

ALEX'S LEMONADE STAND  
FOUNDATION

2022

(PUBLIC INSPECTION COPY)



**Eisner Advisory Group LLC**

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MAY 11, 2023

ALEX'S LEMONADE STAND FOUNDATION  
333 E. LANCASTER AVE, 414  
WYNNEWOOD, PA 19096

As a 501 (C)(3) Exempt Organization, you are required to make available a copy of each annual information return (Form 990) for public inspection during regular business hours at the Organization's principal office. This copy must be available for public inspection for a three year period beginning on the filing date for the return. Except for private foundations, you are not required to disclose the names or addresses of any contributors to the Organization.

We have enclosed a copy of your annual information return, which you can make available for public inspection. The return for the period ended 12/31/22, should be made available for public inspection until May 15, 2026. (3 years after due date)

If you have any questions, please feel free to contact us.

Very truly yours,

Eisner Advisory Group LLC

**Return of Organization Exempt From Income Tax**

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input 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	<b>C Name of organization</b> <b>ALEXS LEMONADE STAND FOUNDATION</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>333 E. LANCASTER AVE 414</b> City or town, state or province, country, and ZIP or foreign postal code <b>WYNNEWOOD, PA 19096</b> <b>F Name and address of principal officer: JASON SCOTT</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>56-2496146</b> <b>E Telephone number</b> <b>610-649-3034</b> <b>G Gross receipts \$</b> <b>29,424,200.</b> <b>H(a) Is this a group return for subordinates? .....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> <b>WWW.ALEXSLEMONADE.ORG</b>		
<b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>FOUND</b> <b>L Year of formation:</b> <b>2005</b> <b>M State of legal domicile:</b> <b>PA</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION'S PURPOSE IS TO RAISE FUNDS FOR PEDIATRIC CANCER TREATMENT AND RESEARCH. TO CHANGE</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>16</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>	<b>71</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>42752</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) .....	<b>22,793,256.</b>	<b>24,837,400.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>0.</b>	<b>0.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>414,905.</b>	<b>353,530.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>1,689,755.</b>	<b>1,639,824.</b>
<b>12</b>			<b>24,897,916.</b>	<b>26,830,754.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>16,482,854.</b>	<b>17,073,127.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>4,013,286.</b>	<b>4,673,880.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>1,312,003.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,310,015.</b>	<b>1,774,829.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>21,806,155.</b>	<b>23,521,836.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>3,091,761.</b>	<b>3,308,918.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) .....	<b>27,331,119.</b>	<b>32,050,833.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>4,849,050.</b>	<b>8,068,999.</b>
	<b>22</b>		<b>22,482,069.</b>	<b>23,981,834.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JASON SCOTT, CO-EXECUTIVE DIRECTOR</b> Type or print name and title	Date Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>HELEN M. MARTIN</b>	Preparer's signature Date <b>5/11/2023</b>
	Firm's name <b>EISNER ADVISORY GROUP LLC</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01330899</b>
	Firm's address <b>130 NORTH 18TH STREET, SUITE 3000 PHILADELPHIA, PA 19103-2757</b>	Firm's EIN <b>87-1353108</b> Phone no. (215) <b>881-8800</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION'S PURPOSE IS TO CHANGE THE LIVES OF CHILDREN WITH CANCER THROUGH FUNDING IMPACTFUL RESEARCH, RAISING AWARENESS, SUPPORTING FAMILIES, AND EMPOWERING EVERYONE TO HELP CURE CHILDHOOD CANCER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 17,281,864. including grants of \$ 16,584,094. ) (Revenue \$ ) PEDIATRIC CANCER RESEARCH FUND PROGRAM HIGHLIGHTS:

- ALSF FUNDS CUTTING EDGE RESEARCH PROJECTS THAT SEEK TO FIND BETTER TREATMENTS FOR, AND CAUSES OF, CHILDHOOD CANCERS. PROJECTS ARE SELECTED THROUGH A COMPETITIVE GRANT REVIEW, WITH EACH APPLICATION RECEIVING MULTIPLE REVIEWS BY SCIENTISTS. THE FOCUS OF THE ALSF GRANT GIVING IS ON FILLING CRITICAL GAPS IN FUNDING FOR PEDIATRIC CANCER CURES, FROM EARLY INNOVATIVE SCIENCE ALL THE WAY THROUGH TO FIRST-IN-CHILDREN CLINICAL TRIALS. OF NOTE, ALSF IS ALSO THE ONLY CHILDHOOD CANCER RESEARCH ORGANIZATION THAT HAS BEEN GIVEN THE NCI PEER-REVIEWED FUNDER DESIGNATION FOR RIGOROUS SELECTION OF RESEARCH GRANTS.

