

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending																												
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CHILDREN'S CANCER RESEARCH FUND</td> <td>D Employer identification number 41-1893645</td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number 952-893-9355</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>G Gross receipts \$ 19,260,350.</td> </tr> <tr> <td>1650 W 82ND ST</td> <td>400</td> <td>H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55431</td> <td>H(b) Are all subordinates included? Yes No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ELIZABETH ALLEN SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.CHILDRENSCANCER.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td>L Year of formation: 1997 M State of legal domicile: MN</td> </tr> </table>	C Name of organization CHILDREN'S CANCER RESEARCH FUND		D Employer identification number 41-1893645	Doing business as		E Telephone number 952-893-9355	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 19,260,350.	1650 W 82ND ST	400	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55431		H(b) Are all subordinates included? Yes No	F Name and address of principal officer: ELIZABETH ALLEN SAME AS C ABOVE		If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	J Website: WWW.CHILDRENSCANCER.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1997 M State of legal domicile: MN
C Name of organization CHILDREN'S CANCER RESEARCH FUND		D Employer identification number 41-1893645																										
Doing business as		E Telephone number 952-893-9355																										
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 19,260,350.																										
1650 W 82ND ST	400	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No																										
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55431		H(b) Are all subordinates included? Yes No																										
F Name and address of principal officer: ELIZABETH ALLEN SAME AS C ABOVE		If "No," attach a list. See instructions																										
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number																										
J Website: WWW.CHILDRENSCANCER.ORG																												
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1997 M State of legal domicile: MN																										

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHILDREN'S CANCER RESEARCH FUND IMPROVES THE HEALTH OF CHILDREN WITH CANCER AND THEIR FAMILIES.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 55
	6 Total number of volunteers (estimate if necessary) 6 150
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 18,617,613. 17,954,505.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 247,617. 324,486.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 503,141. 106,773.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19,368,371. 18,385,764.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,084,613. 4,216,447.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 105,241. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 3,423,849.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,507,975. 8,246,125.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18,631,466. 18,303,331.	
19 Revenue less expenses. Subtract line 18 from line 12 736,905. 82,433.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 18,165,627. 16,414,111.
	21 Total liabilities (Part X, line 26) 12,384,527. 9,968,654.
	22 Net assets or fund balances. Subtract line 21 from line 20 5,781,100. 6,445,457.

Part II Signature Block

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

Sign Here	Signature of officer ELIZABETH ALLEN, CEO		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name RYAN VETTRUS, CPA	Preparer's signature RYAN VETTRUS, CPA	Date	Check if self-employed <input type="checkbox"/>
	Firm's name OLSEN THIELEN & CO., LTD		PTIN P01243596	
	Firm's address 2675 LONG LAKE ROAD ST. PAUL, MN 55113		Firm's EIN 41-1360831	
			Phone no. 651-483-4521	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

PUBLIC DISCLOSURE COPY

Form 990 (2023)

CHILDREN'S CANCER RESEARCH FUND

41-1893645

Page 2

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHILDREN'S CANCER RESEARCH FUND IS A NATIONAL NONPROFIT DEDICATED TO ENDING CHILDHOOD CANCER. OUR MAIN FOCUS IS TO SUPPORT THE RESEARCH OF BRIGHT SCIENTISTS ACROSS THE COUNTRY WHOSE IDEAS CAN MAKE THE GREATEST IMPACT FOR CHILDREN FIGHTING CANCER. WE ALSO FUND RESOURCES AND

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 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 No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 6,423,219. including grants of \$ 5,840,759.) (Revenue \$ 0.)
RESEARCH AND GRANTING PROGRAMS:

IN 2023, CCRF AWARDED OVER \$6 MILLION IN RESEARCH AND PROGRAM GRANTS DESIGNED TO FUND THE BEST, MOST INNOVATIVE RESEARCH TO ADVANCE TOWARD BREAKTHROUGH TREATMENTS FOR CHILDREN WITH CANCER, IN THESE AREAS OF FOCUS:

- HARD TO TREAT CANCERS: WE PRIORITIZE RESEARCH FOR CANCERS WITH PERSISTENTLY LOW SURVIVAL RATES OR THOSE SHOWING LITTLE IMPROVEMENT OVER THE YEARS. THIS ENCOMPASSED HIGHLY AGGRESSIVE AND OFTEN FATAL CANCERS SUCH AS BRAIN TUMORS, SARCOMAS, AND CERTAIN TYPES OF LEUKEMIAS. IN 2023, WE ALLOCATED \$1.3 MILLION TOWARDS A RESEARCH INITIATIVE AT

4b (Code: _____) (Expenses \$ 6,517,863. including grants of \$ 0.) (Revenue \$ 0.)
EDUCATION AND AWARENESS PROGRAM:

IN ADDITION TO FUNDING RESEARCH AND OFFERING SUPPORT PROGRAMS, WE GENERATE AWARENESS ABOUT THE NEED FOR CHILDHOOD CANCER RESEARCH AND PROVIDE EDUCATIONAL RESOURCES FOR RESEARCHERS. WE REACH MILLIONS OF PEOPLE THROUGH OUR WEBSITE, DIGITAL AND SOCIAL MEDIA PLATFORMS, AND IN-KIND TELEVISION AND PRINT ADVERTISING TO SHARE THE STORIES OF KIDS, FAMILIES, AND RESEARCHERS.

