849.	0.			PEDIATRIC CANCER RESEARC
ONCROOMVILLE, AL 30203	03 0001033	501(3)	30,043.	0.			THE CHICEN RESEARC
JOHNS HOPKINS UNIVERSITY							
12529 COLLECTIONS CENTER DRIVE							
CHICAGO, IL 60693	52-0595110	501(3)	215,000.	0.			 PEDIATRIC CANCER RESEARG

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KEATON'S CHILD CANCER ALLIANCE 2260 DOUGLAS BLVD STE 140 ROSEVILLE, CA 95661	68-0406980	501(3)	113,275.	0.			PEDIATRIC CANCER RESEARCH		
LOMA LINDA UNIVERSITY 24887 TAYLOR ST STE 202 LOMA LINDA, CA 92350	33-0940020	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH		
LURIE CHILDREN'S FOUNDATION 225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611	36-2170833	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH		
NATIONAL MARROW DONOR PROGRAM 500 NORTH 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH		
NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE - PO BOX 415026 - BOSTON, MA 02241	13-5562308	501(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH		
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH		
NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION - 3550 BARRON WAY #9A - RENO, NV 89511	20-8623503	501(3)	63,083.	0.			PEDIATRIC CANCER RESEARCH		
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH 607 NEW ORLEANS, LA 70121	72-0502505	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH		
PHOENIX CHILDREN'S HOSPITAL FOUNDATION - 2929 E CAMELBACK RD #122 - PHOENIX, AZ 85016	86-0422559	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH		