4b (Code: ) (Expenses \$ 1,420,841. including grants of \$ ) (Revenue \$ -19,911. ) ALSF WORKS TO BRING AWARENESS AND UNDERSTANDING OF CHILDHOOD CANCER TO THE GENERAL PUBLIC AND TO CHILDHOOD CANCER FAMILIES. HIGHLIGHTS INCLUDE:

- ALSF ENCOURAGES AND EMPOWERS VOLUNTEERISM IN TENS OF THOUSANDS OF VOLUNTEERS ANNUALLY. ALSF BELIEVES THAT EVERYONE CAN PARTICIPATE IN THE CAUSE; TO THAT END ALSF HAS CREATED AWARENESS AND FUNDRAISING MECHANISMS THAT ARE EASY TO USE, EMPOWER PEOPLE OF ALL AGES AND WALKS OF LIFE, AND BRING THE STORIES AND FACTS OF CHILDHOOD CANCER TO COMMUNITIES ACROSS THE COUNTRY.

- THE ALSF WEBSITE PROVIDES INFORMATION, FACTS, AND EDUCATIONAL

4c (Code: ) (Expenses \$ 841,046. including grants of \$ 489,033. ) (Revenue \$ 0. ) ALSF HAS CREATED UNIQUE FAMILY SUPPORT PROGRAMS TO PROVIDE EMOTIONAL AND FINANCIAL SUPPORT TO FAMILIES WHILE THEIR CHILDREN ARE UNDERGOING TREATMENT FOR CANCER:

- THE TRAVEL FOR CARE PROGRAM PROVIDES TRAVEL FOR FAMILIES WHO ARE FINANCIALLY BURDENED BY TRAVEL FOR TREATMENT FOR THEIR CHILDREN. THE PROGRAM IS UNIQUE IN THAT IT IS NOT A REIMBURSEMENT PROGRAM - FAMILIES' NEEDS ARE IDENTIFIED VIA SOCIAL WORKERS AND ALSF PROVIDES UPFRONT SUPPORT TO PAY FOR AIRFARE, GAS CARDS AND LODGING AS NEEDED. THIS TYPE OF SUPPORT ALLOWS FAMILIES TO HAVE ACCESS TO THE BEST CARE POSSIBLE FOR THEIR CHILD REGARDLESS OF WHERE THEY LIVE. 348 FAMILIES ACROSS ALL 50 STATES WERE HELPED, AND THE AVERAGE ANNUAL INCOME OF A FAMILY SUPPORTED

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,396,698. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 20,940,449.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> 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>		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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>		<b>X</b>
<b>5</b> 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>		<b>X</b>
<b>6</b> 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>		<b>X</b>
<b>7</b> 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>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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>		<b>X</b>
<b>10</b> 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>	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>c</b> 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>		<b>X</b>
<b>d</b> 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>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</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>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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>	<b>X</b>	
<b>15</b> 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>	<b>X</b>	
<b>16</b> 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>		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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>	<b>X</b>	
<b>19</b> 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>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	<b>X</b>	

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

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 8	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (18); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (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 (X); b Other officers or key employees of the organization (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? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, HI, CA, MA, CT, FL, GA, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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
JASON SCOTT, CO-EXECUTIVE DIRECTOR - 610-649-3034
333 E. LANCASTER AVE SUITE 414, WYNNEWOOD, PA 19096



**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) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X				159,237.	0.	17,203.
(2) JASON SCOTT CO-EXECUTIVE DIRECTOR	40.00	X		X				156,522.	0.	17,856.
(3) JACLYN TARONI DATA SCIENTIST	40.00					X		151,797.	0.	13,268.
(4) DAVID MEJIA ENGINEER	40.00					X		123,831.	0.	11,367.
(5) YONAY TAYLOR CHIEF ACCOUNTING OFFICER	40.00					X		114,229.	0.	11,508.
(6) LISA TOWRY CHIEF PROGRAMS OFFICER	40.00					X		105,789.	0.	11,801.
(7) MARY STENGEL AUSTEN CHAIR	1.00	X		X				0.	0.	0.
(8) KRISTIN KELLY VICE CHAIR	1.00	X		X				0.	0.	0.
(9) LARRY VINCENT TREASURER	1.00	X		X				0.	0.	0.
(10) ANN WEISER SECRETARY	1.00	X		X				0.	0.	0.
(11) MARC BRUNO BOARD MEMBER	1.00	X						0.	0.	0.
(12) ERIC CLAIR BOARD MEMBER	1.00	X						0.	0.	0.
(13) STEPHEN COHN BOARD MEMBER	1.00	X						0.	0.	0.
(14) JOEL FRANK BOARD MEMBER	1.00	X						0.	0.	0.
(15) MICHAEL HARAD BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOCELYN HILLMAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) GIANNA JACKSON BOARD MEMBER	1.00	X						0.	0.	0.