WE'RE ALSO PROUD TO SUPPORT THE CANCER SURVIVORSHIP CONFERENCE, THE MARK E. NESBIT LECTURESHIP IN PEDIATRIC ONCOLOGY, AND THE NORMA K.C. RAMSAY, MD, DISTINGUISHED VISITING PROFESSOR LECTURESHIP SERIES. THESE

4c (Code: _____) (Expenses \$ 578,654. including grants of \$ 0.) (Revenue \$ 0.)
FAMILY SUPPORT PROGRAMS:

OUR DEDICATED FAMILY PROGRAMS IMPROVE THE WELL-BEING OF KIDS AND FAMILIES AS THEY NAVIGATE THE DIFFICULT EXPERIENCES OF CANCER TREATMENT, SURVIVORSHIP, OR BEREAVEMENT. THESE OFFERINGS INCLUDE:

- THE BIG DREAMS TOUR - A CREATIVE OUTLET THAT REDUCES ISOLATION BY LEVERAGING AR, VR, AND XR TECHNOLOGY TO PROVIDE PEDIATRIC CANCER PATIENTS AN OPPORTUNITY TO GAME TOGETHER MONTHLY AND CREATE THEIR OWN ANIMATED MUSIC VIDEO, VIDEO GAME, OR VFX VIDEO; INCLUDING COMMUNITY EVENTS WHERE THEIR CREATIONS ARE BROUGHT TO LIFE IN COLORADO, FLORIDA, MAINE, MINNESOTA, AND NEW JERSEY.

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

4e Total program service expenses 13,519,736.

Form 990 (2023)

PUBLIC DISCLOSURE COPY

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)? <i>If "Yes," complete Schedule A</i>	1	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	4	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	<input checked="" type="checkbox"/>	

PUBLIC DISCLOSURE COPY

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X	

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

		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	38	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	

PUBLIC DISCLOSURE COPY

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	55	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
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	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
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		X
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? If "Yes," complete Form 6069.	17		

PUBLIC DISCLOSURE COPY

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	22		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed MN, AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 952-893-9355
1650 W 82ND ST, 400, MINNEAPOLIS, MN 55431

PUBLIC DISCLOSURE COPY

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEAN MACHART COO, INTERIM CEO THROUGH JUNE	40.00	X		X				270,944.	0.	23,821.
(2) ELIZABETH ALLEN CEO BEGINNING JULY	40.00	X		X				113,942.	0.	4,526.
(3) KENNA DOOLEY - VICE PRESIDENT OF DEVELOPMENT & DONOR RELATIONS	40.00				X			180,517.	0.	13,186.
(4) MEGAN MARTINEZ DIRECTOR OF MARKETING	40.00				X			156,862.	0.	13,081.
(5) ERIN COHEN DIRECTOR OF EVENTS & PARTNERSHIPS	40.00				X			152,128.	0.	16,075.
(6) MARY MAIDEN MUELLER TECHNOLOGY, DATA & ANALYTICS MANAGER	40.00				X			119,472.	0.	24,617.
(7) MICHELLE TUMA ACCOUNTING MANAGER	40.00				X			114,761.	0.	23,916.
(8) JOHN GOLDEN CHAIRPERSON	1.00	X		X				0.	0.	0.
(9) ABBIE MILLER, MD VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
(10) MATT HEDMAN SECRETARY	1.00	X		X				0.	0.	0.
(11) JEN WILSON TREASURER	1.00	X		X				0.	0.	0.
(12) SUSAN DOHERTY IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(13) ADAM CHOE DIRECTOR	1.00	X						0.	0.	0.
(14) INGRID CULP DIRECTOR	1.00	X						0.	0.	0.
(15) PETER DOROW DIRECTOR	1.00	X						0.	0.	0.
(16) BARB FARRELL DIRECTOR	1.00	X						0.	0.	0.
(17) MEGHAN HARRIS DIRECTOR	1.00	X						0.	0.	0.

PUBLIC DISCLOSURE COPY

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(19) MOLLY KINSELLA DIRECTOR	1.00	X						0.	0.	0.
(20) DAWN LAMM DIRECTOR	1.00	X						0.	0.	0.
(21) CHARLES MANZONI DIRECTOR	1.00	X						0.	0.	0.
(22) BETH MONSRUD DIRECTOR	1.00	X						0.	0.	0.
(23) GREG SOUKUP DIRECTOR	1.00	X						0.	0.	0.
(24) CHRIS TOPPIN DIRECTOR	1.00	X						0.	0.	0.
(25) CHRIS ZUPFER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,108,626.	0.	119,222.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,108,626.	0.	119,222.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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.

(A) Name and business address	(B) Description of services	(C) Compensation
THE EVENTS MOVEMENT USA 7301 OHMS LANE #355, MINNEAPOLIS, MN 55439	EVENT PRODUCTION	1,812,500.
RR DONNELLEY 7810 SOLUTION CENTER, CHICAGO, IL 60677	PRINTING AND MAILING	1,359,967.
REDPATH GROUP CONSULTING 400 S 4TH ST, MINNEAPOLIS, MN 55415	CONSULTING	242,203.
SALESFORCE PO BOX 203141, DALLAS, TX 75320	SOFTWARE	188,416.
THRIVEON INC 210 S 20TH ST, NEW ULM, MN 56073	IT SERVICES	166,521.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

PUBLIC DISCLOSURE COPY

Form 990 (2023)

CHILDREN'S CANCER RESEARCH FUND

41-1893645

Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	434,340.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	17,520,165.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,392,066.				
	h Total. Add lines 1a-1f		17,954,505.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		172,078.			172,078.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	719,013.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	566,605.				
	c Gain or (loss)	7c	152,408.				
d Net gain or (loss)		152,408.			152,408.		
8 a Gross income from fundraising events (not including \$ 434,340. of contributions reported on line 1c). See Part IV, line 18	8a		372,460.				
		b Less: direct expenses	8b	307,981.			
c Net income or (loss) from fundraising events		64,479.			64,479.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900099	42,294.	42,294.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		42,294.				
12 Total revenue. See instructions		18,385,764.	42,294.	0.	388,965.		