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRISMA HEALTH-MIDLANDS							
PO BOX 748580							
ATLANTA, GA 30374	58-2296052	501(3)	330,000.	0.			PEDIATRIC CANCER RESEARC
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA - PO BOX 741539 - LOS							
ANGELES, CA 90074	95-6006144	501(3)	809,284.	0.			PEDIATRIC CANCER RESEARC
REGENTS OF THE UNIVERSITY OF							
CALIFORNIA, SAN FRANCISCO - PO BOX							
748872 - LOS ANGELES, CA 90074	94-6036493	501(3)	300,077.	0.			PEDIATRIC CANCER RESEARC
REGENTS OF THE UNIVERSITY OF							
MINNESOTA - NW 5957 PO BOX 1450 - MINNEAPOLIS, MN 55485	41-6007513	501(3)	78,462.	0.			PEDIATRIC CANCER RESEARC
MINNEALOUIS, MN 33403	41 0007515	501(3)	70,402.	0.			I BDIAIRIC CANCER RESEARC
RESEARCH FOUNDATION FOR SUNY							
PO BOX 9							
ALBANY, NY 12201	14-1368361	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
RESEARCH INSTITUTE AT NATIONWIDE							
CHILDREN'S HOSPITAL - PO BOX 78000							
- DETROIT, MI 48278	31-6056230	501(3)	298,493.	0.			PEDIATRIC CANCER RESEARC
SSM HEALTH CARDINAL GLENNON							
CHILDREN'S FOUNDATION - 3800 PARK	43-0738490	501/2\	E0 000	0.			PEDIATRIC CANCER RESEARC
AVENUE - ST. LOUIS, MO 63110	43-0736490	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
ST. JOSEPH'S CHILDREN'S HOSPITAL							
295 DREW STREET MS 1027							
CLEARWATER, FL 33759	59-0774199	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
ST. JOSEPH'S HEALTH FOUNDATION							
PO BOX 29000							
NEWARK, NJ 07101	22-1487602	501(3)	50,000.	0.			 PEDIATRIC CANCER RESEARC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL, INC 262 DANNY THOMAS							
PL MS 509 - MEMPHIS, TN 38105	16-2064601	501(3)	530,000.	0.			 PEDIATRIC CANCER RESEARC
TRUSTEES OF COLUMBIA UNIV IN THE							
CITY OF NEW YORK - PO BOX 29789 -							
NEW YORK, NY 10087	13-5598093	501(3)	115,000.	0.			PEDIATRIC CANCER RESEARC
TRUSTEES OF INDIANA UNIVERSITY							
PO BOX 78000							
DETROIT, MI 48278	35-6001673	501(3)	50,000.	0.			 PEDIATRIC CANCER RESEARC
TRUSTEES OF THE UNIVERSITY OF		552(5)		-			
PENNSYLVANIA - 3451 WALNUT ST, 5TH							
FL, FRANKLIN BLDG - PHILADELPHIA,							
PA 19104	23-1352685	501(3)	100,000.	0.			PEDIATRIC CANCER RESEARC
UNIVERSITY OF CHICAGO							
5235 S HARPER COURT 4TH FL							
CHICAGO, IL 60615	36-2177139	501(3)	446,066.	0.			PEDIATRIC CANCER RESEARC
UNIVERSITY OF COLORADO DENVER							
PO BOX 910238							
DENVER, CO 80291	84-6000555	501(3)	200,000.	0.			 PEDIATRIC CANCER RESEARC
ELIVER, CO COLST	01 0000333	301(3)	200,000.	•			I III III CIMOIN NIIII
UNIVERSITY OF NEW MEXICO, HEALTH							
SCIENCES CENTER - 1 UNIVERSITY OF							
NEW MEXICO - ALBUQUERQUE, NM 87131	85-6000642	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARC
UNIVERSITY OF NORTH CAROLINA AT							
CHAPEL HILL - PO BOX 402420 -							
ATLANTA, GA 30384	56-6001393	501(3)	200,000.	0.			PEDIATRIC CANCER RESEARC
UNIVERSITY OF PITTSBURGH							
500 ROSS STREET 154-0455							
PITTSBURGH, PA 15262	25-0965591	501(3)	100,000.	0.			PEDIATRIC CANCER RESEARC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL - SAN ANTONIO, TX 78229	74-1586031	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH	
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - PO BOX 4266 - HOUSTON, TX 77210	74-6001118	501(3)	99,999.	0.			PEDIATRIC CANCER RESEARCH	
VALLEY CHILDREN'S HOSPITAL 9300 VALLEY CHILDREN'S PLACE MADERA, CA 93636	94-1294954		25,000.	0.			PEDIATRIC CANCER RESEARCH	
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD - WINSTON-SALEM, NC 27157	22-3849199	501(3)	50,000.	0.			PEDIATRIC CANCER RESEARCH	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	Iditional information.	
T I, LINE 2:	,	, ,			
GRANT RECIPIENTS ARE REQUIRED TO SUBMIT AN ANI	NUAL REPORT DE	TAILING THE			
SULTS OF THE PROJECT FUNDED AND EXPENDITURES IN	CURRED. THESE	REPORTS ARE			
VIEWED AND MONITORED BY STAFF AND SCIENTIFIC ADV	VISORS. ANY				
CONSISTENCIES OR LATE REPORTS ARE REPORTED TO MA	ANAGEMENT FOR	RESOLUTION.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Name of the organization

ST. BALDRICK'S FOUNDATION, INC

Part I Questions Regarding Compensation

Employer identification number
20-1173824

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
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	1b		
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?	2		
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	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	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 (4958-6/c)?	a		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) KATHLEEN RUDDY	(i)	251,423.	0.	0.	7,725.	9,850.	268,998.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JENNIFER MCCABE	(i)	200,213.	0.	0.	6,150.	13,522.	219,885.	0.	
COO/CFO	(ii)	0.	0.	0.	0.	0.	0,	0.	
(3) REBECCA WEAVER	(i)	176,018.	0.	0.	5,483.	25,783.	207,284.	0.	
CMO/CDO/SEC	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MARK ARREDONDO	(i)	159,392.	0.	0.	4,808.	18,924.	183,124.	0.	
DIR OF TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0,	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