**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) BILLY KING BOARD MEMBER	1.00	X						0.	0.	0.
(19) MEENA MANSHARAMANI BOARD MEMBER	1.00	X						0.	0.	0.
(20) SUE NAEGLE BOARD MEMBER	1.00	X						0.	0.	0.
(21) CHIP OLSON BOARD MEMBER	1.00	X						0.	0.	0.
(22) JEFF SNYDER BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							811,405.	0.	83,003.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							811,405.	0.	83,003.	

**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 6

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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> .....	X	
<b>5</b> 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> .....		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
NONE		

**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 0

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	81,674.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,471,616.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	718,215.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	22,565,895.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			24,837,400.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		353,421.			353,421.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....		1,547,692.			1547692.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
				2,260,795.			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,260,686.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	109.				
	<b>d</b> Net gain or (loss) .....			109.		109.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,471,616. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		371,103.				
			259,060.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			112,043.		112,043.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		53,789.				
			73,700.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....			-19,911.	-19,911.			
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			26,830,754.	-19,911.	0.	2013265.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,840,566.	15,840,566.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	389,033.	389,033.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	843,528.	843,528.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	357,438.	196,545.	53,662.	107,231.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,522,488.	2,252,330.	702,018.	568,140.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,299.	56,526.	17,923.	14,850.
<b>9</b> Other employee benefits	398,090.	237,813.	99,519.	60,758.
<b>10</b> Payroll taxes	306,565.	192,130.	61,703.	52,732.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	6,165.		6,165.	
<b>c</b> Accounting	36,200.		36,200.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	201.	201.		
<b>13</b> Office expenses	35,102.	19,979.	6,470.	8,653.
<b>14</b> Information technology	321,890.	154,258.	100,363.	67,269.
<b>15</b> Royalties				
<b>16</b> Occupancy	308,001.	193,350.	61,088.	53,563.
<b>17</b> Travel	48,585.	27,340.	9,297.	11,948.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	177,617.	177,617.		
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	133,704.	69,112.	44,887.	19,705.
<b>23</b> Insurance	27,428.	17,302.	5,369.	4,757.
<b>24</b> 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.)				
<b>a</b> LICENSES AND FEES	214,696.	16,517.	25,517.	172,662.
<b>b</b> PRINTING	113,030.	53,440.	3,386.	56,204.
<b>c</b> POSTAGE AND SHIPPING	98,683.	30,268.	11,506.	56,909.
<b>d</b> PROMOTIONAL MATERIALS	95,030.	83,982.	170.	10,878.
<b>e</b> All other expenses	158,497.	88,612.	24,141.	45,744.
<b>25</b> Total functional expenses. Add lines 1 through 24e	23,521,836.	20,940,449.	1,269,384.	1,312,003.
<b>26</b> 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	142,914.	<b>1</b>	144,984.
	<b>2</b> Savings and temporary cash investments .....	14,887,971.	<b>2</b>	20,252,573.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	1,548,743.	<b>4</b>	1,194,077.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	121,328.	<b>8</b>	69,010.
	<b>9</b> Prepaid expenses and deferred charges .....	144,557.	<b>9</b>	162,795.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,981,916.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,751,817.		
	<b>11</b> Investments - publicly traded securities .....	212,962.	<b>10c</b>	1,230,099.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	10,066,253.	<b>11</b>	8,806,657.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....	179,723.	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	26,668.	<b>14</b>	163,970.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	27,331,119.	<b>15</b>	26,668.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	27,331,119.	<b>16</b>	32,050,833.
	<b>18</b> Grants payable .....	929,275.	<b>17</b>	3,627,707.
	<b>19</b> Deferred revenue .....	2,859,918.	<b>18</b>	2,855,735.
	<b>20</b> Tax-exempt bond liabilities .....	341,642.	<b>19</b>	457,600.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> 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 .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	718,215.	<b>23</b>	
	<b>25</b> 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 .....	0.	<b>24</b>	1,127,957.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,849,050.	<b>25</b>	8,068,999.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	16,641,351.	<b>26</b>	18,397,144.
	<b>28</b> Net assets with donor restrictions .....	5,840,718.	<b>27</b>	5,584,690.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>28</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>	
	<b>32</b> Total net assets or fund balances .....	22,482,069.	<b>31</b>	23,981,834.
<b>33</b> Total liabilities and net assets/fund balances .....	27,331,119.	<b>32</b>	32,050,833.	