PUBLIC DISCLOSURE COPY

Form 990 (2023)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,840,759.	5,840,759.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	413,233.	235,812.	93,344.	84,077.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,160,200.	1,803,375.	713,847.	642,978.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	118,093.	67,390.	26,676.	24,027.
9 Other employee benefits	258,593.	147,567.	58,412.	52,614.
10 Payroll taxes	266,328.	151,981.	60,160.	54,187.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,244.		18,244.	
c Accounting	30,000.		30,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,969.		14,969.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,788,587.	1,142,538.	41,773.	604,276.
12 Advertising and promotion	2,725,284.	1,514,101.	1.	1,211,182.
13 Office expenses	788,904.	659,847.	6,059.	122,998.
14 Information technology	364,518.	216,924.	78,416.	69,178.
15 Royalties				
16 Occupancy	203,867.	116,204.	46,232.	41,431.
17 Travel	49,571.	28,287.	11,198.	10,086.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	254,138.	145,024.	57,407.	51,707.
23 Insurance	25,748.	14,693.	5,816.	5,239.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DIRECT MAIL EXPENSES	1,375,640.	1,079,992.		295,648.
b FEES, LICENSES AND PERM	493,326.	217,460.	52,467.	223,399.
c TRAINING AND DEVELOPMEN	151,562.	86,489.	34,236.	30,837.
d VENUE AND ENTERTAINMENT	123,227.	51,293.	10,489.	61,445.
e All other expenses	-161,460.			-161,460.
25 Total functional expenses. Add lines 1 through 24e	18,303,331.	13,519,736.	1,359,746.	3,423,849.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	4,921,400.	3,408,100.	0.	1,513,300.

PUBLIC DISCLOSURE COPY

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	10,149,657.	1	5,020,292.	
	2 Savings and temporary cash investments	963,823.	2	3,339,667.	
	3 Pledges and grants receivable, net	2,265,113.	3	1,652,632.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	67,290.	9	89,688.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,196,136.			
	b Less: accumulated depreciation	10b 691,932.	420,306.	10c	504,204.
	11 Investments - publicly traded securities	4,095,995.	11	4,622,297.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	203,443.	15	1,185,331.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,165,627.	16	16,414,111.		
Liabilities	17 Accounts payable and accrued expenses	926,946.	17	468,526.	
	18 Grants payable	11,249,781.	18	8,314,577.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	207,800.	25	1,185,551.	
	26 Total liabilities. Add lines 17 through 25	12,384,527.	26	9,968,654.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	3,182,194.	27	4,182,014.	
	28 Net assets with donor restrictions	2,598,906.	28	2,263,443.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	5,781,100.	32	6,445,457.	
33 Total liabilities and net assets/fund balances	18,165,627.	33	16,414,111.		

PUBLIC DISCLOSURE COPY

Part 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	18,385,764.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,303,331.
3	Revenue less expenses. Subtract line 2 from line 1	3	82,433.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,781,100.
5	Net unrealized gains (losses) on investments	5	581,924.
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	6,445,457.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b		

PUBLIC DISCLOSURE COPY

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4475018.	21914555.	21100949.	18617613.	17520165.	83628300.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4475018.	21914555.	21100949.	18617613.	17520165.	83628300.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						83628300.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4475018.	21914555.	21100949.	18617613.	17520165.	83628300.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	56,694.	79,454.	97,784.	97,890.	172,078.	503,900.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48,716.	47,355.	40,171.	69,543.	42,294.	248,079.
11 Total support. Add lines 7 through 10						84380279.
12 Gross receipts from related activities, etc. (see instructions)					12	2,456,954.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.11	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.21	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

PUBLIC DISCLOSURE COPY

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

PUBLIC DISCLOSURE COPY

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<input type="checkbox"/>	<input type="checkbox"/>

PUBLIC DISCLOSURE COPY

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section 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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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? <i>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.</i>	2	

Section 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)? <i>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).</i>	1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
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? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

PUBLIC DISCLOSURE COPY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income	(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	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

PUBLIC DISCLOSURE COPY

Schedule A (Form 990) 2023

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2023 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

PUBLIC DISCLOSURE COPY

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: \$ 48,716.

2020 AMOUNT: \$ 47,355.

2021 AMOUNT: \$ 40,171.

2022 AMOUNT: \$ 69,543.

2023 AMOUNT: \$ 42,294.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

PUBLIC DISCLOSURE COPY

Name of organization CHILDREN'S CANCER RESEARCH FUND	Employer identification number 41-1893645
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ 1,013,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

PUBLIC DISCLOSURE COPY

Name of organization CHILDREN'S CANCER RESEARCH FUND	Employer identification number 41-1893645
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK DONATION _____ _____ _____	\$ 1,013,185.	06/29/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

PUBLIC DISCLOSURE COPY

Schedule B (Form 990) (2023)

Page **4**

Name of organization

Employer identification number

CHILDREN'S CANCER RESEARCH FUND

41-1893645

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

PUBLIC DISCLOSURE COPY

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

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 organization CHILDREN'S CANCER RESEARCH FUND	Employer identification number 41-1893645
--	---

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

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

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

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

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

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

(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-.