ST. BALDRICK'S FOUNDATION, INC

Inspection Employer identification number

20-1173824

Par	rtI ∣ Ty	pes of Property								
			(a)	(b)	(c)		(d)			
			Check if	Number of contributions or	Noncash contri amounts repor		Method of de			
			applicable		Form 990, Part VI		noncash contribu	ition ar	mounts	S
1	Δrt - Work	s of art				, 3				
2		rical treasures								
3		ional interests								
4		d publications								
5		nd household goods								
6	Cars and	other vehicles								
7	Boats and	planes								
8	Intellectua	ıl property								
9	Securities	- Publicly traded	Х	13		68,315.	FMV			
10	Securities	- Closely held stock								
11		- Partnership, LLC, or								
	trust inter	• • • • • • • • • • • • • • • • • • • •								
12	Securities	- Miscellaneous								
13		conservation contribution -								
	Historic st									
14		conservation contribution - Other								
15		e - Residential								
16		e - Commercial								
17		e - Other								
18		es								
19		ntory								
20	Drugs and	I medical supplies								
21	Taxidermy	<i>'</i>								
22	Historical	artifacts								
23	Scientific	specimens								
24		ical artifacts								
25	Other	()								
26	Other	()								
27	Other	()								
28	Other	(
29	Number o	f Forms 8283 received by the organi	zation during	the tax vear for co	ontributions					
		the organization completed Form 82	-			29			0	
		organi <u>-</u> anon compressa i cimi o-	55, . u , <u>-</u>						Yes	No
30a	During the	a year did the organization receive h	v contributio	n any property rep	orted in Part I line	e 1 throug	h 28 that it		100	140
ooa	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 3 years from the date of the initial contribution, and which isn't required to be used for									
	exempt purposes for the entire holding period?									Х
	b If "Yes," describe the arrangement in Part II.									
	· · · · · · · · · · · · · · · · · · ·								х	
31									^	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									17
	contributions?									X
b		escribe in Part II.								
33	If the orga	nization didn't report an amount in c	column (c) for	r a type of property	for which column	(a) is ched	cked,			
	describe i	n Part II.								
LHA	For Pag	erwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M	1 (Forr	n 990)	2022

232142 09-09-22

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ST. BALDRICK'S FOUNDATION, INC

Employer identification number

20-1173824 LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE FOUNDATION ALSO PLAYS A LEADING ROLE IN THE CHILDHOOD CANCER COMMUNITY, 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. 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. DURING THE YEAR WE ALSO LED THE SUCCESSFUL EFFORT TO REAUTHORIZE THE CHILDHOOD CANCER STAR ACT FOR AN ADDITIONAL FIVE YEARS. WE FURTHER WORKED WITH CONGRESSIONAL STAFF TO SECURE CONTINUED FUNDING FOR THE CHILDHOOD CANCER DATA INITIATIVE AND ENSURE THESE EFFORTS RESULTED IN \$80 MILLION IN THE FUNDS WERE APPROPRIATED. ADDITIONAL FEDERAL FUNDS FOR CHILDHOOD CANCER RESEARCH FOR THE NCI AND WE WORKED WITH COALITIONS OF OTHER NONPROFITS SUPPORTIVE OF CDC. 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 GRANTS WERE AWARDED IN THE FOLLOWING CATEGORIES: SCHOLARS (YOUNG INVESTIGATOR AWARDS) 2,670,027 INTERNATIONAL SCHOLARS 329,284 CONSORTIUM RESEARCH GRANTS 1 459 737

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization ST. BALDRICK'S FOUNDATION, INC 20-1173824 FELLOWSHIPS 1,310,726 INFRASTRUCTURE 1,280,886 CHILDREN'S ONCOLOGY GROUP 2,095,952 RESEARCH GRANTS 1,799,999 OSTEOSARCOMA RFA AWARD 1,500,000 ST.BALDRICK'S EPICC TEAM (EMPOWERING PEDIATRIC IMMUNOTHERAPIES FOR CHILDHOOD CANCERS) 1,090,829 INTERNATIONAL BENEFICIARIES & DOMESTIC PARTNERS 289,074 ST. BALDRICK'S STATEGIC INITIATIVE GRANT 400,000 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 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

Schedule O (Form 990) 2022	Page 2
Name of the organization ST. BALDRICK'S FOUNDATION, INC	Employer identification number 20-1173824
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,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OH,OK,OR,PA,RI,SC	
TN,UT,VA,WI,WV,AK,ME	
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.	