**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	26,830,754.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,521,836.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,308,918.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,482,069.
5	Net unrealized gains (losses) on investments	5	-1,879,061.
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	69,908.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,981,834.

**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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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?		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		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <b>ALEXS LEMONADE STAND FOUNDATION</b>	<b>Employer identification number</b> <b>56-2496146</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24141044.	25272780.	16658998.	22793256.	24837400.	113703478
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	24141044.	25272780.	16658998.	22793256.	24837400.	113703478
<b>5</b> 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)						17514110.
<b>6 Public support.</b> Subtract line 5 from line 4.						96189368.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	24141044.	25272780.	16658998.	22793256.	24837400.	113703478
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1145915.	1121390.	1865495.	1996508.	1901113.	8030421.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on		107,960.	25,683.	41,137.	112,043.	286,823.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						122020722
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	53,789.
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	78.83 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	80.64 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>		
<b>b</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>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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>			
<b>b</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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>			
<b>b</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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> 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).		

**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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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.)

Horizontal lines for supplemental information input.

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

2022

Open to Public Inspection

Name of the organization: ALEXS LEMONADE STAND FOUNDATION; Employer identification number: 56-2496146

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | 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 on 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	3,313,686.	2,949,869.	2,536,136.	2,019,957.	1,904,408.
b Contributions	201,378.	148,434.	85,187.	201,043.	266,455.
c Net investment earnings, gains, and losses	-501,013.	277,183.	396,546.	363,136.	-109,106.
d Grants or scholarships					
e Other expenditures for facilities and programs		61,800.	68,000.	48,000.	41,800.
f Administrative expenses					
g End of year balance	3,014,051.	3,313,686.	2,949,869.	2,536,136.	2,019,957.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 6.2640 %
  - b Permanent endowment 81.6650 %
  - c Term endowment 12.0710 %
- 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   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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		378,624.	305,457.	73,167.
e Other		2,603,292.	1,446,360.	1,156,932.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,230,099.



**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT PORTION OF OPERATING LEASE	
(3) LIABILITIES	312,633.
(4) LONG-TERM OPERATING LEASE	
(5) LIABILITIES	815,324.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**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	24,810,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,879,061.	
b	Donated services and use of facilities	2b	317,912.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	259,060.	
e	Add lines 2a through 2d	2e	-1,302,089.	
3	Subtract line 2e from line 1	3	26,112,539.	
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		
b	Other (Describe in Part XIII.)	4b	718,215.	
c	Add lines 4a and 4b	4c	718,215.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,830,754.	

**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	24,028,900.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	317,912.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	259,060.	
e	Add lines 2a through 2d	2e	576,972.	
3	Subtract line 2e from line 1	3	23,451,928.	
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		
b	Other (Describe in Part XIII.)	4b	69,908.	
c	Add lines 4a and 4b	4c	69,908.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	23,521,836.	

**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 X, LINE 2:**

THE INTERNAL REVENUE SERVICE HAS CLASSIFIED THE FOUNDATION AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE"); AS AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170(C) OF THE CODE; AND AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE CODE.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY, IF THE FOUNDATION HAS TAKEN AN UNCERTAIN TAX POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY A GOVERNMENT AUTHORITY. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2022 AND

**Part XIII** Supplemental Information (continued)

2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY. THERE WERE NO INCOME TAX RELATED INTEREST AND PENALTIES RECORDED FOR EITHER OF THE YEARS ENDED DECEMBER 31, 2022 OR 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GALA AND OTHER SPECIAL EVENTS 259,060.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PPP LOAN FORGIVENESS 718,215.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GALA AND OTHER SPECIAL EVENTS 259,060.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REFUND OF GRANTS OFFSET AGAINST EXPENSE ON FINANCIAL STATEMENTS 69,908.



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE - NETHERLANDS	PEDIATRIC CANCER RESEARCH	62,500.	CHECK/TRANSFER	0.		
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	6,000.	CHECK/TRANSFER	0.		
		NORTH AMERICA - CANADA	PEDIATRIC CANCER RESEARCH	50,000.	CHECK/TRANSFER	0.		
		EUROPE - AUSTRIA	PEDIATRIC CANCER RESEARCH	715,028.	CHECK/TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **6**

3 Enter total number of other organizations or entities ..... **0**



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS. INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.





**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	
		LEMON BALL (event type)	GCE PHILLY (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	672,640.	372,194.	797,885.	1,842,719.
	2	Less: Contributions	521,241.	252,801.	697,574.	1,471,616.
	3	Gross income (line 1 minus line 2)	151,399.	119,393.	100,311.	371,103.
Direct Expenses	4	Cash prizes			1,200.	1,200.
	5	Noncash prizes	606.	6,847.	18,355.	25,808.
	6	Rent/facility costs	153.	14,528.	1,256.	15,937.
	7	Food and beverages	20,650.	5,281.	100,057.	125,988.
	8	Entertainment			2,810.	2,810.
	9	Other direct expenses	10,610.	51,973.	24,734.	87,317.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				259,060.
11	Net income summary. Subtract line 10 from line 3, column (d)				112,043.	