PUBLIC DISCLOSURE COPY

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

PUBLIC DISCLOSURE COPY

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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,197.
j Total. Add lines 1c through 1i			1,197.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

ESTIMATED DOLLAR AMOUNT OF STAFF HOURS SPENT ON ADVOCACY

PUBLIC DISCLOSURE COPY

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

2023

Open to Public
Inspection

Name of the organization **CHILDREN'S CANCER RESEARCH FUND** Employer identification number **41-1893645**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

PUBLIC DISCLOSURE COPY

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- | | |
|---|--|
| <p>a <input type="checkbox"/> Public exhibition</p> <p>b <input type="checkbox"/> Scholarly research</p> <p>c <input type="checkbox"/> Preservation for future generations</p> | <p>d <input type="checkbox"/> Loan or exchange program</p> <p>e <input type="checkbox"/> Other _____</p> |
|---|--|
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	739,333.	889,385.	745,506.	622,580.	529,074.
b Contributions				50,000.	50,250.
c Net investment earnings, gains, and losses	145,074.	-150,052.	143,879.	72,926.	43,256.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	884,407.	739,333.	889,385.	745,506.	622,580.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 60.2490 %
- c** Term endowment 39.7510 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|---|--------------------------|-------------------------------------|
| | Yes | No |
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,196,136.	691,932.	504,204.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				504,204.

PUBLIC DISCLOSURE COPY

Part VII Investments - Other Securities

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

(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, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	2,466.
(2) OPERATING LEASE RIGHT-OF-USE	1,182,865.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,185,331.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATION	1,185,551.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,185,551.

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 ...

PUBLIC DISCLOSURE COPY

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1 Total revenue, gains, and other support per audited financial statements		1	25,913,967.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	581,924.	
b Donated services and use of facilities	2b	6,799,788.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		7,381,712.
3 Subtract line 2e from line 1		3	18,532,255.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,969.	
b Other (Describe in Part XIII.)	4b	-161,460.	
c Add lines 4a and 4b	4c		-146,491.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	18,385,764.

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

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

1 Total expenses and losses per audited financial statements		1	25,249,610.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	6,799,788.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	161,460.	
e Add lines 2a through 2d	2e		6,961,248.
3 Subtract line 2e from line 1		3	18,288,362.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,969.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		14,969.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	18,303,331.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO PROVIDE SUPPORT TO HELP ERADICATE CHILDHOOD CANCER.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, THE STATEMENTS DO NOT INCLUDE A PROVISION FOR INCOME TAXES BUT IS SUBJECT TO INCOME TAX ON NET UNRELATED BUSINESS INCOME.

THE ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO DETERMINE IF THERE ARE ANY INCOME TAX

PUBLIC DISCLOSURE COPY

Part XIII Supplemental Information (continued)

UNCERTAINTIES. THIS INCLUDES POSITIONS THAT THE ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. THE ORGANIZATION RECOGNIZES TAX BENEFITS FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITIONS. THE ORGANIZATION HAS IDENTIFIED NO INCOME TAX UNCERTAINTIES. THE ORGANIZATION FILES INFORMATION RETURNS AS A TAX-EXEMPT ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -161,460.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 161,460.

PUBLIC DISCLOSURE COPY

Schedule G (Form 990) 2023

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DREAM (event type)	GOLF (event type)	1 (total number)	
Revenue	1	370,709.	404,433.	31,658.	806,800.
	2	321,064.	113,276.		434,340.
	3	49,645.	291,157.	31,658.	372,460.
Direct Expenses	4				
	5		850.		850.
	6		24,385.		24,385.
	7	475.	27,416.		27,891.
	8	30,187.			30,187.
	9	209,245.	15,423.		224,668.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				64,479.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	Direct Expenses	2				
		3				
		4				
		5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No			
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

PUBLIC DISCLOSURE COPY

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
 - a The organization's facility

13a	%
13b	%
 - b An outside facility

13a	%
13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____
Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____
Address _____

16 Gaming manager information:

Name _____
Gaming manager compensation \$ _____
Description of services provided _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

PUBLIC DISCLOSURE COPY

**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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CHILDREN ' S CANCER RESEARCH FUND

Employer identification number
41 - 189 3645

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE - 10900 EUCLID AVE, NORD HALL 6TH FLOOR - CLEVELAND, OH 44106		501C3	125,000.	0.			CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE: 2021 CCRF HTT ALEX HUANG MD FINAL
CHILDREN ' S HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027		501C3	125,000.	0.			CHILDREN ' S HOSPITAL OF LOS ANGELES: 2021 HTT PETER CHIARELLI FINAL PAYMENT
CHILDREN ' S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE - PO BOX 8500 - PHILADELPHIA, PA 19178		501C3	125,000.	0.			CHILDREN ' S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE: 2021 CCRF SURVIVORSHIP DR LISA
CHILDREN ' S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE - PO BOX 8500 - PHILADELPHIA, PA 19178		501C3	125,000.	0.			CHILDREN ' S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE: 2022 SURVIVORSHIP AWARD DR
DANA-FARBER CANCER INSTITUTE, INC 450 BROOKLINE AVENUE, BP437 BOSTON, MA 02215		501C3	125,000.	0.			DANA-FARBER CANCER INSTITUTE, INC.: 2021 CCRF SURVIVORSHIP AWARD- DR KATIE GREENZANG FINAL
DANA-FARBER CANCER INSTITUTE, INC 450 BROOKLINE AVENUE, BP437 BOSTON, MA 02215		501C3	125,000.	0.			DANA-FARBER CANCER INSTITUTE, INC.: 2022 DISPARITIES DR KIRA BONA 1ST PAYMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17.
- 3** Enter total number of other organizations listed in the line 1 table 1.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109		501C3	113,361.	0.			FRED HUTCHINSON CANCER CENTER: 2022 RESEARCH FUND DR SOHEIL MESHINCHI 1ST PAYMENT
FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE N SEATTLE, WA 98109		501C3	511,640.	0.			FRED HUTCHINSON CANCER CENTER: 2022 RESEARCH FUND DR SOHEIL MESHINCHI 1ST PAYMENT
LAD IN A BATTLE LLC 109 WOODBRIDGE ROAD YORK, ME 03909		501C3	100,000.	0.			LAD IN A BATTLE LLC: BIG DREAM TOUR 2 OF 2
LAD IN A BATTLE LLC 109 WOODBRIDGE ROAD YORK, ME 03909		501C3	100,000.	0.			LAD IN A BATTLE LLC: BIG DREAMS TOUR PAYMENT 1 OF 2
LEE HEALTH FOUNDATION 9800 SOUTH HEALTHPARK DRIVE FORT MYERS, FL 33908		501C3	10,000.	0.			LEE HEALTH FOUNDATION: NAPLES EVENT CONTRIBUTION TO FAMILY PROGRAMS AT GOLISANO CHILDREN'S
MOMCOLOGY 141 S ROSCOE BLVD PONTE VERDA BEACH, FL 32082		501C3	55,000.	0.			MOMCOLOGY: MOMCOLOGY 2ND 2023 PAYMENT
MOMCOLOGY 141 S ROSCOE BLVD PONTE VERDA BEACH, FL 32082		501C3	55,000.	0.			MOMCOLOGY: PAYMENT 1 OF 2
ST. BALDRICK'S FOUNDATION, INC 1333 S MAYFLOWER AVE, STE 400 MONROVIA, CA 91016		501C3	100,000.	0.			ST. BALDRICK'S FOUNDATION, INC: HOPE GRANT FOR DR. MITCH CAIRO
ST. BALDRICK'S FOUNDATION, INC 1333 S MAYFLOWER AVE, STE 400 MONROVIA, CA 91016		501C3	103,000.	0.			ST. BALDRICK'S FOUNDATION, INC: OSTEOSARCOMA SUPER GRANT PAYMENT 1 OF 3