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<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: \_\_\_\_\_



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **ALEXS LEMONADE STAND FOUNDATION** Employer identification number **56-2496146**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3501 CIVIC CENTER BOULEVARD CTRB4024 - PHILADELPHIA, PA 19104	23-1352166	501C(3)	2,321,113.	0.			PEDIATRIC CANCER RESEARCH
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE BOSTON, MA 02215-5450	04-2263040	501C(3)	1,593,042.	0.			PEDIATRIC CANCER RESEARCH
BOSTON CHILDREN'S HOSPITAL 1 BLACKFAN CIRCLE BOSTON, MA 02115	04-2774441	501C(3)	1,546,000.	0.			PEDIATRIC CANCER RESEARCH
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501C(3)	1,456,087.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO - 550 16TH ST. - SAN FRANCISCO, CA 94158-2549	94-6036493	501C(3)	1,135,000.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 1150 EAST MEDICAL CENTER DRIVE - ANN ARBOR, MI 48109	38-6006309	501C(3)	579,947.	0.			PEDIATRIC CANCER RESEARCH

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table \_\_\_\_\_ **0.**

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Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY SCHOOL OF MEDICINE - 269 CAMPUS DRIVE, CCSR 1215C - STANFORD, CA 94305	94-1156519	501C(3)	696,824.	0.			PEDIATRIC CANCER RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM130 HOUSTON, TX 77030-3411	74-1613878	501C(3)	476,000.	0.			PEDIATRIC CANCER RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - 1468 MADISON AVE, ANNENBERG BLDG, 24TH FL - NEW YORK, NY 10029	13-6171197	501C(3)	448,500.	0.			PEDIATRIC CANCER RESEARCH
JOHNS HOPKINS UNIVERSITY - SCHOOL OF MEDICINE - 720 RUTLAND AVE. - BALTIMORE, MD 21153	52-0595110	501C(3)	397,722.	0.			PEDIATRIC CANCER RESEARCH
COLUMBIA UNIVERSITY 161 FORT WASHINGTON AVE IRVING PAVILION 7 PEDIATRIC ONCOLOGY - NEW YORK, NY	13-5598093	501C(3)	313,500.	0.			PEDIATRIC CANCER RESEARCH
RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH 43205	31-6056230	501C(3)	302,500.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER - 5323 HARRY HINES BLVD - DALLAS, TX 75390	75-6002868	501C(3)	294,261.	0.			PEDIATRIC CANCER RESEARCH
TEXAS TECH UNIVERSITY SYSTEM - LUBBOCK - 3601 4TH STREET, MS 9406 - LUBBOCK, TX 79430	75-6002622	501C(3)	257,471.	0.			PEDIATRIC CANCER RESEARCH
EMORY UNIVERSITY 2015 UPPERGATE DRIVE ATLANTA, GA 30322	58-0566256	501C(3)	142,815.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS AMHERST - 240 THATCHER ROAD - AMHERST, MA 01003	04-3167352	501C(3)	250,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF WISCONSIN - MADISON 440 HENRY MALL RM 4212 MADISON, WI 53706	39-6006492	501C(3)	250,000.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 505 S MAIN ST SUITE 940 - ORANGE COUNTY, CA 92868	95-2226406	501C(3)	223,918.	0.			PEDIATRIC CANCER RESEARCH
WASHINGTON UNIVERSITY 660 S. EUCLID AVE, BOX 8208 ST. LOUIS, MO 63119	43-0653611	501C(3)	203,000.	0.			PEDIATRIC CANCER RESEARCH
THE GEORGE WASHINGTON UNIVERSITY CANCER CENTER SCIENCE AND ENGINEERING HALL 800 - WASHINGTON, DC 20052	53-0196584	501C(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF FLORIDA 1149 NEWELL DRIVE GAINESVILLE, FL 32611	59-6002052	501C(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH
TEMPLE UNIVERSITY, LEWIS KATZ SCHOOL OF MEDICINE - 3307 NORTH BROAD ST, PAHB-RM 203 - PHILADELPHIA, PA 19140	23-1365971	501C(3)	200,000.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL OF PITTSBURGH FOUNDATION - PEDIATRIC HEMATOLOGY/ONCOLOGY DIVISION - PITTSBURGH, PA 15224	25-1865744	501C(3)	187,500.	0.			PEDIATRIC CANCER RESEARCH
MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVENUE , BOX 425 - NEW YORK, NY 10065	13-1924236	501C(3)	185,000.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD, #1906 - HOUSTON, TX 77030	74-6001118	501C(3)	180,000.	0.			PEDIATRIC CANCER RESEARCH
THE REGENTS OF THE UNIVERSITY OF MINNESOTA - 420 DELAWARE STREET - MINNEAPOLIS, MN 55455	41-6007513	501C(3)	162,500.	0.			PEDIATRIC CANCER RESEARCH
BOSTON UNIVERSITY 72 EAST CONCORD STREET, K712 BOSTON, MA 02118	04-2103547	501C(3)	130,000.	0.			PEDIATRIC CANCER RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 185 CAMBRIDGE STREET, CP4216 BOSTON, MA 02114	04-2697983	501C(3)	130,000.	0.			PEDIATRIC CANCER RESEARCH
MAYO CLINIC 200 FIRST STREET ROCHESTER, MN 55902	41-6011702	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595	13-1099420	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVE ROCHESTER, NY 14642	16-0743209	501C(3)	125,000.	0.			PEDIATRIC CANCER RESEARCH
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON, DC 20007	53-0196603	501C(3)	120,239.	0.			PEDIATRIC CANCER RESEARCH
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3501 CIVIC CENTER BLVD CTRB 3028 - PHILADELPHIA, PA 19104	23-1352685	501C(3)	106,661.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMCOLOGY 103 WELLWOOD AVENUE SAINT JOHNS, FL 32259	46-3904440	501C(3)	100,000.	0.			PEDIATRIC CANCER RESEARCH
HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH - 220 LONGWOOD AVE - BOSTON, MA 02467	04-2103580	501C(3)	90,500.	0.			PEDIATRIC CANCER RESEARCH
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION, INC. - 282 WASHINGTON STREET - HARTFORD, CT 06106	22-2619869	501C(3)	80,000.	0.			PEDIATRIC CANCER RESEARCH
SEATTLE CHILDREN'S HOSPITAL FOUNDATION - 4800 SAND POINT WAY NE - SEATTLE, WA 98105	91-1156519	501C(3)	63,500.	0.			PEDIATRIC CANCER RESEARCH
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 EAST 16TH AVENUE - AURORA, CO 80045	84-0813462	501C(3)	62,500.	0.			PEDIATRIC CANCER RESEARCH
OREGON HEALTH & SCIENCE UNIVERSITY FOUNDATION - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	23-7083114	501C(3)	62,500.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF WASHINGTON SEATTLE 1959 NE PACIFIC ST SEATTLE, WA 98195	91-6001537	501C(3)	61,000.	0.			PEDIATRIC CANCER RESEARCH
EINSTEIN MEDICINE 1300 MORRIS PARK AVE BRONX, NY 10461	83-0621846	501C(3)	60,000.	0.			PEDIATRIC CANCER RESEARCH
THOMAS JEFFERSON UNIVERSITY 233 SOUTH 10TH STREET PHILADELPHIA, PA 19107	23-1352651	501C(3)	50,917.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTA UNIVERSITY RESEARCH INSTITUTE - 1120 FIFTEENTH STREET - AUGUSTA, GA 30912	58-1418202	501C(3)	24,542.	0.			PEDIATRIC CANCER RESEARCH
DUKE UNIVERSITY HANES HOUSE 330 TRENT DRIVE DURHAM, NC 27710	56-0532129	501C(3)	17,324.	0.			PEDIATRIC CANCER RESEARCH
RUTGERS CANCER INSTITUTE OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854-3925	46-2354111	501C(3)	14,290.	0.			PEDIATRIC CANCER RESEARCH
CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501C(3)	10,000.	0.			PEDIATRIC CANCER RESEARCH
TEXAS CHILDREN'S HOSPITAL ONE BAYLOR PLAZA, BCM320 HOUSTON, TX 77030	74-1100555	501C(3)	10,000.	0.			PEDIATRIC CANCER RESEARCH
CASE WESTERN RESERVE UNIVERSITY WRB 6528 2103 CORNELL ROAD CLEVELAND, OH 44139	34-1018992	501C(3)	9,277.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF CALIFORNIA LOS ANGELES - 650 CHARLES E YOUNG DR. - LOS ANGELES, CA 90095-1772	95-6006143	501C(3)	9,066.	0.			PEDIATRIC CANCER RESEARCH
NEMOURS ALFRED I DUPONT HOSPITAL FOR CHILDREN - 1600 ROCKLAND RD ROCKLAND CENTER O - WILMINGTON, DE 19803	59-0634433	501C(3)	5,867.	0.			PEDIATRIC CANCER RESEARCH

Schedule I (Form 990)

**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
CANCER RESEARCH INDIVIDUAL GRANTS	1068	389,033.	0.		

**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:**

GRANTS ARE MONITORED THROUGH THE SUBMISSION OF YEARLY PROGRESS REPORTS.