PUBLIC DISCLOSURE COPY

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 non-cash 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 - 262 DANNY THOMAS PL - MEMPHIS, TN 38105		501C3	100,000.	0.			ST. JUDE CHILDREN'S RESEARCH HOSPITAL: 2023 EMERGING SCIENTIST DR. LILLIAN GUENTHER
THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA: 2022 HARD TO TREAT DR JOH - PO BOX 400195 - CHARLOTTESVILLE, VA 22904		501C3	125,000.	0.			THE RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA: 2022 HARD TO TREAT DR JOHN BUSHWELLER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - PO BOX 748872 - LOS ANGELES, CA 90074		501C3	125,000.	0.			THE REGENTS OF THE UNIVERSITY OF CALIFORNIA: 2021 HTT AMIT SABNIS FINAL PAYMENT
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	250,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA# 090123-01 24232 KATIE HAGEBOECK UMF #25157- NK CELL THERAPY
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	20,914.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#02022023-1 FUND 24232
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	16,446.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#02022023-3 FUND 20133
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	75,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 FUND 15901 PURPOSE EMERGING
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	200,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 FUND 15901 PURPOSE EMERGING SCIENTIST AWARDS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	75,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 FUND 15901 PURPOSE FY23 START UP PAYMENT DR.

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	200,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 FUND 15901PURPOSE MEDICAL FELLOWSHIPS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 FUND 15901PURPOSE: SUMMER INTERNSHIP PROGRAMS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR ANDREW MARLEY EMERGING
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR BALBO JACOBSON, MACMILLAN
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	50,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR BEAU WEBBER, RUPIN SUN
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR BESHAY ZORDOKY, CHRISTINA
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR BRANDEN MORIARTY FACULTY
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR BRUCE BLAZAR FACULTY
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR DARKO BOSNAKOVSKI FACULTY

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR EBENS, BOULL,
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR ERIN MARCOTTE FACULTY
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR ERIN MARCOTTE, LUCIE
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR GUPTA, GOLDFARB, SADAK,
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR JEMMA LARSON EMERGING
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR LINDSAY WILLIAMS FACULTY
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR LINDSAY WILLIAMS,
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR MARK OSBORN FACULTY
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR MORIARTY, WAGNER,

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR TROY LUND, PETER GORDON
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR WEBBER, WILLIAMS, GORDON
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	100,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#022321-4 UMF#15901 FUNDING FOR CINDY IM, CHRISTINA BOULL
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	112,697.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#032922-3 UMF FUND #24232 KATIE HAGEBOECK CLINIC PURPOSE:
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	700,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#032922-3 UMF FUND #24232 KATIE HAGEBOECK CLINIC PURPOSE:
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	650,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#032922-5 FUND 24231-KATIE HAGEBOECK CLINIC FUND
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	250,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#090123-01 UMF#25157 NK CELL THERAPY FOR MALIGNANT BRAIN TUMOR
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	125,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#090123-02 NEUROFIBROMATOSIS MALIGNANT PERIPHERAL
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	125,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#090123-02 UMF FUND 24232 KATIE HAGEBOECK UMF PURPOSE

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	125,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#090123-03 UMF FUND 24232 KATIE HAGEBOECK CLINIC UMF
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	125,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#09123-03 UMF FUND#25159- NEUROFIBROMATOSIS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	8,954.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-1 THRU 21
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	25,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-13 22250 RESEARCH DR SPECTOR
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	113,749.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-14 23101 KATIE HAGEBOECK SURVIVORSHIP
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	25,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-17 22080 HODDER CHAIR
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	16,382.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-19 23810 BENEFACTOR FUND
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	50,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-2 22000 BRAIN TUMOR DR SAYDAM
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	98,760.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-20 23800 DAWN OF A DREAM FUND

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	28,901.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-3
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	214,901.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-5 OSTEOSARCOMA DR. BEAU WEBBER
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	20,000.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-6 22180 STEM CELL RESEARCH DR WAGNER
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	78,205.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-7 22255 CELL, GENE & IMMUNOTHERAPY DR WAGNER
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	148,756.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-8 22256 CGI EQUIP
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455	41-6042488	501C3	51,079.	0.			UNIVERSITY OF MINNESOTA FOUNDATION: GA#123122-9 22080 EWING SARCOM DR BEAU WEBBER
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030		501C3	125,000.	0.			UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER: 2021 HTT EUGENIE KLEINERMAN MD FINAL
VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH ST., SUITE 3100 RICHMOND, VA 23298		501C3	125,000.	0.			VIRGINIA COMMONWEALTH UNIVERSITY: 2021 HTT ANOTHONY FABER FINAL PAYMENT
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY - 300 TURNER ST. NW - BLACKSBURG, VA 24061		501C3	100,000.	0.			VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY: 2022 EMERGING SCIENTIST AWARD- DR

PUBLIC DISCLOSURE COPY

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST. LOUIS, MO 63112		501C3	125,000.	0.			WASHINGTON UNIVERSITY: 2023 SURVIVORSHIP AWARD DR. STEPHANIE PERKINS
WEILL CORNELL MEDICAL COLLEGE 1300 YORK AVENUE, BOX 314 NEW YORK, NY 10065		501C3	125,000.	0.			WEILL CORNELL MEDICAL COLLEGE: 2022 HARD TO TREAT DR. JEFFREY GREENFIELD- 1ST OF 2

PUBLIC DISCLOSURE COPY

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

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

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

PART I, LINE 2:
 THE ORGANIZATION PROVIDES FUNDS TO THE UNIVERSITY OF MINNESOTA AND OTHER RESEARCH HOSPITALS FOR RESEARCH AND TRAINING RELATING TO THE PREVENTION, TREATMENT AND CURE OF CHILDHOOD CANCER. THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE MONITOR THE USE OF GRANT FUNDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:
 CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE

PUBLIC DISCLOSURE COPY

Schedule I (Form 990)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CASE WESTERN RESERVE UNIVERSITY

SCHOOL OF MEDICINE: 2021 CCRF HTT ALEX HUANG MD FINAL PAYMENT

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN'S HOSPITAL OF PHILADELPHIA

RESEARCH INSTITUTE: 2021 CCRF SURVIVORSHIP DR LISA SCHWARTZ FINAL PAYMENT

NAME OF ORGANIZATION OR GOVERNMENT:

CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN'S HOSPITAL OF PHILADELPHIA

RESEARCH INSTITUTE: 2022 SURVIVORSHIP AWARD DR SOGOL MOSTOUFI-MOAB FIRST

PAYMENT

NAME OF ORGANIZATION OR GOVERNMENT: DANA-FARBER CANCER INSTITUTE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: DANA-FARBER CANCER INSTITUTE, INC.:

2021 CCRF SURVIVORSHIP AWARD- DR KATIE GREENZANG FINAL PAYMENT

NAME OF ORGANIZATION OR GOVERNMENT: LEE HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: LEE HEALTH FOUNDATION: NAPLES EVENT

CONTRIBUTION TO FAMILY PROGRAMS AT GOLISANO CHILDREN'S HOSPITAL

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA# 090123-01 24232 KATIE HAGEBOECK UMF #25157- NK CELL THERAPY FOR

MALIGNANT BRAIN TUMOR

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

Schedule I (Form 990)

332291
04-01-23

PUBLIC DISCLOSURE COPY

Schedule I (Form 990)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 FUND 15901 PURPOSE EMERGING NEEDS/UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 FUND 15901 PURPOSE FY23 START UP PAYMENT DR. DARKO

BOSNAKOVSKI

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR ANDREW MARLEY EMERGING SCIENTIST AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR BALBO JACOBSON, MACMILLAN FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR BEAU WEBBER, RUPIN SUN FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR BESHAY ZORDOKY, CHRISTINA CAMELL

SURVIVORSHIP AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR BRANDEN MORIARITY FACULTY AWARD

332291
04-01-23

Schedule I (Form 990)

PUBLIC DISCLOSURE COPY

Schedule I (Form 990)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR BRUCE BLAZAR FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR DARKO BOSNAKOVSKI FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR EBENS, BOULL, NIEDERNHOFER, TOTAL
FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR ERIN MARCOTTE FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR ERIN MARCOTTE, LUCIE TURCOTTE FACULTY
AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR GUPTA, GOLDFARB, SADAK, HENEGHAN
FACULTY AWARD

PUBLIC DISCLOSURE COPY

Schedule I (Form 990)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR JEMMA LARSON EMERGING SCIENTIST AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR LINDSAY WILLIAMS FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR LINDSAY WILLIAMS, TAINZHONG YANG

FACULTY AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR MARK OSBORN FACULTY AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR MORIARITY, WAGNER, FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR TROY LUND, PETER GORDON FACULTY AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR WEBBER, WILLIAMS, GORDON FACULTY AWARDS

332291
04-01-23

Schedule I (Form 990)

PUBLIC DISCLOSURE COPY

Schedule I (Form 990)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#022321-4 UMF#15901 FUNDING FOR CINDY IM, CHRISTINA BOULL SURVIVORSHIP
AWARD

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#032922-3 UMF FUND #24232 KATIE HAGEBOECK CLINIC PURPOSE: SURVIVORSHIP
CARE AND RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#032922-3 UMF FUND #24232 KATIE HAGEBOECK CLINIC PURPOSE: SURVIVORSHIP
CARE AND RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#032922-5 FUND 24231-KATIE HAGEBOECK CLINIC FUND CAPITAL FUNDING

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#090123-01 UMF#25157 NK CELL THERAPY FOR MALIGNANT BRAIN TUMOR PROJECT
FUND 22000

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#090123-02 NEUROFIBROMATOSIS MALIGNANT PERIPHERAL NERVE SHEATH PROJECT

PUBLIC DISCLOSURE COPY

Schedule I (Form 990)