INVESTIGATORS MUST DEMONSTRATE SATISFACTORY COMPLETION OF PROPOSED RESEARCH

OBJECTIVES AND APPROPRIATE BUDGET EXPENDITURES. CONTINUED SUPPORT FOR

SECOND AND THIRD YEARS OF FUNDING IS CONTINGENT UPON A NONCOMPETITIVE

REVIEW OF THE YEARLY REPORTS AND BUDGET BY ALSF'S SCIENTIFIC ADVISORY

BOARD. A FINAL REPORT IS DUE AT THE CONCLUSION OF THE GRANT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**ALEXS LEMONADE STAND FOUNDATION**

Employer identification number

**56-2496146**

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(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) ELIZABETH SCOTT CO-EXECUTIVE DIRECTOR	(i)	159,237.	0.	0.	4,821.	12,382.	176,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON SCOTT CO-EXECUTIVE DIRECTOR	(i)	156,522.	0.	0.	0.	17,856.	174,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JACLYN TARONI DATA SCIENTIST	(i)	151,797.	0.	0.	4,640.	8,628.	165,065.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 3:

EXECUTIVE COMPENSATION PROCEDURE:

ALL COMPENSATION OR BENEFIT ADJUSTMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES ANNUAL CHANGES AFTER REVIEWING THE RESULTS OF AN ANNUAL PERFORMANCE REVIEW PERFORMED BY A SUBSET OF THE LEADERSHIP AND GOVERNANCE COMMITTEE.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ALEXS LEMONADE STAND FOUNDATION

Employer identification number

56-2496146

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:

FOUNDATION

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

THE LIVES OF CHILDREN WITH CANCER THROUGH FUNDING IMPACTFUL RESEARCH,  
RAISING AWARENESS, SUPPORTING, FAMILIES, AND EMPOWERING EVERYONE TO  
HELP CURE CHILDHOOD CANCER.

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

- WE FUND PROMISING RESEARCH LEADING INTO EFFECTIVE AND LESS TOXIC  
CURES FOR ALL TYPES OF PEDIATRIC CANCER AT INSTITUTIONS ACROSS THE  
COUNTRY. OUR PROJECTS ARE SELECTED THROUGH A RIGOROUS PEER REVIEW  
PROCESS. ALSO FOCUS ON EVERY ASPECT OF RESEARCH FROM SEED FUNDING FOR  
EARLY INNOVATIVE IDEAS TO SUPPORTING CLINICAL TRIALS FOR NEW THERAPIES  
FOR KIDS.

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

RESOURCES GEARED TOWARD FAMILIES OF CHILDREN WITH CANCER SO THAT  
FAMILIES ARE EMPOWERED IN THEIR FIGHT AGAINST CHILDHOOD CANCER.

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

VIA THE TRAVEL FOR CARE PROGRAM IN 2022 WAS \$41,705.

- THE FOUNDATION PROVIDES A VARIETY OF VALUABLE INTERACTIVE RESOURCES  
TO CHILDHOOD CANCER FAMILIES FROM SIBLING SUPPORT, CHILDHOOD CANCER  
AMBASSADOR OPPORTUNITIES AND A TREATMENT JOURNAL FOR THE CHILDHOOD

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization ALEXS LEMONADE STAND FOUNDATION	Employer identification number 56-2496146
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CANCER JOURNEY.

-OUR NATIONAL PROGRAM FLASHES OF HOPE CREATES UPLIFTING PORTRAITS OF CHILDREN FIGHTING CANCER. 720 CHILDREN AND THEIR FAMILIES WERE PHOTOGRAPHED AND RECEIVED A GENEROUS PORTRAIT PACKAGE, AT NO COST. THE PHOTOGRAPHS, TAKEN BY AWARD WINNING PHOTOGRAPHERS, HELP CHILDREN FEEL BETTER ABOUT THEIR CHANGING APPEARANCE BY CELEBRATING IT. FOR FAMILIES, IT IS ESPECIALLY IMPORTANT TO HAVE A PORTRAIT THAT PRESERVES FOREVER THE MEMORY OF THEIR CHILD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE FIRST-OF ITS-KIND CHILDHOOD CANCER DATA LAB (CCDL) WITH THE MISSION OF ACCELERATING THE PACE OF FINDING CURES FOR CHILDHOOD CANCER BY EMPOWERING SCIENTISTS AND DOCTORS TO HARNESS THE POWER OF BIG DATA. LARGE-SCALE COLLECTIONS OF HARMONIZED DATA PROVIDE A UNIQUE PERSPECTIVE ON COMPLEX DISEASES; HOWEVER, PUTTING SUCH DATA TO USE REMAINS CHALLENGING. ALSF HAS CREATED A REFINERY THAT MAKES DATA AND ANALYSIS WIDELY AVAILABLE, SHAREABLE, AND EASILY MINEABLE.

EXPENSES \$ 1,396,698. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

JASON SCOTT AND ELIZABETH SCOTT ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6:

ALEX'S LEMONADE STAND FOUNDATION HAS ONE CLASS OF MEMBERS WHOSE VOTING AND OTHER RIGHTS AND INTERESTS SHALL BE EQUAL EXCEPT FOR THE RIGHTS GIVEN TO JASON SCOTT AND ELIZABETH SCOTT FOR APPOINTING AND REMOVING MEMBERS OF THE CORPORATION AS NOTED IN PART VI, LINE 7A.



Name of the organization ALEXS LEMONADE STAND FOUNDATION	Employer identification number 56-2496146
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FORM 990, PART VI, SECTION A, LINE 7A:

THE INITIAL MEMBERS OF THE CORPORATION CONSIST OF JASON SCOTT AND ELIZABETH SCOTT. THE INITIAL MEMBERS MAY, FROM TIME TO TIME, BY UNANIMOUS VOTE, NAME ONE OR MORE ADDITIONAL PERSONS TO BE MEMBERS OF THE CORPORATION. EACH MEMBER OF THE CORPORATION SHALL REMAIN A MEMBER UNTIL HIS OR HER RESIGNATION, DEATH, OR IN THE CASE OF ANY MEMBER NAMED BY THE INITIAL MEMBERS, HIS OR HER REMOVAL BY A UNANIMOUS VOTE OF THE INITIAL MEMBERS. UPON THE DEATH OR RESIGNATION OF THE LAST LIVING MEMBER OF THE CORPORATION, THOSE PERSONS THEN SERVING AS DIRECTORS OF THE CORPORATION SHALL, WITHOUT FURTHER ACTION, BECOME MEMBERS OF THE CORPORATION.

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

PRIOR TO FILING FORM 990, IT IS DISCUSSED WITH THE FINANCE COMMITTEE AND DISTRIBUTED TO THE FULL BOARD.

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

ALL BOARD MEMBERS ARE GIVEN THE CONFLICT OF INTEREST POLICY TO REVIEW UPON JOINING THE BOARD. BOARD MEMBERS ARE REQUIRED TO NOTIFY THE ORGANIZATION OF ANY CONFLICTS THAT ARISE AND ARE NOT ALLOWED TO VOTE OR PARTICIPATE IN BOARD MATTERS FOR WHICH THEY HAVE A CONFLICT. THE SCIENTIFIC REVIEW BOARD MEMBERS ARE EACH GIVEN A CONFLICT OF INTEREST POLICY. MEMBERS RECUSE THEMSELVES FROM VOTING ON A PROJECT WHERE A CONFLICT OF INTEREST EXISTS.

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

EXECUTIVE COMPENSATION PROCEDURE:

ALL COMPENSATION OR BENEFIT ADJUSTMENTS ARE REVIEWED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES

Name of the organization <b>ALEXS LEMONADE STAND FOUNDATION</b>	Employer identification number <b>56-2496146</b>
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**ANNUAL CHANGES AFTER REVIEWING THE RESULTS OF AN ANNUAL PERFORMANCE REVIEW PERFORMED BY A SUBSET OF THE LEADERSHIP AND GOVERNANCE COMMITTEE.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, HI, CA, MA, CT, FL, GA, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA  
RI, SC, TN, UT, VA, WV**

**FORM 990, PART VI, SECTION C, LINE 19:  
THE FOUNDATION'S FORM 990 IS AVAILABLE THROUGH THE FOUNDATION'S WEBSITE.  
THE FOUNDATION'S FORM 990, FINANCIAL INFORMATION, CONFLICT OF INTEREST  
POLICY, AND GOVERNING DOCUMENTS ARE ALL AVAILABLE UPON REQUEST THROUGH  
ALEX'S LEMONADE STAND FOUNDATION.**

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
PRIOR YEAR GRANT REFUNDS 69,908.**

**FORM 990, PART XII, LINE 2C  
THE FINANCE COMMITTEE ASSUMES THE RESPONSIBILITY FOR SELECTING AN  
INDEPENDENT ACCOUNTANT AND FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL  
STATEMENTS. THE PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.**