CHILDREN'S CANCER RESEARCH FUND

41-1893645 Page 2

Part IV Supplemental Information

FUND 22000 BRAIN TUMOR RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#090123-02 UMF FUND 24232 KATIE HAGEBOECK UMF PURPOSE NEUROFIBROMATOSIS

MALIGNANT PERIPHERAL NERVE SHEATH PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#090123-03 UMF FUND 24232 KATIE HAGEBOECK CLINIC UMF #25159

NEUROFIBROMATOSIS NUTRACEUTICAL

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MINNESOTA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF MINNESOTA FOUNDATION:

GA#09123-03 UMF FUND#25159- NEUROFIBROMATOSIS NUTRACEUTICAL RESEARCH

PROJECT FUND 22000 BRAIN TUMOR RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: UNIVERSITY OF TEXAS MD ANDERSON

CANCER CENTER: 2021 HTT EUGENIE KLEINERMAN MD FINAL PAYMENT

NAME OF ORGANIZATION OR GOVERNMENT:

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: VIRGINIA POLYTECHNIC INSTITUTE AND

STATE UNIVERSITY: 2022 EMERGING SCIENTIST AWARD- DR JIA-RAY YU

NAME OF ORGANIZATION OR GOVERNMENT: WEILL CORNELL MEDICAL COLLEGE

332291
04-01-23

Schedule I (Form 990)

PUBLIC DISCLOSURE COPY

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEAN MACHART COO, INTERIM CEO THROUGH JUNE	270,944.	0.	0.	9,000.	14,821.	294,765.	0.
(2) KENNA DOOLEY - VICE PRESIDENT OF DEVELOPMENT & DONOR RELATIONS	180,517.	0.	0.	5,154.	8,032.	193,703.	0.
(3) MEGAN MARTINEZ DIRECTOR OF MARKETING	156,862.	0.	0.	5,840.	7,241.	169,943.	0.
(4) ERIN COHEN DIRECTOR OF EVENTS & PARTNERSHIPS	152,128.	0.	0.	6,085.	9,990.	168,203.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

PUBLIC DISCLOSURE COPY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	48	1,392,066.	US STOCK EXCHANGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (_____)				
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

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

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

PUBLIC DISCLOSURE COPY

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

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

PROGRAMS THAT HELP KIDS AND FAMILIES AS THEY NAVIGATE THE DIFFICULT
EXPERIENCE OF CANCER TREATMENT AND SURVIVORSHIP.

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

CHILDREN'S HOSPITAL OF PHILADELPHIA, FOCUSING THEIR EFFORTS ON
NEUROBLASTOMA. COLLABORATING WITH ORGANIZATIONS NATIONWIDE, WE
CONTRIBUTED TO A \$1.5 MILLION OSTEOSARCOMA SUPER GRANT AWARDED TO A
RESEARCH AT NEW YORK MEDICAL COLLEGE. MOREOVER, WE PROVIDED \$1.0
MILLION IN FUNDING FOR BRAIN TUMOR RESEARCH AT THE UNIVERSITY OF
MINNESOTA.

- SURVIVORSHIP: MANY SURVIVORS OF CHILDHOOD CANCERS GRAPPLE WITH
ENDURING CONSEQUENCES OF CHEMOTHERAPY, RADIATION, OR SURGICAL
INTERVENTIONS, INCLUDING HEARING IMPAIRMENT, CARDIAC ISSUES, AND
INFERTILITY. FURTHER INVESTIGATION IS ESSENTIAL TO DEVELOP STRATEGIES
FOR EFFECTIVELY MANAGING POST-CANCER CONDITIONS IN CHILDREN AND
YOUNG-ADULTS, AIMING TO MITIGATE OR ERADICATE THESE LONG-TERM EFFECTS,
PARTICULARLY CONCERNING NOVEL IMMUNE-BASED AND TARGETED THERAPIES
DEVELOPED IN RECENT YEARS. NOTEWORTHY IN 2023, WE GRANTED \$250,000 TO A
RESEARCHER AT WASHINGTON UNIVERSITY IN ST. LOUIS, CONCENTRATING ON
LONG-TERM COGNITIVE OUTCOMES IN SURVIVORS OF PEDIATRIC BRAIN TUMORS.

- HEALTH DISPARITIES: DISPARITIES IN CANCER OUTCOMES AMONG CHILDREN ARE
INFLUENCED BY FACTORS SUCH AS RACE, ETHNICITY, AND SOCIOECONOMIC
BACKGROUND. OUR FUNDING SUPPORTS RESEARCH AIMED AT UNCOVERING THE ROOT

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

PUBLIC DISCLOSURE COPY

Schedule O (Form 990) 2023

Page 2

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

CAUSES OF THESE DISPARITIES AND DEVISING INTERVENTIONS TO RECTIFY THEM.

IN 2023, WE ALLOCATED \$250,000 TO RESEARCH BEING DONE AT DANA-FARBER

CANCER INSTITUTE, DEDICATED TO INVESTIGATING POVERTY-INDUCED DRUG

RESISTANCE IN PATIENTS WITH ACUTE LYMPHOBLASTIC LEUKEMIA (ALL).

- EMERGING SCIENTISTS: WE IDENTIFY AND SUPPORT EXCEPTIONALLY SKILLED

RESEARCHERS AT THE OUTSET OF THEIR CAREERS, AIDING THEM IN ESTABLISHING

THEIR LABORATORIES AND CONDUCTING PRELIMINARY INVESTIGATIONS. THIS

SUPPORT LAYS THE FOUNDATION FOR THEM TO SECURE THE ESSENTIAL FEDERAL

GRANTS NECESSARY TO ADVANCE NOVEL THERAPIES AND POTENTIAL CURES FOR

PEDIATRIC CANCERS. NOTABLY, WE GRANTED \$200,000 TO RESEARCHERS AT

VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY AND ST. JUDE RESEARCH

HOSPITAL FOR THEIR EFFORTS FOCUSED IN OSTEOSARCOMA RESEARCH AND THE

DEVELOPMENT OF TARGETED THERAPIES.

- SUSTAINING PROMISING RESEARCH INITIATIVES: RECOGNIZING THE POTENTIAL

OF TWO PREVIOUSLY SUPPORTED RESEARCH ENDEAVORS THAT HAVE EXHIBITED

ENCOURAGING RESULTS, WE EXTENDED ADDITIONAL FUNDING TO THE

INVESTIGATORS, ENABLING THEM TO CONTINUE THEIR MOMENTUM. A TOTAL OF

\$375,000 WAS GRANTED TO RESEARCHERS AT DANA-FARBER CANCER INSTITUTE AND

UNIVERSITY OF SOUTHERN CALIFORNIA SAN FRANCISCO, SUPPORTING THEIR

ONGOING INVESTIGATIONS INTO SARCOMA CANCERS AND RELAPSED LIVER CANCER.

THIS EXTENSION ENSURE THE CONTINUITY AND PROGRESSION OF THEIR VITAL

WORK IN THESE CRITICAL AREAS OF STUDY.

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

BRING NATIONALLY RECOGNIZED CHILDHOOD CANCER EXPERTS TO MINNESOTA TO

SPEAK ON CURRENT SURVIVORSHIP, CLINICAL AND RESEARCH ISSUES, AS WELL AS

PUBLIC DISCLOSURE COPY

Schedule O (Form 990) 2023

Page 2

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

BUILD NEW RESEARCH COLLABORATIONS.

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

- CAMP NORDEN - IN-PERSON AND VIRTUAL FIVE-DAY SUMMER CAMPS ARE DESIGNED ESPECIALLY TO MEET THE UNIQUE NEEDS OF CHILDREN WHO HAVE BEEN DIAGNOSED WITH CANCER AND SUPPORT FRIENDSHIP-BUILDING, SOLIDARITY WITH PEERS, INCREASED SELF-ESTEEM, AND A FEELING OF INDEPENDENCE. THESE CAMPS FOSTER COMMUNITY AND ELIMINATE FINANCIAL OR GEOGRAPHICAL BARRIERS TO ATTEND.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE:

CCRF HAS AN EXECUTIVE COMMITTEE WHICH CONSISTS OF THE CHAIRPERSON, THE VICE CHAIRPERSON, THE VICE CHAIRPERSON ELECT, THE TREASURER, AND THE SECRETARY. THE CHAIRPERSON MAY ALSO APPOINT SUCH OTHER MEMBERS OF THE BOARD OF DIRECTORS TO THE EXECUTIVE COMMITTEE AS HE OR SHE DETERMINES APPROPRIATE. THE EXECUTIVE COMMITTEE SHALL HAVE THE POWERS TO ACT FOR AND ON BEHALF OF THE BOARD OF DIRECTORS DURING THE PERIODS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS TO TAKE ANY ACT THAT MAY BE TAKEN BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL MEET AT REGULAR INTERVALS THROUGHOUT THE YEAR. THE CEO SHALL ATTEND THE MEETINGS OF THE EXECUTIVE COMMITTEE AS A NONVOTING PARTICIPANT. THE CORPORATION MAY EXCLUDE THE CEO FROM MEETINGS OF THE EXECUTIVE COMMITTEE OR ANY PORTION OF A MEETING OR FROM ACCESS TO RELATED MATERIALS. IN THE ABSENCE OF A NOMINATING COMMITTEE, THE EXECUTIVE COMMITTEE SHALL FULFILL THE PURPOSES OF THE NOMINATING COMMITTEE.

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

332212 11-14-23

Schedule O (Form 990) 2023

61

14020830 310064 429200

2023.04020 CHILDREN'S CANCER RESEARC 429200_1

PUBLIC DISCLOSURE COPY

Schedule O (Form 990) 2023

Page 2

Name of the organization

CHILDREN'S CANCER RESEARCH FUND

Employer identification number

41-1893645

THE FINANCE, INVESTMENT & ADMINISTRATION COMMITTEE REVIEWS THE FORM 990 AND RECOMMENDS ITS APPROVAL TO THE EXECUTIVE COMMITTEE. THE BOARD OF DIRECTORS RECEIVES A COPY OF THE 990 FORM BEFORE IT IS FILED.

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

ALL BOARD OF DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN AN ANNUAL DISCLOSURE STATEMENT. ALL FINANCIAL TRANSACTIONS AND CONTRACTS ARE REVIEWED BY THE DIRECTOR OF FINANCE AND, IF NECESSARY, THE CEO AND ATTORNEYS TO ENSURE NO TRANSACTIONS ARE EXECUTED THAT COULD BE INTERPRETED AS INTRODUCING A CONFLICT OF INTEREST.

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

ANNUALLY, THE EXECUTIVE COMMITTEE REVIEWS THE CEO'S COMPENSATION AND RECOMMENDS A SPECIFIC LEVEL OF COMPENSATION. A COMPREHENSIVE COMPENSATION STUDY FOR ALL ORGANIZATIONAL POSITIONS IS PERFORMED PERIODICALLY, WHICH COMPARES SALARIES FOR EACH JOB DESCRIPTION RELATIVE TO GEOGRAPHIC LOCATION, ORGANIZATIONAL SIZE AND TYPE.

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

MN,AL,AR,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MA,NC,NH,NJ,NM,NY,OK,OR,PA,RI,SC
TN,UT,VA,WI,WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY CAN ALSO BE PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2C:

